

The RhinAer® Stylus 2020 Reimbursement Guide



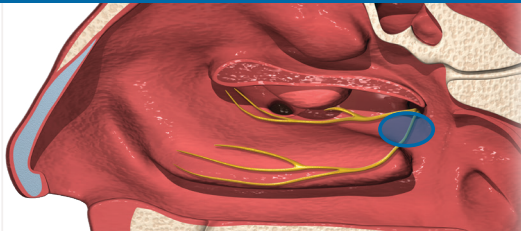
The RhinAer® Stylus is indicated for use in otorhinolaryngology (ENT) surgery for the destruction of soft tissue in the nasal airway, including in posterior nasal nerve regions in patients with chronic rhinitis.

DISCLAIMER:

Aerin Medical is not making any specific coding guidance. The final decision on appropriate CPT coding lies with the provider and their coding staff based on Medicare, AMA/CPT, specialty society, and payor guidance. CPT Codes listed in this document have been suggested by some third-party entities to be appropriate for treatment of the post nasal nerve for chronic rhinitis and is subject to change without notice as a result of complex and frequently-changing laws, regulations, rules and policies. The coding options presented in this document are not intended to be an all-inclusive list of potential codes. Aerin Medical does not promote the use of its products outside of their FDA-cleared label.

Coding Overview

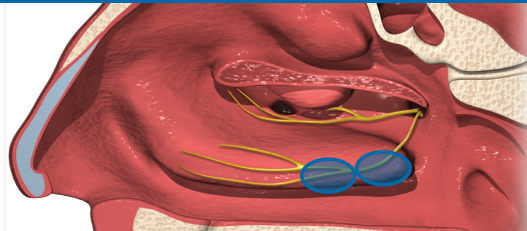
Posterior Nasal Nerve



CPT® 30117: Excision or destruction (eg, laser), intranasal lesion; internal approach.
Note: Modifier -59 or -XS may be billed with 30117 if left and right sides are treated.

CPT® 30999: Unlisted procedure, nose.
Note: CPT Code 30999 may be equated to CPT Code 30117 in box 19 of the CMS 1500 form

Inferior Turbinate



CPT® 30801: Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial

Use of CPT 30117 or 30999

Physician Services

CPT ¹	Short Description	Site of Service	National Average Payment Rate ²	Total RVUs ³	MD Work RVUs ³	Global Period
30999	Unlisted procedure, nose	Non-Facility Facility	Carrier priced ⁴	N/A	N/A	YYY ⁵
30117	Excision or destruction (eg, laser), intranasal lesion	Non-Facility Facility	\$955.29 \$341.77	26.47 9.47	3.26	90
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method; superficial	Non-Facility Facility	\$223.03 \$147.97	6.18 4.10	1.14	10

Ambulatory Surgery Center

CPT ¹	Short Description	National Average Payment Rate ²	Status Indicator ⁶	Multiple Procedure Discounting
30999	Unlisted procedure, nose	No payment ⁷	T	Y
30117	Excision or destruction (eg, laser), intranasal lesion	\$1,055.06	A2	Y
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method; superficial	\$536.60	A2	Y

Hospital Outpatient

CPT ¹	Short Description	National Average Payment Rate ²	Status Indicator ⁸	APC
30999	Unlisted procedure, nose	\$203.64	T	5161
30117	Excision or destruction (eg, laser), intranasal lesion	\$2,619.29	J1	5164
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method; superficial	\$1,349.34	J1	5163

A Note on the Use of Modifiers

Modifiers may be used healthcare providers to describe specific surgical circumstances, as described by the American Medical Association (AMA). Modifier **59 (Distinct procedural service)** or **XS (Service performed on a separate structure)** may be billed on a second line with 30117 if the treatment occurs on the left and right sides. For more information on modifiers, refer to the AMA's *CPT 2020 Professional Edition*.

Aerin Medical Reimbursement Support Line

Reimbursement professionals are available to help answer coding, coverage, and payment questions and provide reimbursement support for procedures with the RhinAer Stylus (e.g., claims assistance, appeals, etc.). These services are provided to assist with patient access to medical technology.

Monday – Friday
9am – 5pm PST
(833) 425-9772
AerinReimbursement@gmail.com

- 2020 Current Procedural Terminology (CPT®) Professional Edition. CPT is a registered trademark of the American Medical Association. All rights reserved.
- National Average Payment Rates reflect the total Medicare allowable amount for a covered procedure. Actual payments vary depending on factors such as geographic adjustment, multiple procedure payment reduction, sequestration, patient deductibles, co-insurance, etc.
- Centers for Medicare and Medicaid Services. 2020 Physician Fee Schedule. 2020 payment rates are calculated based on a conversion factor of \$36.0896.
- Payment for unlisted CPT codes is determined by Medicare Administrative Contractor (MAC).
- The Carrier determines whether the Global concept applies.
- ASC status indicator A2: Surgical procedure on ASC list in CY2007; payment based on OPPS relative weight, subject to multiple procedure reduction rule.
- Unlisted CPT Codes are not included in Medicare's list of approved services; however, commercial and Medicaid payment policies may vary. Check with your patient's payer to understand the opportunities for payment for unlisted codes in the ASC.
- OPPS Status Indicator J1: Comprehensive APC.