



2024 Billing Guide

For Hospitals and ASCs

2024 Coding Information for Hospital Outpatient Departments (HOPD) and Ambulatory Surgery Centers (ASC)

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

TriNav Procedure Code

Hospital outpatient departments (HOPDs) and ambulatory surgical centers (ASCs) should report C9797 for procedures that utilize the TriNav or TriNav LV Infusion System (C9797). HOPDs and ASCs should no longer bill 37243 or 37242 for procedures that utilize the TriNav or TriNav LV Infusion System.

HCPCS Code	Description
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 Device Code

For Medicare claims, HOPDs are required to report C1982 for the TriNav device. 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 requirements for reporting C1982.

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

Medicare Ambulatory Payment Classification (APC) Assignment

HCPCS C9797 has been assigned to Ambulatory Payment Classification (APC) 5194 Level 4 Endovascular Procedures.¹

For Medicare claims, payment for the device reported with C9797 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. HOPDs should contact each payer to confirm payment(s).

APC	Description	2024 APC Payment ¹	Status Indicator
5194	Level 4 Endovascular Procedures	\$16,724.70	J1

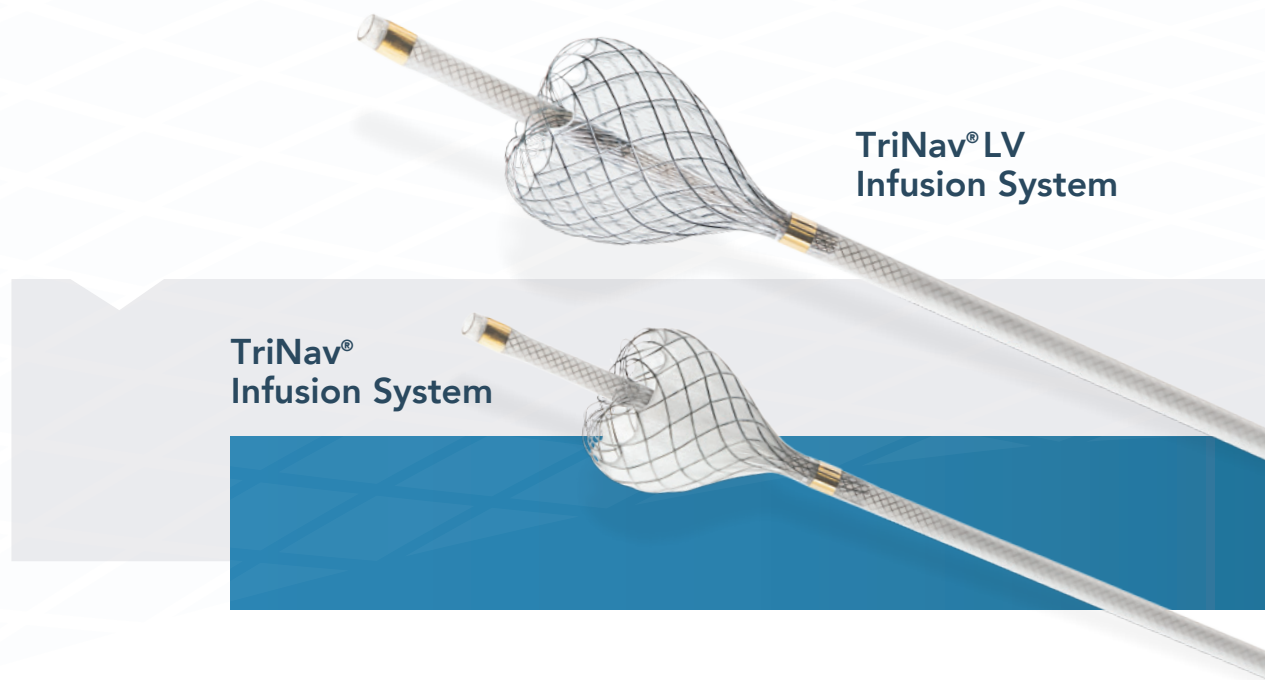
1. The Medicare Claims Processing Manual states that "Hospitals are required to report device category codes that have expired from pass-through payment on claims when such devices are used in conjunction with procedures billed and paid for under the OPPS." See Medicare Claims Processing Manual, Chapter 4 – Part B Hospital (Including Inpatient Hospital Part B and OPPS), Section 60. Rev. 12369; Issued: 11/17/23. 2024 CMS OPPS/ASC Final Rule, Addendum B (available on CMS website) 88 FR 81540 (Nov. 2, 2023).

Facility Place Of Service (POS) Codes

Place of Service Name and Code	Place of Service Description
Off Campus-Outpatient Hospital (19)	A portion of an off-campus hospital provider-based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
On Campus-Outpatient Hospital (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 Surgical Center (24)	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis

Revenue Codes

Revenue Code	HCPCS Code	Description
335	C9797	Radiology- Therapeutic and/or Chemotherapy Administration; Chemotherapy Admin – IV
360		Operating Room Services; General Classification
272	C1982	Medical/Surgical Supplies and Devices; Sterile Supplies
278		Medical/Surgical Supplies and Devices, Other Implants



For additional reimbursement information, please contact TriNav Reimbursement Support at: reimbursement@TriSalusLifeSci.com.

Description

The TriSalus™ TriNav® and TriNav® LV Infusion Systems are delivery devices 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.^{1,2}

RX Only

For the safe and proper use of TriNav and TriNav LV, refer to their individual Instructions for Use.^{1,2}

Indications For Use

The TriNav and TriNav LV Infusion Systems are intended for use in angiographic procedures. They deliver radiopaque media and therapeutic agents to selected sites in the peripheral vascular system.^{1,2}

Contraindications

TriNav and TriNav LV Infusion Systems are not indicated for use in the vasculature of the central nervous system (including the neurovasculature) or central circulatory system (including the coronary vasculature).^{1,2}

Disclaimer

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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.

For additional reimbursement information, please contact TriNav Reimbursement Support at:
reimbursement@TriSalusLifeSci.com.

1. TriSalus™ TriNav® Infusion System Instructions for Use

2. TriSalus™ TriNav® LV Infusion System Instructions for Use

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