HEALTH ECONOMICS & REIMBURSEMENT

Prior Authorization Checklist for TriClip™ Transcatheter Edge-To-Edge Repair

This checklist summarizes the information used to process prior authorization requests for the Tricuspid Transcatheter Edge-To-Edge Repair (Tricuspid TEER) procedures using the TriClip™ G4 system. The Tricuspid TEER procedure is also known as transcatheter tricuspid valve repair (TTVr). ICD-10-CM diagnosis[1] codes that may apply to Tricuspid TEER procedures include:

- **I36.1**: Nonrheumatic tricuspid (valve) insufficiency
- **I36.8**: Other nonrheumatic tricuspid valve disorders
- **I36.9**: Nonrheumatic tricuspid valve disorder, unspecified

This list of codes is not all-inclusive. For non-Medicare payers, consult local medical coverage policies for guidance. **Prior authorization and/or appeals must be obtained for Medicare Advantage and third-party commercial insurance plans.**

Please do not include this form in your submission to the payer.

CPT‡ CODES	DESCRIPTION	INCLUDED
0569T *	Transcatheter tricuspid valve repair percutaneous approach	☐
+ 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)	☐

** For the TEER procedure, physician services (0569T), echocardiography, and anesthesia are only payable when billed by separate practitioners.*[2]

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

It is the sole responsibility of the prescribing healthcare provider to diagnose and treat the patient. Nothing in this document is intended to interfere with the independent clinical judgment of the prescribing healthcare provider. This information is subject to change. Please check your patient's benefit administrator's prior authorization requirements before submitting a prior authorization request.

The following clinical information may be required when submitting a prior authorization request for the aforementioned CPT‡ codes. **While all the criteria below may not be required for each case, it's best practice to consider documenting the information categories below in a prior authorization request form**:

INFORMATION CATEGORIES	CONSIDERATIONS	INCLUDED
TR Diagnosis and Severity Determination	• The multidisciplinary heart team should confirm the TR diagnosis and the severity/ TR grade • All echocardiography data must be presented to support the diagnosis	☐
Clinical Signs and Symptoms	• Document TR disease clinical signs (e.g., effective regurgitant orifice area (EROA), regurgitant volume, regurgitant jet area, vena contracta width, RVEDD, tricuspid annular diameter, and right atrial volume) • Document clinical symptoms (e.g., edema, ascites, painful hepatosplenomegaly, shortness of breath, NYHA class, 6-min walking score, and overall symptoms' impact on the quality of life)	☐
Patient's Treatment History	• Document the currently ongoing treatment's success or failure in controlling TR symptoms and progress (for example use of diuretics, heart failure management, etc.) • Document former treatment modalities' success or failure in controlling TR symptoms and progress • The multidisciplinary heart team should indicate whether the patient is at intermediate or greater risk for tricuspid surgery and Tricuspid TEER is clinically appropriate	☐

ADDITIONAL PRIOR AUTHORIZATION AND APPEAL SUPPORT

Should your office need any additional reimbursement support materials or have any questions about the prior authorization or appeal process for your patients, please contact the Abbott support teams:

- For timely support with **prior authorizations, denials, and pre-procedural appeals**, contact the **TriClip™ Patient Access Program team**. The program specialists support prior authorization and appeal processes for Medicare Advantage and private payers on behalf of your patients. TriClip Patient Access program is available to your patients regardless of provider. For further information about this Program, please contact the team via:
  - Email: TriClip@priahealthcare.com
  - Phone: **(860) 999 - 9133**

- For Tricuspid TEER-specific coverage, coding, or payment questions, contact the **Health Economics and Reimbursement Field Team**:
  - Email: AbbottEconomics@abbott.com

Rx Only
Important Safety Information

TRICLIP™ G4 SYSTEM

INDICATIONS
The TriClip™ G4 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 G4 System is contraindicated 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 G4 Procedure. Allergic reactions or hypersensitivity to latex, contrast agent, anaesthesia, 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).

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References:
1. CMS_2025_ICD-10-CM https://www.cms.gov/medicare/coding-billing/icd-10-codes/2025-icd-10-cm
2. National Correct Coding Initiative Edits. https://www.cms.gov/Medicare/Coding/NCCI-Coding-Edits

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