



NEWS RELEASE

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NinePoint Medical Announces Substantial Hospital Reimbursement Increase for Procedures Using the NvisionVLE® Imaging System with Real-time Targeting™

Bedford, Mass. – Nov 15, 2016 – [NinePoint Medical, Inc.](#), a transformative medical device company pioneering the use of an advanced imaging platform for gastrointestinal applications, announced today that the U.S. Centers for Medicare & Medicaid Services (CMS) has published its 2017 final fee schedule. The annual update includes a material increase to the reimbursement rate for CPT Code 43252¹ (*upper GI endoscopy with optical endomicroscopy*), used for esophageal procedures using the [NvisionVLE Imaging System](#) with Real-time Targeting.

According to the final 2017 CMS fee schedule, starting January 1, 2017, the reimbursement rate for CPT code 43252 in the hospital out-patient setting increases 131% from \$1,088.00 to \$2,509.64, while the reimbursement rate for the same code in the ambulatory surgical center (ASC) setting increases 86% from \$608.39 to \$1,134.02.

The NvisionVLE Imaging System with Real-time Targeting employs proprietary Optical Coherence Tomography (OCT) technology allowing physicians to perform a Volumetric Laser Endomicroscopy procedure that produces real-time, high-resolution cross-sectional images. The system enables physicians to evaluate and mark tissue for potential disease that may not be visible with conventional medical imaging technologies such as white light endoscopy or ultrasound.

“The decision to increase reimbursement rates helps to validate the clinical need and benefit of using OCT in upper GI procedures,” commented Christopher R. von Jako, Ph.D., President and CEO of NinePoint Medical. “This economic improvement can help physicians bring our technology to more patients who suffer from esophageal disease.”

About Esophageal Disease

Esophageal adenocarcinoma (EAC) is the fastest growing cancer in the western world, increasing in incidence more than 7-fold over the past several decades.² Barrett’s esophagus, a complication of gastroesophageal reflux disease (GERD), affects more than 12 million American adults,³ and is associated with a 30-fold increased risk of developing EAC.³

About the NvisionVLE® Imaging System

The [NvisionVLE Imaging System](#) provides a unique and clinically valuable new perspective of esophageal disease: The ability to image within the wall of the esophagus. By providing a high-resolution, real-time scan of the esophagus using Optical Coherence Tomography (OCT) – a technology similar to ultrasound but using infrared light rather than sound waves - the system enables physicians to view structures not evident with conventional imaging, and potentially identify disease that would have otherwise been missed. With Real-time Targeting, physicians can mark areas of interest, possibly leading to improved diagnosis and more effective therapeutic decisions for patients. The NvisionVLE® Imaging System has been cleared by the FDA and is commercially available in the U.S.

About NinePoint Medical, Inc.

[NinePoint Medical](#) is a privately-held medical device company that designs, manufactures, and sells an Optical Coherence Tomography (OCT) imaging platform for clinical use in gastroenterology, pulmonology, urology, gynecology, and ENT, for the evaluation of human tissue microstructure. Using proprietary imaging and software technology, the Company is committed to enabling quicker diagnosis of disease and more effective treatments, while reducing the overall cost of healthcare. NinePoint Medical is located in suburban Boston, Massachusetts. For more information, please visit www.ninepointmedical.com.

References:

1. CPT code 43252 description: Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with optical endomicroscopy
2. Pohl H, Sirovich B, Welch HG. Esophageal adenocarcinoma incidence: are we reaching the peak? *Cancer Epidemiol Biomarkers Prev* 2010;19:1468-70
3. Hayeck TJ, Kong CY, Spechler SJ, Gazelle GS, Hur C. The prevalence of Barrett’s esophagus in the U.S.: estimates from a simulation model confirmed by SEER data. *Dis Esophagus* 2010;23:451-7