



MAY 2020

# Coding Information

Physician Services, Hospital Outpatient, and ASC





## 2020 Coding Information for TriNav™ Infusion System

Beginning January 1, 2020, the Centers for Medicare and Medicaid Services (CMS) granted transitional pass-through payment for outpatient procedures using the proprietary Pressure-Enabled Drug Delivery™ approach, such as those performed with TriNav.<sup>1</sup> CMS assigned TriNav to C1982 and has indicated the device should always be billed with CPT Code 37243.<sup>2</sup>

While most payers usually follow suit with Medicare Part B coverage policy, the reimbursement methodologies and amounts may vary. Facilities are encouraged to contact payers prior to using a product on TPT status to confirm coverage and reimbursement policies.

### 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

### CPT TO APC CROSSWALK

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

### DEVICE PASS-THROUGH CODE

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

### PLACE OF SERVICE CODES

Provider of Service	Site of Service Code	Description
Hospital Outpatient	22	A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization
Ambulatory Surgery Center (ASC)	24	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis

<sup>1</sup> Medicare Program: Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payments Systems Final Rule, 84 Fed.Reg 218, 61142 (Nov.12, 2019). <sup>2</sup> Centers for Medicare & Medicaid Services, CMS Manual System, Pub 100-04 Medicare Claims Processing, Transmittal 4513, Feb. 4, 2020, at 4.

## DIAGNOSIS CODES RELATED TO HEPATOCELLULAR CARCINOMA

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

### 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.<sup>1,3-5</sup>

### 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.<sup>2</sup>

### 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).<sup>2</sup>

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

For further questions about TriNav reimbursement please contact the TriNav Reimbursement Support Hotline at 866-779-0450 or [trinavreimbursement@priahealthcare.com](mailto:trinavreimbursement@priahealthcare.com). The hotline is available Monday through Friday from 8:30am – 5:00pm EST. After hours calls will be returned the following business day.

The coding information provided above is general in nature, gathered from third-party sources, and subject to change without notice. The provider is solely responsible for determining medical necessity, the appropriate setting for service delivery, and submitting accurate claims for products and services rendered. TriSalus encourages facilities to contact payors for specific information on their coding, coverage, and payment policies.

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1. Titano JJ, et al. *Cardiovasc Intervent Radiol*. 2019;42:560-568. 2. Data on file (510K). TriSalus™ Life Sciences, 2019. 3. TriSalus™ TriNav™ Infusion System, Instructions for Use. 4. Kim AY, et al. *PLoS One*. 2017;12(9):e0183861. DOI: 10.1371/journal.pone.0183861. 5. Pasciak AS, et al. *J Vasc Interv Radiol*. 2015;26:660-669. 6. Durham E, Jaroch D, Hunter K. Poster presented at: World Conference on Interventional Oncology (WCIO); May 6-9, 2015; New York, NY.