

## 2020 REIMBURSEMENT CODING GUIDE

The RadiaDyne IsoLoc Prostate Immobilizer System is used to immobilize the prostate in patients undergoing radiation therapy. The device is intended to be used during all the 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 to select the most appropriate code for the device based upon medical necessity and should check with local payers for additional coding guidance or policies.

HOSPITAL OUTPATIENT <sup>1,3</sup>					
CPT	Description	SI	APC	HOPPS (Hospital Outpatient)	MPFS Facility
77332	Treatment devices, design and construction, simple	S	5611	\$126.58	\$24.54
77334	Treatment devices, design and construction, complex	S	5612	\$335.12	\$62.80

AMBULATORY SURGERY CENTER <sup>1,3</sup>				
CPT	Description	PI	ASC (Ambulatory Surgical Center)	MPFS Facility
77332	Treatment devices, design and construction, simple	Z3	\$23.46	\$24.54
77334	Treatment devices, design and construction, complex	Z3	\$67.13	\$62.80

PHYSICIAN GLOBAL (FREESTANDING CENTER) <sup>2,3</sup>		
CPT	Description	MPFS Non-Facility
77332	Treatment devices, design and construction, simple	\$48.36
77334	Treatment devices, design and construction, complex	\$130.28

### NOTES

- All payments rates reflect 2020 national averages.
- MPFS = Medicare Physician Fee Schedule
- SI = Status Indicator
- S = Paid separately under OPSS; 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
- APC = Ambulatory Payment Classification

### REFERENCES

1. Hospital Outpatient Prospective Payment – Final Rule with Comment and Final CY2020 Payment Rates (CMS-1717-FC); Addendum B and ASC Addenda.
2. CY 2020 Revision to Payment Policies under the Physician's Fee Schedule and Other Revisions to Part B (CMS-1715-F); Addendum B. All MPFS Fee Schedules calculated using CF of \$36.0896 effective January 1, 2020.
3. 2020 AMA CPT Professional Edition

**Indications For Use:** The RadiaDyne Prostate Immobilizer Rectal 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 purposed 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.

**Contraindications:** Hemorrhoids · Peri-rectal/Per-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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### Questions? Email [Reimbursement@AngioDynamics.com](mailto:Reimbursement@AngioDynamics.com) or call 866-369-9290 (Pinnacle Health Group hotline)

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 payer. 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. These 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.

Payers may have their own coding and reimbursement requirements and policies. If reimbursement questions arise for a particular patient, providers should contact the payer 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.

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