

## 2024 REIMBURSEMENT CODING GUIDE

The AngioDynamics IsoLoc Prostate Immobilizer System is used to immobilize the prostate in patients undergoing radiation therapy. The device is intended to be used during all phases of radiation therapy, including treatment planning, image verification, and radiotherapy delivery. 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 and should check with local payors for additional coding guidance or policies.

| HOSPITAL OUTPATIENT |   |                 |                  |                   |                            |
|---------------------|---|-----------------|------------------|-------------------|----------------------------|
| CPT <sup>1</sup>    | Descriptor <sup>1</sup>                             | SI <sup>2</sup> | APC <sup>2</sup> | OPPS <sup>2</sup> | MPFS Facility <sup>3</sup> |
| 77334               | Treatment devices, design and construction, complex | S               | 5612             | \$352             | \$59                       |

| AMBULATORY SURGERY CENTER |   |                 |                  |                            |
|---------------------------|---|-----------------|------------------|----------------------------|
| CPT <sup>1</sup>          | Descriptor <sup>1</sup>                             | PI <sup>2</sup> | ASC <sup>2</sup> | MPFS Facility <sup>3</sup> |
| 77334                     | Treatment devices, design and construction, complex | Z3              | \$64             | \$59                       |

| PHYSICIAN GLOBAL (FREESTANDING CENTER) |   |                                |
|--|---|--------------------------------|
| CPT <sup>1</sup>                       | Descriptor <sup>2</sup>                             | MPFS Non-Facility <sup>3</sup> |
| 77334                                  | Treatment devices, design and construction, complex | \$123                          |

### NOTES

OPPS = Outpatient Prospective Payment System  
 ASC = Ambulatory Surgical Care  
 All payments rates reflect 2022 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 asurgical procedure on ASC list; payment based on MPFS non-facility PE RVUs  
 APC = Ambulatory Payment Classification

### REFERENCES

- CPT © 2023 Professional. American Medical Association (AMA).
- CY 2024 Hospital Outpatient Prospective Payment and Ambulatory Payment Systems – Final Rule (CMS-1786-FC); Addendum B and ASC Addenda.
- CY 2024 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; (CMS-1784-F); Addendum B. All MPFS Fee Schedules calculated using CF of \$32.7442 effective January 1, 2024. This rate may change due to pending legislation (H.R.6683 - Preserving Seniors' Access to Physicians Act of 2023.)

Questions? Email [Angiodynamics@thepinnaclehealthgroup.com](mailto:Angiodynamics@thepinnaclehealthgroup.com) or call 866-369-9290 (Pinnacle Health Group hotline)

**Indications For Use:** The AngioDynamics IsoLoc Endorectal Balloon is a single-use disposable, inflatable, non-powered positioning device intended for use in the temporary positioning of the rectal wall and adjacent structure in the male human anatomies. The purpose of the device is to stabilize the prostate during Computed Tomography (CT) exam and X-ray, when these imaging techniques are used for Radiation Therapy (RT) planning. The placement of the balloon requires a Physician, or a Physician directed healthcare professional, and is performed as a separate procedure apart from the standard CT exam and RT treatment.

**Contraindications:** • Hemorrhoids • Peri-rectal / Peri-anal abscess • Anal Fissure, Anal Canal Stricture • Prior low anterior resection • Rectal Fistula, Rectal Fissure, Rectal Ulcer • Diverticulitis • Surgery of the prostate, rectum, or surrounding area within the last eight • weeks • Radiation of the rectum or surrounding area within the last eight weeks • Any standard exclusionary criteria recognized for endo-rectal / intra-rectal 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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