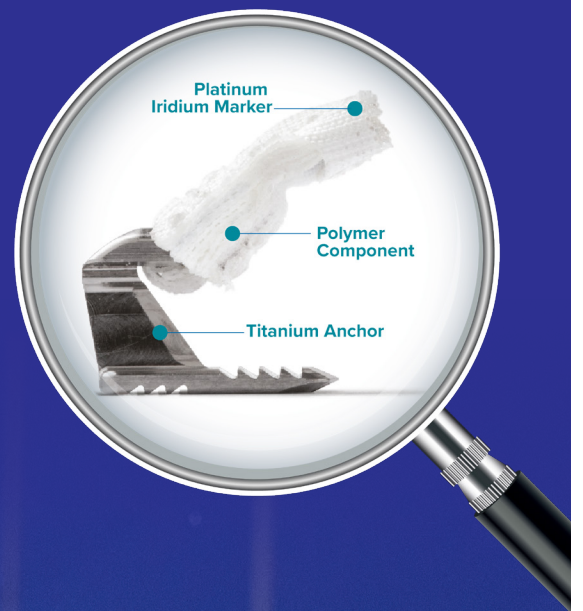


# BARRICAID<sup>®</sup> Onboarding Binder



Life has risks...  
**Reherniation**  
shouldn't be one.



**Actual Barricaid Patient**

# Table of Contents

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# It's Time to Change the Standard of Care.

Welcome to the Barricaid Family. We are pleased you have chosen to join us in our mission to reduce needless suffering for lumbar discectomy patients. This Barricaid Onboarding Binder (BOB) is designed to help you understand the clinical and commercial expectations required to represent Barricaid.

In the BOB, you will find helpful tools, an outline of the training program, onboarding guides for your surgeons and their facilities, as well as training forms that you will complete as you earn your certification to proctor Barricaid cases. With your efforts, we are one step closer to changing the standard of care for discectomy patients.

