HEALTH ECONOMICS & REIMBURSEMENT

TriClip™ Transcatheter Edge-to-Edge Repair (TEER) System

Medicare Coverage with Evidence Development Study Information: Professional

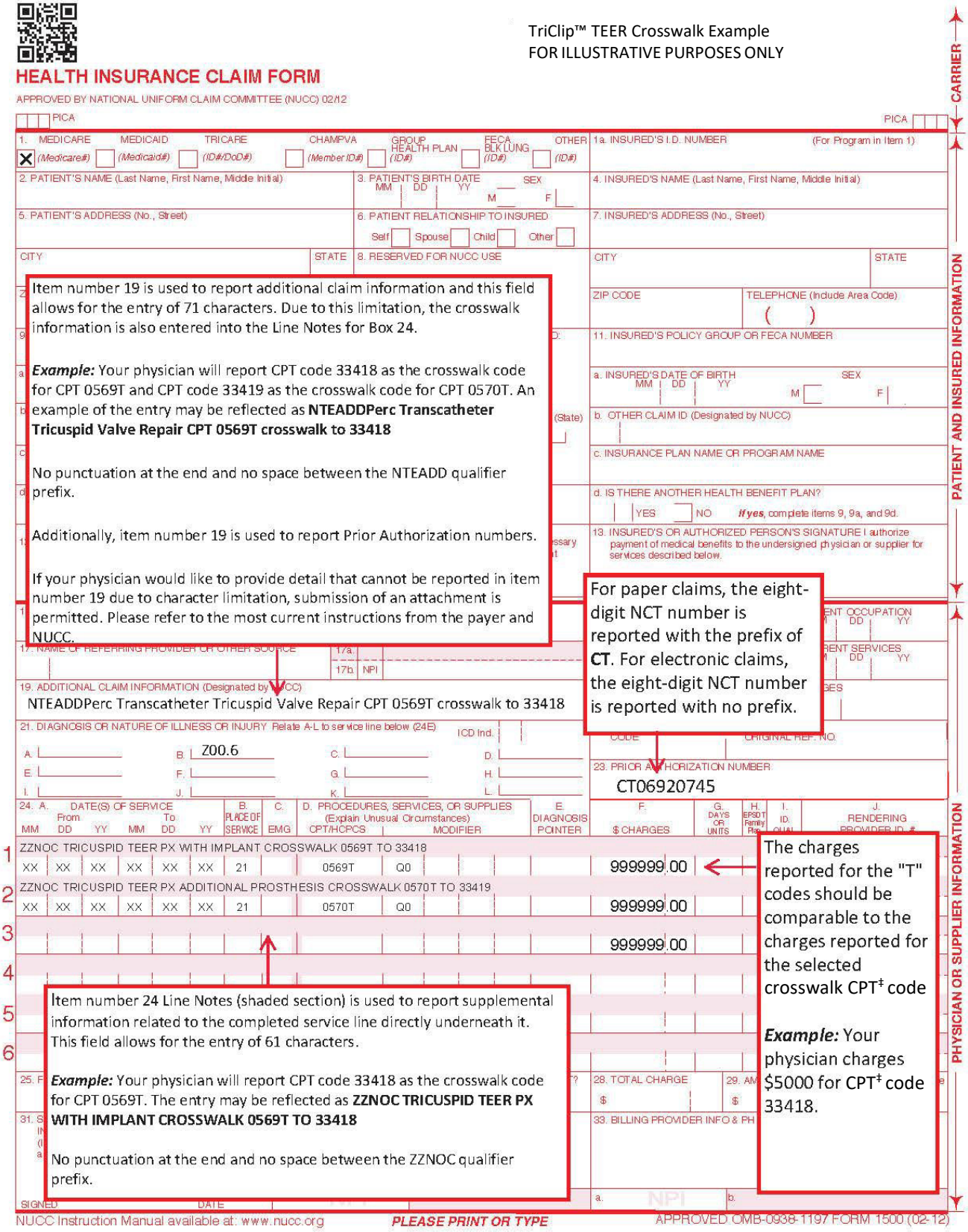
This document summarizes the Centers for Medicare & Medicaid Services (CMS) billing requirements for traditional Medicare and Medicare Advantage patients for the TriClip™ TEER System, which is covered by a National Coverage Determination (NCD) under Coverage with Evidence Development (CED). It is the physician's responsibility to determine appropriate coding for a particular patient and/or procedure. Any claim should be coded appropriately and supported with adequate documentation in the medical record.

