



JANUARY 2020

Coding Information

Physician Services, Hospital Outpatient, and ASC





2020 Coding Information for TriNav™ Infusion System

TRINAV DESCRIPTION

The TriNav™ Infusion System is a 0.021 inch lumen microcatheter with SmartValve™ self-expanding tip. SmartValve supports pressure generation, which enables delivery of therapeutic agents to selected sites in the peripheral vascular system, including solid tumors in the liver.¹⁻⁴

The TriNav SmartValve has demonstrated the potential to overcome intratumoral pressure in solid tumors to improve distribution and penetration of therapy during arterial embolization procedures per clinical studies performed to date.¹⁻³

INTENDED USE

The TriNav Infusion System is intended for use in angiographic procedures. It delivers radiopaque media and therapeutic agents to selected sites in the peripheral vascular system.⁵

CONTRAINDICATIONS

TriNav is not intended for use in the vasculature of the central nervous system (including the neurovasculature) or central circulatory system (including the coronary vasculature).⁵

Rx Only. For the safe and proper use of the TriNav device, refer to the Instructions for Use.

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PLACE OF SERVICE CODES

Provider of Service	Place of Service Code	Medicare Payment Methodology
Hospital Outpatient	22	Hospital Outpatient Prospective Payment System (OPPS) payments made based on CPT codes under Ambulatory Payment Classification (APC)
Ambulatory Surgery Center (ASC)	24	ASC Payment System is linked to the OPPS and typically paid at a reduced rate
Office Based Interventional Suite	11, 22, 24	Medicare Physician Fee Schedule (MPFS) payments are based on relative values assigned to CPT codes (work, practice and malpractice expense)

PROCEDURE CODES

Interventional Procedures	
CPT Code	Description
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction

¹Titano JJ, et al. Cardiovasc Intervent Radiol. 2019;42:560-568. ²Kim AY, et al. PLoS One. 2017;12(9):e0183861. DOI: 10.1371/journal.pone.018386. ³Pasciak AS, et al. J Vasc Interv Radiol. 2015;26:660-669. ⁴Durham ED, et al. J Vasc Interv Radiol. 2015;26:e54(Poster 18). ⁵TriSalus TriNav Infusion System, Instructions for Use.

HOSPITAL OUTPATIENT AND ASC CODES

For hospital outpatient and ASC, CPT code 37243 maps to Ambulatory Payment Classification (APC) 5193.

Interventional Procedures			
CPT Code	APC	Group Title	SI
37243	5193	Level 3 Endovascular Procedures	J1

HCPCS CODES

CMS granted transitional pass-through payment for procedures using proprietary Pressure-Enabled Drug Delivery™ approach, such as those performed with TriNav™, beginning on January 1, 2020. CMS may make pass-through payments for procedures using the TriNav™ device until December 31, 2022.

HCPCS Code	Description
C1982	Catheter, pressure-generating, one-way valve, intermittently occlusive

DIAGNOSIS CODES

Diagnosis codes are used by both physicians and hospitals to document the indication for the procedure. The below diagnosis codes may describe conditions relevant to the use of TriNav™.

ICD-10 Diagnosis Code	Description
C22.0	Liver cell carcinoma
C22.1	Intrahepatic bile duct carcinoma
C22.2	Hepatoblastoma
C22.3	Angiosarcoma of liver
C22.4	Other sarcomas of liver
C22.7	Other specified carcinomas of liver
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary

DISCLAIMER

These codes are not all-inclusive; appropriate codes can vary by patient setting of care and payer. Correct coding is the sole responsibility of the provider submitting the claim for the item or service. Please check with the payer to verify codes and special billing requirements. TriSalus™ Life Sciences does not make any representation or guarantee concerning reimbursement or coverage for any service or item.

For further questions about TriNav™, please contact TriSalus™ Life Sciences at +1.888.321.5212.

Source: Medicare Program: Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payments Systems Final Rule, 84 Fed.Reg 218, 61142 (Nov.12, 2019).