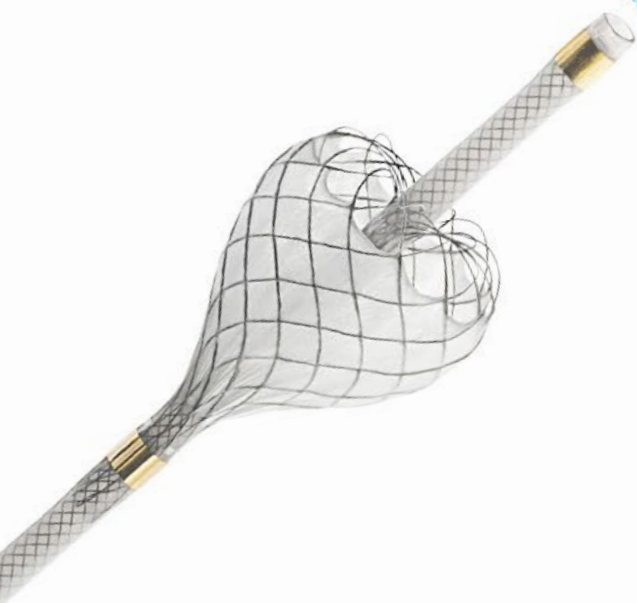




EMBOLIZATION
EVOLVED



2024 Billing Guide

For Hospitals and ASCs

TriNav® Infusion System

2024 Coding Information for Hospital Outpatient Departments and Ambulatory Surgery Centers

Effective January 1, 2024, the Centers for Medicare & Medicaid Services (CMS) has 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.¹

TriNav Procedure Code

Hospital outpatient departments (HOPDs) and ambulatory surgical centers (ASCs) should report C9797 for **procedures** that utilize the TriNav Infusion System (C9797). HOPDs and ASCs should no longer bill 37243 or 37242 for procedures that utilize the TriNav 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 their requirements for reporting C1982.

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

Medicare Ambulatory Payment Classification (APC) Assignment

Effective January 1, 2024, HCPCS C9797 has been assigned to Ambulatory Payment Classification (APC) 5194 Level 4 Endovascular Procedures.

For Medicare claims, payment for the device reported with 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	2024 APC Payment ²	Status Indicator
5194	Level 4 Endovascular Procedures	\$16,724.70	J1

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 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).

Revenue Codes

When setting charges, hospitals should consider the cost-to-charge ratio (CCR) for the relevant revenue codes to which the procedure and device costs are assigned. Hospitals should assign charges to the appropriate revenue codes.

- HCPCS code C9797 is a procedure code. Hospitals should consider assigning C9797 to revenue code 360 or 335.
- HCPCS code C1982 is a device code. Hospitals should consider assigning C1982 to revenue code 272 or 278.

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

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

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

TriNav Description

The TriSalus™ TriNav® Infusion System is a delivery device 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.

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 system²

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)²

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

3. TriSalus™ TriNav® Infusion System, Instructions for Use.

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



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