CODES/MODIFIERS/OTHERS	CMS REQUIREMENT
DIAGNOSIS CODES	
Applicable primary diagnosis codes	Yes, in all cases
Z00.6*: Encounter for examination for normal comparison and control in clinical research program	Yes, in all cases
Applicable secondary diagnosis codes	If applicable
CPT‡ CODES	
0569T: Transcatheter tricuspid valve repair percutaneous approach	Yes, in all cases
+0570T: Transcatheter tricuspid valve repair percutaneous approach. Additional prosthesis during same session (List separately in addition to code for primary procedure). (Use +0570T in conjunction with 0569T)	If applicable
CPT‡ MODIFIERS	
-Q0: Investigational/Routine clinical service provided in a clinical research study that is in an approved clinical research study.	Yes, in all cases
-62: Use for physician claims for cases where two surgeons/co-surgeons perform TEER. Note that in scenarios where co-surgeon participation is medically necessary, the submission of supporting documentation is required.	If applicable
-80/-82: Use for assistant surgeon claims for TEER. Append modifier to assistant surgeon claims; do not append modifier to primary surgeon claims. Use -80 when TEER is performed at non-teaching community hospitals without surgery residents. Use -82 for when TEER is performed at teaching hospitals with surgery residents; -82 indicates qualified surgery resident unavailable. Documentation regarding medical necessity required.	If applicable
NCT NUMBER	
06920745*	Yes, in all cases

*These are requirements because of the CED

SAMPLE PROFESSIONAL CLAIM FORM

TriClip™ TEER Crosswalk Example
FOR ILLUSTRATIVE PURPOSES ONLY



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) | MEDICAID (Medicaid#) | TRICARE (ID#/DoD#) | CHAMPVA (Member ID#) | GROUP HEALTH PLAN (ID#) | FECA BLK LUNG (ID#) | OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. OTHER CLAIM ID (Designated by NUCC)

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, complete items 9, 9a, and 9d.

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
NTEADDPerc Transcatheter Tricuspid Valve Repair CPT 0569T crosswalk to 33418

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.
A. B. Z00.6 C. D.
E. F. G. H.
I. J. K. L.

CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
CT06920745

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 ZZNOC TRICUSPID TEER PX WITH IMPLANT CROSSWALK 0569T TO 33418											
XX XX XX	XX XX XX	21		0569T	Q0		999999.00				
2 ZZNOC TRICUSPID TEER PX ADDITIONAL PROSTHESIS CROSSWALK 0570T TO 33419											
XX XX XX	XX XX XX	21		0570T	Q0		999999.00				
3							999999.00				
4											
5											
6											

25. F? 28. TOTAL CHARGE $ 29. AM $

31. S IN (I a.

33. BILLING PROVIDER INFO & PH

SIGNED DATE a. NPI b.

NUCC Instruction Manual available at: www.nucc.org **PLEASE PRINT OR TYPE** APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Item number 19 is used to report additional claim information and this field allows for the entry of 71 characters. Due to this limitation, the crosswalk information is also entered into the Line Notes for Box 24.

Example: Your physician will report CPT code 33418 as the crosswalk code for CPT 0569T and CPT code 33419 as the crosswalk code for CPT 0570T. An example of the entry may be reflected as **NTEADDPerc Transcatheter Tricuspid Valve Repair CPT 0569T crosswalk to 33418**

No punctuation at the end and no space between the NTEADD qualifier prefix.

Additionally, item number 19 is used to report Prior Authorization numbers.

If your physician would like to provide detail that cannot be reported in item number 19 due to character limitation, submission of an attachment is permitted. Please refer to the most current instructions from the payer and NUCC.

For paper claims, the eight-digit NCT number is reported with the prefix of **CT**. For electronic claims, the eight-digit NCT number is reported with no prefix.

Item number 24 Line Notes (shaded section) is used to report supplemental information related to the completed service line directly underneath it. This field allows for the entry of 61 characters.

Example: Your physician will report CPT code 33418 as the crosswalk code for CPT 0569T. The entry may be reflected as **ZZNOC TRICUSPID TEER PX WITH IMPLANT CROSSWALK 0569T TO 33418**

No punctuation at the end and no space between the ZZNOC qualifier prefix.

The charges reported for the "T" codes should be comparable to the charges reported for the selected crosswalk CPT‡ code

Example: Your physician charges $5000 for CPT‡ code 33418.

