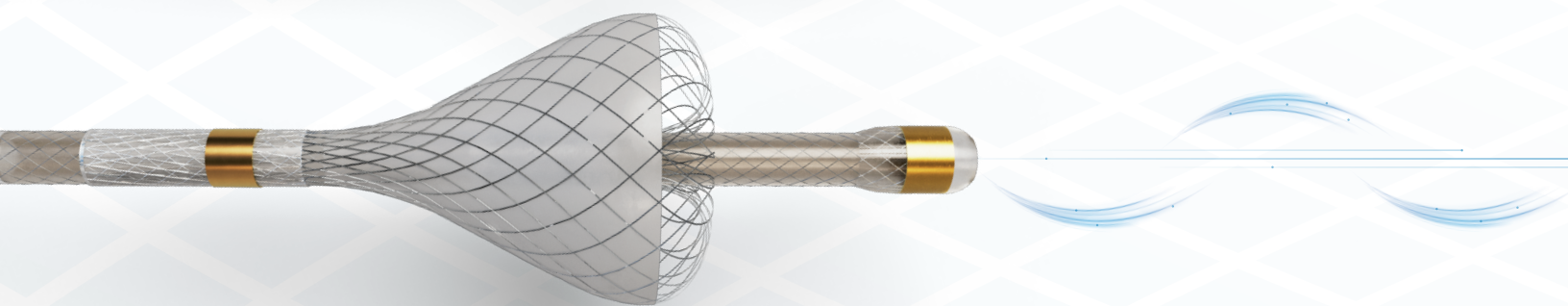




# 2025 BILLING GUIDE

for Physicians



**TriNav Infusion Systems:** TriNav®, TriNav FLX, and TriNav LV. TriNav Infusion Systems use the SmartValve® technology to enable the PEDD™ approach.

## 2025 CODING INFORMATION FOR PHYSICIANS

Procedures involving the TriNav Infusion Systems include the embolization/occlusion procedure and may include a simulation angiogram (commonly referred to as a “mapping procedure”) that is typically performed during a separate patient encounter. Physicians should select the CPT® code that most accurately represents the procedures performed. In the case that an existing CPT code does not accurately represent the service provided, physicians should report an unlisted CPT code.

### CPT PROCEDURE CODES RELATED TO THE USE OF TRINAV, TRINAV FLX, AND TRINAV LV INFUSION SYSTEMS<sup>1</sup>

CPT Code	Description
<b>Embolization or Occlusion</b>	
<b>37241</b>	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)
<b>37242</b>	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, 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; for tumors, organ ischemia, or infarction
<b>37244</b>	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation
<b>37799</b>	Unlisted procedure, vascular surgery
<b>Catheter Placement</b>	
<b>36245</b>	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family
<b>36246</b>	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family
<b>36247</b>	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family
<b>36248</b>	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)



## CPT PROCEDURE CODES RELATED TO THE USE OF TRINAV, TRINAV FLX, AND TRINAV LV INFUSION SYSTEMS<sup>1</sup> (CONT.)

CPT Code	Description
<b>Angiography</b>	
<b>75726</b>	Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation
<b>75774</b>	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)
<b>76499</b>	Unlisted diagnostic radiographic procedure
<b>Imaging</b>	
<b>78201</b>	Liver imaging; static only
<b>78800</b>	Rp localization tumor/distribution Rp agent, incl vasc flow, planar, 1 area, 1 day
<b>78803</b>	Rp localization tumor/distribution Rp agent, incl vasc flow, (SPECT), 1 area, 1 day

### CODING TIP FOR EMBOLIZATION PROCEDURES 37241 - 37244

Only one embolization code should be reported for each surgical field, including the entire area directly involved in and immediately surrounding the procedure?

### PRE-PROCEDURAL AND INTRA-PROCEDURAL ANGIOGRAPHIC ROADMAPING

A simulation angiogram (commonly referred to as a “mapping procedure”) is often performed several days in advance of the TriNav or TriNav LV embolization procedure. This procedure may be reported separately from the embolization procedures performed on a separate day.

Vascular embolization and occlusion procedures (37241-37244) include:

- all associated radiological supervision and interpretation;
- intra-procedural guidance and roadmapping; and
- imaging necessary to document completion of the procedure.

Vascular embolization and occlusion procedures (37241-37244) do not include:

- vessel selection(s) and catheter placement(s);
- ultrasound guidance for vascular access;
- diagnostic studies (eg, diagnostic angiography or venography);
- chemotherapy administration (eg, 96420\*); or
- injection of a radioisotope (eg, 79445)<sup>2</sup>

### FACILITY PLACE OF SERVICE (POS) CODES

Place of Service Name and Code	Place of Service Description
<b>Off Campus-Outpatient Hospital (19)</b>	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
<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

\*96420 is only billable by physicians in the global (ex. OBL) setting.



TriNav LV employs the same SmartValve technology as TriNav to enable the PEDD approach in larger vessels.

**Indications for Use:** The TriNav, TriNav FLX, 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.<sup>3,4,5</sup>

**Contraindications:** The TriNav, TriNav FLX, 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).<sup>3,4,5</sup>

**Rx Only.** For the safe and proper use of the TriNav, TriNav FLX, and TriNav LV Infusion Systems, refer to their individual Instructions for Use.

**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 not comprehensive or exhaustive and does not replace the CPT® 2024 Professional Edition code book 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.

Reasonable effort has been made to ensure the accuracy of this guide, but TriSalus and its employees, agents, officers, and directors make no representation, warranty or guarantee that the information provided is error-free, that the use of this guide will prevent or resolve differences of opinion or disputes with payers, or that the use of this guide will result in reimbursement, at all or in any particular amount.


This guide is provided "AS IS" without warranty of any kind, either expressed or implied, including, but not limited to, implied warranties or merchantability and fitness for a particular purpose.

TriSalus does not bear any responsibility or liability for the results or consequences of the use of this guide. The ultimate responsibility for correct use of the Medicare and AMA CPT® coding system lies with the user. TriSalus assumes no liability – legal, financial, or otherwise – for providers who utilize the information in this guide in a manner inconsistent with the coverage and payment policies of any payers, including but not limited to Medicare or any Medicare contractors, to which the provider has submitted or will submit claims for the reimbursement of services performed by the provider. Applicable FARS/DFARS restrictions apply to government use. TriSalus assumes no liability for data contained or not contained herein. All trademarks are the property of their respective owners.

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.

CPT copyright 2023 American Medical Association. All rights reserved. AMA and CPT are registered trademarks of the American Medical Association

- 
1. American Medical Association. CPT Professional. 2025.
  2. CPT Assistant. November 2013/Volume 23, Issue 11.
  3. TriSalus™ TriNav® Infusion System Instructions for Use.
  4. TriSalus™ TriNav® FLX Infusion System Instructions for Use.
  5. TriSalus™ TriNav® LV Infusion System Instructions for Use.

 For more information, contact the TriNav Infusion System Reimbursement Support Team at [reimbursement@TriSalusLifeSci.com](mailto:reimbursement@TriSalusLifeSci.com)

