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National Coverage Determination 20.38: Transcatheter Edge-to-Edge Repair for Tricuspid Valve Regurgitation

Related CR Release Date: August 14, 2025	**MLN Matters Number:** MM14200
Effective Date: July 2, 2025	**Related Change Request (CR) Number:** CR 14200
Implementation Date: January 5, 2026	**Related CR Transmittal Number:** R13366CP & R13366NCD

Affected Providers

- Physicians
- Hospitals

Action Needed

Make sure your billing staff knows about national coverage of transcatheter edge-to-edge repair for tricuspid valve regurgitation (T-TEER):

- Criteria
- Coverage with evidence development (CED) study criteria
- Claims processing requirements

Key Updates

Nationally Covered Indications

T-TEER treats tricuspid regurgitation (TR). Effective July 2, 2025, CMS covers T-TEER for treating symptomatic TR under CED according to the coverage criteria we outline in the Medicare National Coverage Determination (NCD) Manual, Chapter 1, section 20.38.

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Other Uses of T-TEER

- We don't cover T-TEER for patients outside of a CMS-approved study
- Nothing in this NCD would preclude coverage of T-TEER through NCD 310.1 (Routine Costs in Clinical Trials) or through the investigational device exemption policy

Claims Processing Requirements

Bill the following procedure codes for T-TEER:

- ICD-10-PCS code 02UJ3JZ — Supplement Tricuspid Valve with Synthetic Substitute, Percutaneous Approach
- CPT code 0569T — Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis
- CPT code 0570T — Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)

Submit claims for T-TEER with one of these ICD-10-CM diagnosis codes as the principal diagnosis: I07.1, I07.2, I08.1, I08.2, I08.3, I36.1, I36.2, or Q22.8.

Professional Claims

We cover claims for T-TEER in a clinical research study when billed with:

- CPT codes 0569T and 0570T
- The appropriate ICD-10-CM principal diagnosis code and Z00.6 as other diagnosis code
- The 8-digit clinical trial identifier number
- Modifier Q0 — Investigational clinical service provided in a clinical research study that's in an approved clinical research study

Institutional Claims

Inpatient hospitals must bill for T-TEER on type of bill (TOB) 11X. We cover claims for T-TEER when billed with:

- ICD-10-PCS code 02UJ3JZ
- The appropriate ICD-10-CM principal diagnosis code and Z00.6 as other diagnosis code
- Condition code 30 — Qualified clinical trial
- Value code D4 — Clinical trial number (8-digit number)

If you provide T-TEER to a Medicare Advantage (MA) plan patient, you must also report condition code 04. MA organizations are responsible for payment.

Your Medicare Administrative Contractor (MAC) will return any T-TEER claims you submitted with the wrong TOB, condition code, or value code or claims that don't include the clinical trial number. Your MAC will deny claims you submitted without the appropriate ICD-10-CM diagnosis code.

Note: Your MAC won't search their files for T-TEER claims processed with dates of service from July 2, 2025 – January 5, 2026; however, they'll adjust any claims you bring to their attention.

More Information

We issued CR 14200 to your MAC as the official instruction for this change. The CR is in 2 transmittals:

- R13366CP adds section 414 to the Medicare Claims Processing Manual, Chapter 32
- R13366NCD adds section 20.38 to the Medicare NCD Manual, Chapter 1, Part 1

For more information, find your MAC's website.

Document History

Date of Change	Description
August 20, 2025	Initial article released.