Important Safety Information

TRICLIP™ G5 SYSTEM

Brief Summary: Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use.

Rx Only

Indications and Usage: The TriClip™ G5 System is indicated for improving quality of life and functional status in patients with symptomatic severe tricuspid regurgitation despite optimal medical therapy, who are at intermediate or greater risk for surgery and in whom transcatheter edge-to-edge valve repair is clinically appropriate and is expected to reduce tricuspid regurgitation severity to moderate or less, as determined by a multidisciplinary heart team.

Contraindications: The TriClip™ G5 System is contraindicated for use in patients with the following conditions: Intolerance, including allergy or untreatable hypersensitivity, to procedural anticoagulation; Untreatable hypersensitivity to Implant components (nickel-titanium alloy, cobalt-chromium alloy); Active endocarditis or other active infection of the tricuspid valve.

Potential Adverse Events: The following events have been identified as possible complications of the TriClip™ G5 Procedure. Allergic reactions or hypersensitivity to latex, contrast agent, anesthesia, device materials and drug reactions to anticoagulation, or antiplatelet drugs; Additional treatment / surgery from device-related complications; Bleeding; Blood disorders (including coagulopathy, hemolysis, and Heparin Induced Thrombocytopenia (HIT)); Cardiac arrhythmias (including conduction disorders, atrial arrhythmias, ventricular arrhythmias); Cardiac ischemic conditions (including myocardial infarction, myocardial ischemia, unstable angina, and stable angina); Cardiac perforation; Cardiac tamponade; Chest pain; Death; Dyspnea; Edema; Embolization (device or components of the device); Endocarditis; Fever or hyperthermia; Fluoroscopy and Transesophageal echocardiogram (TEE) -related complications: Skin injury or tissue changes due to exposure to ionizing radiation, Esophageal irritation, Esophageal perforation, Gastrointestinal bleeding; Hypotension / hypertension; Infection including: Septicemia; Nausea or vomiting; Pain; Pericardial effusion; Stroke / cerebrovascular accident (CVA) and transient ischemic attack (TIA); System organ failure: Cardio-respiratory arrest, Worsening heart failure, Pulmonary congestion, Respiratory dysfunction or failure or atelectasis, Renal insufficiency or failure, Shock (including cardiogenic and anaphylactic); Thrombosis; Tricuspid valve complications, which may complicate or prevent later surgical repair, including: Chordal entanglement / rupture, Single leaflet device attachment (SLDA), Dislodgement of previously implanted devices, Tissue damage, Tricuspid valve stenosis, Worsening, persistent or residual regurgitation; Vascular access complications which may require additional intervention, including: Wound dehiscence, Bleeding of the access site, Arteriovenous fistula, pseudoaneurysm, aneurysm, dissection, perforation (rupture), vascular occlusion, Embolism (air, thrombus), Peripheral nerve injury; Venous thrombosis (including deep vein thrombosis) and thromboembolism (including pulmonary embolism).

References:

- National Coverage Determination TriClip: NCA - Transcatheter Edge-to-Edge Repair for Tricuspid Valve Regurgitation (T-TEER) (CAG-00468N) - Decision Memo
- 2025 ICD-10-PCS: https://www.cms.gov/files/document/2025-official-icd-10-pcs-coding-guidelines.pdf
- 2025 ICD-10-CM: https://www.cms.gov/files/document/fy-2025-icd-10-cm-coding-guidelines.pdf
- Coverage with Evidence Development: https://www.cms.gov/medicare/coverage/evidence
- CMS MLN Matters MM8401 Mandatory Reporting of 8-Digit Clinical Trial Number on Claims: https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/MM8401.pdf
- CPT‡ Copyright 2025 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association: https://www.ama-assn.org/
- Physician Prospective Payment Final rule with comment period and final CY2025 Payment Rates. CMS-1807-F: https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f
- National Correct Coding Initiative Edits: https://www.cms.gov/medicare/coding-billing/ncci-medicare
- Medicare Claims Processing Manual Chapter 32: Medicare Claims Processing Manual (cms.gov)
- CMS UB-04 Form: https://api-prod.palmettogba.com/h/elearn/ub04/story.html
- CMS-1500 Paper Form: https://api-prod.palmettogba.com/h/elearn/interactivecms1500/story.html
- D4 Value Code for Institutional Claim Form UB-04: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/mm5790.pdf

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