



JANUARY 2023

# Coding Information

Physician Services, Hospital Outpatient, and ASC





## 2023 Coding Information for the TriNav® Infusion System

On January 1, 2020, the Centers for Medicare & Medicaid Services (CMS) granted Transitional Pass-Through (TPT) payment status for Medicare reimbursement of the TriNav Infusion System in the outpatient setting. TriNav is the latest technology for the proprietary Pressure-Enabled Drug Delivery™ (PEDD™) method of administration. CMS assigned the TriNav Infusion System HCPCS code C1982, and has indicated the device should always be billed with CPT Code 37242 or CPT Code 37243.<sup>1</sup> On December 29, 2022, the *Consolidated Appropriations Act, 2023* was enacted, which grants TriNav an additional year of TPT status through December 31, 2023.<sup>2</sup>

Facilities are encouraged to contact non-Medicare payers prior to using the TriNav Infusion System to confirm coverage and reimbursement, as methodologies and amounts may vary.

### DEVICE PASS-THROUGH CODE

HCPCS Code	Description
<b>C1982</b>	Catheter, pressure-generating, one-way valve, intermittently occlusive

### PROCEDURE CODES

CPT Code	Description
<b>37242</b>	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; <b>arterial, other than hemorrhage or tumor</b> (e.g., congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)
<b>37243</b>	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; <b>for tumors, organ ischemia, or infarction</b>

### CPT TO APC CROSSWALK

CPT Code	APC	APC Description	SI
<b>37242</b>	<b>5193</b>	Level 3 Endovascular Procedures	J1
<b>37243</b>	<b>5193</b>	Level 3 Endovascular Procedures	J1

### PLACE OF SERVICE CODES

Place of Service Name and Code	Place of Service Description
<b>On Campus-Outpatient Hospital (22)</b>	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
<b>Ambulatory Surgical Center (24)</b>	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis

<sup>1</sup> Centers for Medicare & Medicaid Services, CMS Manual System, Pub 100-04 Medicare Claims Processing, Transmittal 4513, Feb. 4, 2020, at 4. Integrated Outpatient Code Editor Specifications Version 22.0, Transmittal 10540, Dec. 31, 2020.

<sup>2</sup> Consolidated Appropriations Act, 2023 (H.R. 2617). Section 4141 pp. 1470-1471. <https://www.congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf>

## TRINAV DESCRIPTION

The TriSalus™ TriNav® Infusion System is a 0.021" lumen microcatheter with SmartValve™ technology, a self-expanding tip at the distal end. The TriNav serves as the conduit for physician-specified agents such as contrast agents, flush solutions, and embolic beads.<sup>3</sup>

## INDICATIONS FOR 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>3</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>3</sup>

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

For additional reimbursement information, please contact TriNav Reimbursement Support at [reimbursement@TriSalusLifeSci.com](mailto:reimbursement@TriSalusLifeSci.com).

## DISCLAIMER

TriSalus Life Sciences®, Inc. ("TriSalus") provides this coding guide for educational and information purposes only. It is not intended to provide legal, medical or any other kind of advice. This guide is meant to be an adjunct to the American Medical Association (AMA) Current Procedural Terminology (CPT®2023). It is not comprehensive or exhaustive and does not replace the CPT® 2023 Professional Edition Manual or Medicare or other payer reimbursement rules. A precise understanding of the code descriptors and the appropriate services associated with each code is necessary for proper coding.

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<sup>3</sup> TriSalus™ TriNav® Infusion System, Instructions for Use.