2023 REIMBURSEMENT CODING GUIDE

The RadiaDyne Alatus Vaginal Balloon Packing System is designed as an immobilizer to assist in positioning and displacing the vaginal wall in a more predictable and reproducible location during computed tomography (CT) exams and radiation treatment (RT) therapy. The use of the device must be ordered by the physician and documented in the patient record. Providers are responsible for selecting the most appropriate code for the device based upon medical necessity.

HOSPITAL OUTPATIENT

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<th>Descriptor2</th>
<th>SI3</th>
<th>APC3</th>
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AMBULATORY SURGERY CENTER

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PHYSICIAN GLOBAL (FREESTANDING CENTER)

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NOTES

OPPS = Outpatient Prospective Payment System
ASC = Ambulatory Surgical Care
All payments rates reflect 2023 national averages.
MPFS = Medicare Physician Fee Schedule
SI = Status Indicator
S = Paid separately under OPPS; not discounted when multiple.
PI = Payment Indicator
Z3 = Radiology or diagnostic service paid separately when provided integral to a surgical procedure on ASC list; payment based on MPFS non-facility PE RVUs

REFERENCES

2. CPT © 2023 Professional. American Medical Association (AMA).
3. CY 2023 Changes to Hospital Outpatient Prospective Payment and Ambulatory Payment Systems – Final Rule with Comment and Final CY2022 Payment Rates (CMS-1772-FC); Addendum B and ASC Addenda.
4. CY 2023 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; (CMS-1770-F); Addendum B. All MPFS Fee Schedules calculated using CF of $33.8872 effective January 1, 2023

Questions? Email Radiadyne@ThePinnacleHealthGroup.com or call 866-369-9290 (Pinnacle Health Group hotline).

Indications For Use: The RadiaDyne Alatus Vaginal Balloon Packing System is a single use, non-sterile, disposable, flexible, inflatable, non-powered positioning device, intended to be used on a daily treatment basis for the temporary positioning of the vaginal wall and adjacent structural anatomies. The purpose of the device is to displace and stabilize the vaginal wall during computed tomography (CT) exam, x-ray, or radiation treatment (RT) therapy. The placement of the balloon requires a physician or physician directed healthcare professional, and it is performed as a separate procedure outside of the standard (CT) exam and (RT) treatment. This device is not intended to be inserted into the uterine cavity.

Contraindications: Vaginitis · Excessive Vaginal Bleeding · Any Standard Exclusionary Criteria Recognized for Vaginal Devices

Refer to Directions for Use and/or User Manual provided with the product for complete Instructions, Warnings, Precautions, Possible Adverse Effects and Contraindications prior to use of the product.

CAUTION: Federal Law (USA) restricts this device to sale by or on the order of a physician.

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This is general reimbursement information only and is intended to assist you to comply with complex and changing reimbursement policies. It is not legal advice, nor is it advice about how to code, complete, or submit any particular claim for payment, nor intended to increase or maximize reimbursement by any third-party payor. This information has been gathered from third-party sources and was correct at the time of publication and is subject to change without notice. It is the provider’s responsibility to exercise independent clinical judgment to determine appropriate coding and charges that accurately reflect all the patient’s conditions and services provided. This should be recorded in the patient’s medical record. The information provided here is for informational purposes only and represents no statement, promise, or guarantee by RadiaDyne, AngioDynamics, or The Pinnacle Health Group concerning levels of reimbursement, payment, or charges. Payors may have their own coding and reimbursement requirements and policies. If reimbursement questions arise for a particular patient, providers should contact the payor to confirm current requirements and billing policies. All decisions related to reimbursement, including amounts to bill, are exclusively that of the provider. Providers should check and confirm coding from complete and authoritative coding sources to ensure accuracy. This document is not intended to promote the off-label use of medical devices and physicians should use medical devices fully consistent with all government requirements. The content is not intended to instruct hospitals and/or physicians on how to use medical devices or bill for healthcare procedures.