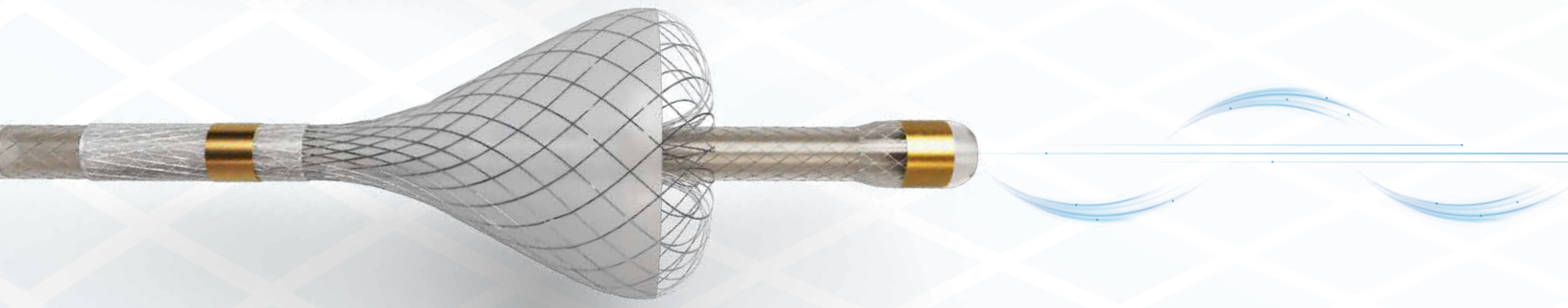
TriNav®
INFUSION SYSTEM

2025 BILLING GUIDE

for Hospital Outpatient Departments (HOPD)



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TriNav® Infusion Systems use SmartValve® technology to enable the PEDD™ approach.

2025 CODING INFORMATION FOR HOSPITAL OUTPATIENT DEPARTMENTS

January 1, 2024, the Centers for Medicare & Medicaid Services (CMS) created a New Technology Healthcare Common Procedure Coding System (HCPCS) procedure code (C9797) for hospital outpatient departments to report procedures involving the TriNav Infusion Systems.[1]

April 1, 2025, the Centers for Medicare & Medicaid Services (CMS) issued a New Technology Healthcare Common Procedure Coding System (HCPCS) procedure code (C8004) for hospital outpatient departments and to report "simulation angiogram" procedures (commonly referred to as a mapping procedure), utilizing the TriNav Infusion Systems.[2]

TRINAV INFUSION SYSTEMS PROCEDURE CODES

Hospital outpatient departments (HOPDs) should report C8004 for simulation procedures and C9797 for therapeutic procedures that utilize the TriNav Infusion Systems. HOPDs should no longer bill 37242 or 37243 for procedures that utilize the TriNav Infusion Systems.

HCPCS Code	Description
C8004	Simulation angiogram with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the angiogram, for subsequent therapeutic radioembolization of tumors
C9797	Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction

TRINAV INFUSION SYSTEMS DEVICE CODE

For Medicare claims, HOPDs are required to report C1982 for the TriNav Infusion Systems devices. HOPDs may have an existing contractual arrangement with payers that allows or requires them to separately bill devices. HOPDS are encouraged to contact their commercial payers to verify their requirements for reporting C1982.

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

2025 MEDICARE AMBULATORY PAYMENT CLASSIFICATION (APC) HOPD ASSIGNMENT

C9797 is assigned to (APC) 5194 Level 4 Endovascular Procedures.
C8004 is assigned to (APC) 5193 Level 3 Endovascular Procedures.

For Medicare claims, payment for the device reported as C1982 is packaged into the APC payment for the procedure. Commercial payers may pay separately for the device, depending on individual hospital contracts with the payer.

APC	Description	2025 APC Payment[3]	Status Indicator
5193	Level 3 Endovascular Procedures	$11,340.57	J1
5194	Level 4 Endovascular Procedures	$17,956.72	J1

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REVENUE CODES

When assigning a revenue code to HCPCS code C9797, C8004, C1982, hospitals should consider where procedures will be performed.

- HCPCS codes C9797 and C8004 are procedure codes.
- HCPCS code C1982 is a device code.

	Description
335	Radiology – Therapeutic and/or Chemotherapy Administration; Chemotherapy Admin – IV
360	Operating Room Services; General Classification
361	Operating Room Services – Minor Surgery
272	Medical/Surgical Supplies and Devices; Sterile Supplies
278	Medical/Surgical Supplies and Devices, Other Implants

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.

Contraindications: The TriNav Infusion System is not intended for use in the vasculature of the central nervous system (including the neurovasculature) or central circulatory system (including the coronary vasculature).

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

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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, accurate and appropriate documentation, and submitting accurate claims for products and services rendered. TriSalus encourages facilities to contact payers for specific information on their coding, coverage, and payment policies.

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1. The Centers for Medicare & Medicaid Services. New Technology APC Decision Tracker. December 13, 2023. https://www.cms.gov/files/document/new-technology-apc-application-decision-tracker.pdf. Accessed December 18, 2023.
2. CMS Manual System Department of Health & Human Services (DHHS). Pub 100-04 Medicare Claims Processing Centers for Medicare & Medicaid Services (CMS). Transmittal 13135, March 20, 2025. Change Request 13993.
3. 2025 CMS OPPS/ASC Final Rule, Addendum A (available on CMS website), CMS-1809-FC (Nov. 1, 2024).

For more information, contact the TriNav Infusion System Reimbursement Support Team at reimbursement@TriSalusLifeSci.com

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