MERIT MEDICAL

C_2 CryoBalloon® Ablation System

C2 CRYOBALLOON ABLATION SYSTEM 2026 MERIT MEDICAL REIMBURSEMENT GUIDE

This document provides coding and reimbursement information for physicians and health care facilities. It includes commonly used codes to reflect procedures involving Merit Medical Systems, Inc C2 CryoBalloon Ablation System; it is not an all-inclusive list. All payment rates shown are unadjusted 2026 Medicare national averages; actual payments will vary by geographic and individual facility adjustment factors. The provider has the sole responsibility to determine medical necessity, accurately document patient care and determine appropriate codes and charges for medically necessary care provided. The information in this guide is intended to support the use of Merit's products consistent with their FDA-approved/cleared indications.

Please see the end of document for disclaimers regarding the intent of this guide, provider responsibilities, and promotional restrictions.

PHYSICIAN, HOSPITAL OUTPATIENT AND ASC CODING AND PAYMENT

Medicare and most other insurers commonly reimburse physicians based on fee schedules tied to Current Procedural Terminology (CPT®) codes used to report procedures and services. Each CPT is assigned Relative Value Units (RVUs). Payment reductions may apply when multiple procedures are reported. Physician payment for procedures performed in an outpatient or inpatient hospital or Ambulatory Surgical Center (ASC) setting is described as a facility payment; while payment for procedures performed in the physician office is described as a non-facility payment.

Medicare Hospital outpatient and ambulatory service centers (ASCs) reimbursement is based on Ambulatory Payment Classification (APC) groups. APC assignment is made based on CPT codes. Hospital outpatient and ASC reimbursement is subject to various multiple procedure packaging rules, including Comprehensive APCs (C-APCs), under which a single payment is made for all procedures and supplies provided.

The CPT codes commonly used to report use of of the C2 CryoBalloon Ablation System for OPPS, ASC, and physician payment are provided below. The payment rates provided represent the 2026 unadjusted Medicare national average.

CPT	Descriptor	OPPS			ASC	Physician			
						Non-Facility		Facility	
		APC	SI	Payment	Payment	RVUs	Payment	RVUs	Payment
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s)	5303	J1	$3,939	$2,897	23.41	$782	5.23	$175
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s)	5302	J1	$1,960	$1,201	24.03	$803	5.92	$198

CY 2026 Medicare OPPS & ASC Payment System Final Rule (CMS-1834-FC); Addendum B and ASC Addenda.
CY 2026 Physician Fee Schedule Final Rule (CMS-1832-F); Addendum B. National average physician payment reflects total RVUs calculated with the Non-Qualifying QP CF of $33.4009.
J1 = Comprehensive APC (C-APC); Paid under OPPS; all covered Part B services on the claim are packaged with the primary "J1" service for the claim, except services with OPPS SI=F, G, H, L and U.
CPT 43229 and 43270 includes pre- and post-dilation and guide wire passage, when performed.
Do not report 43229 in conjunction with 43220, 43226 for the same lesion. Do not report 43229 in conjunction with 43197, 43198, 43200.
Do not report 43270 in conjunction with 43248, 43249 for the same lesion. Do not report 43270 in conjunction with 43197, 43198, 43235, 44360, 44361, 44363, 44364, 44365, 44366, 44369, 44370, 44372, 44373, 44376, 44377, 44378, 44379.

LEVEL II HCPCS CODES

HCPCS CODES	Descriptor
C2618	Probe/needle, cryoablation (general, including balloon)

HOSPITAL INPATIENT CODING AND REIMBURSEMENT

MEDICARE SEVERITY DIAGNOSIS RELATED GROUPS (MS-DRGS)

Medicare reimbursement for inpatient hospital services is based on Medicare Severity Diagnosis Related Groups (MS-DRGs). One MS-DRG is assigned per hospital admission, determined by patient diagnoses and procedures reported; one payment is made for all procedures and supplies associated with an individual hospital stay.

Potential MS-DRG assignments for admissions involving C2 CryoBalloon Ablation System, and Medicare 2026 national average unadjusted rates are shown below.

MS-DRG	Descriptor	Payment
380	Complicated Peptic Ulcer with MCC	$14,278
381	Complicated Peptic Ulcer with CC	$7,884
382	Complicated Peptic Ulcer without CC/MCC	$5,826

CY 2026 Medicare Inpatient Final Rule (CMS-1833-F). Rates shown assume the hospital submitted quality data and is a user of EHR. The hospital's base payment rate will change if the hospital does not meet either or both of these measures. Calculations were based on data provided in FY 2026 IPPS Final Rule CN (Tables 1A, 1D, and 5CN). Please note that all Medicare rates displayed in this table reflect the national unadjusted amounts inclusive of beneficiary cost sharing and do not reflect any additional payment adjustments.Secondary diagnoses included on the CMS lists for Major Complication or Comorbidity (MCC) or Complication or Comorbidity (CC) may impact MS-DRG assignment.

ICD-10-PCS PROCEDURE CODES FOR INPATIENT HOSPITAL BILLING

The International Classification of Diseases, Tenth Revision Procedure Coding System (ICD-10-PCS) codes are used by facilities to report procedures performed in the inpatient setting. The first three characters outline the section, body system and operation. Once these have been identified, the procedure can be coded to greater specificity by choosing the most appropriate body part, approach, device, and qualifier as identified in the code set. Providers should code to the highest level of specificity possible. The most common ICD-10-PCS codes associated with cryoablation of the esophagus are provided below. It is not intended to be a comprehensive list of all possible ICD-10-PCS codes that may be reported

ICD-10-PCS	Descriptor
0D518ZZ	Destruction of Upper Esophagus, Via Natural or Artificial Opening Endoscopic
0D528ZZ	Destruction of Middle Esophagus, Via Natural or Artificial Opening Endoscopic
0D538ZZ	Destruction of Lower Esophagus, Via Natural or Artificial Opening Endoscopic
0D548ZZ	Destruction of Esophagogastric Junction, Via Natural or Artificial Opening Endoscopic
0D558ZZ	Destruction of Esophagus, Via Natural or Artificial Opening Endoscopic

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The information in this guide is intended to support the use of Merit's products consistent with their FDA-approved/cleared indications. Merit does not promote the use of its products beyond their FDA-approved/cleared indications, and this information is not intended to promote such uses. Healthcare professionals are solely responsible for using their independent clinical judgment to determine the appropriate use of any product for an individual patient.

For reimbursement questions and support, please email us at merit@thepinnaclehealthgroup.com

Before using, refer to Instructions for Use for indications, contraindications, warnings, precautions, and directions for use.

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