



TRICLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

Implanting Physician(s) Checklist for TriClip™ Transcatheter Edge-to-Edge Repair (TEER)

The checklist below is provided as a summary of the information to process claims for TriClip™ TEER procedures. It is the responsibility of the hospital and/or physician to determine appropriate coding for a particular patient and/or procedure.

Please note that prior authorization must be obtained for Medicare Advantage and third-party commercial insurance plans. Medicare Fee for Service (FFS) does not require a prior authorization process.

CODES/MODIFIERS/OTHERS	WHEN USED?	INCLUDED	NA
ICD-10-CM DIAGNOSIS CODES			
I36.1/ I36.8/ I36.9: Nonrheumatic tricuspid (valve) disorders	When appropriate	<input type="checkbox"/>	<input type="checkbox"/>
CPT± CODES			
0569T: Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	All cases	<input type="checkbox"/>	<input type="checkbox"/>
+ 0570T: Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during the same session	Cases where two or more clips were implanted	<input type="checkbox"/>	<input type="checkbox"/>
CPT± CODE MODIFIERS			
- 62: When two surgeons work together as primary surgeons performing distinct part(s) of a procedure	When two surgeons/ co-surgeons perform the procedure. Supporting documentation is required to show the medical necessity for co-surgeons	<input type="checkbox"/>	<input type="checkbox"/>
- 80/ -82: Assistant Surgeon	When surgical assistant services are used during the procedure	<input type="checkbox"/>	<input type="checkbox"/>

(+) = Indicates add-on code. List add-on code separately in addition to code for primary procedure.

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References

- CMS 2024 ICD-10-CM. <https://www.cms.gov/medicare/icd-10/2024-icd-10-cm>

Abbott

3200 Lakeside Dr., Santa Clara, CA 95054 USA Tel: 1.800.227.9902
www.cardiovascular.abbott

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