## Distributor Tools



### **DISTRIBUTOR PORTAL**

**Website to access all programs, forms and resources**

Link to Distributor Portal: <https://info.barricaid.com/distributors>



### **SURGICLOUD**

Case tracking and quality monitoring done via handheld portal

Download Surgicloud app to phone

### **EARLY ADOPTER REPORT**

**Determine where a surgeon is on the adoption curve**

Access Early Adopter Report through your Barricaid representative

### **ACUITY MD**

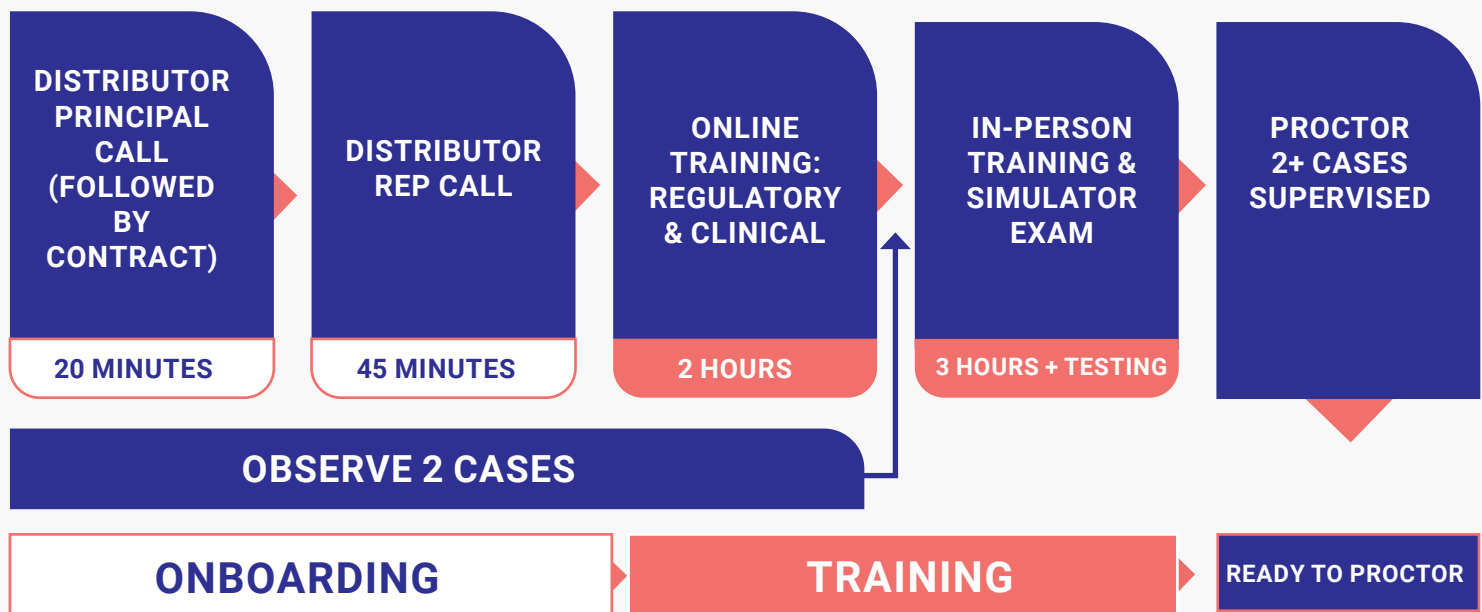
**Advanced targeting database**

Work with your Barricaid representative to target high volume discectomy surgeons

# OVERVIEW

## DISTRIBUTOR TRAINING ROADMAP

Your time is valuable. This process is designed to respect your time by offering a mix of virtual and in-person training. Once fully trained, you will complete a certification exam and will successfully proctor two Barricaid cases under the observation of a certified Barricaid trainer in order to proctor Barricaid cases independently.



# OVERVIEW

## DISTRIBUTOR TRAINING FOR CASE COVERAGE - COMPLETE BY DAY 60

This training is designed for reps that have active surgeon targets and are ready to start representing Barricaid. If you do not have surgeons that are interested yet, you may want to delay training until you developed interest in your market.

### BARRICAID CONTRACT

Include W-9, List of 2-3 surgeons to begin with, and list all distributor reps.

### SURGEON TARGETING

Review your current surgeon users against Acuity Data with Barricaid representative.

Select 2-3 surgeons and schedule a meeting with a Barricaid representative.

## TRAINING MODULES

REGULATORY AND CLINICAL MODULES	DELIVERY
Customer Relations Introduction	Online
Revenue Recognition Policy	Online
Anatomy	Online
Discectomy Outcomes	Online
Nomenclature	Online
Technique	Online
Reimbursement Video	Online
16 Common Obstacles	In-Person
Imaging	In-Person

### TRAINING OBSERVATION

Observe two cases in order to understand the mechanics of the Barricaid procedure

### PROCTOR

Once fully trained, you will complete a certification exam and successfully proctor (with Surgicloud documentation) two Barricaid cases under the observation of a Barricaid certified trainer. This will graduate you to be able to run cases solo.

# SALES PITCH TRAINING

## VALUE PROPOSITION & OBJECTION HANDLING (35 MINS)


**GOAL: Schedule a surgeon meeting with the Barricaid team**


### ► OVERVIEW

To support successful facility onboarding and surgeon engagement, distributors will participate in dedicated training focused on the Barricaid value proposition and objection handling. This training equips you with clear, compelling messaging on the clinical and economic benefits of Barricaid, tailored to the needs of both surgeons and APPs. It also prepares the team to confidently address common objections related to clinical data, reimbursement, and workflow integration.

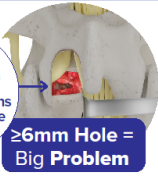
1

### The New Standard for Discectomy






**73%**  
of all reoperations  
come from large  
defects<sup>1</sup>



**≥6mm Hole =  
Big Problem**


**Clinical Need:**


- » Close Defect
- » Preserve Nucleus
- » Reprressurize Disc
- » Minimize Facet Arthropathy




rovals, Submissions and Payment

### 2 Barricaid is Designed to Close the Hole and Prevent Reherniation

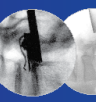





Measure



Trial




Implantation

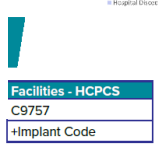



**81%**  
reduction in  
reoperation for  
reherniation<sup>2</sup>

**Barricaid is truly a unique solution:**

- » Only FDA Approved Annular Closure Device - EVER!
- » Extensively Proven: 80+ Publications
  - » 2, 5 and 10 Year RCT Data
  - » 2 Meta Analyses
- » Burns no bridges for fusion<sup>2</sup>







**5 Questions to Ask Your Surgeon**

1. What are you currently using to measure annular defects?
2. What are you currently doing to close the hole following a microdiscectomy?
3. How do you treat a new patient who comes to you with a reherniation?
4. Do you use a mini-open or tubular technique?
5. Do you ever use a blade to make an annulotomy?

[www.barricaid.com](http://www.barricaid.com)

# SURGEON SELLING TOOLS FOR BARRICAID TEAM



SELLING RESOURCES: EXAMPLES

**DESIGNED TO CLOSE THE HOLE AND PREVENT REHERNIATION**

**Defects ≥6mm are at Higher Risk for Reherniation**

**73%** of all reoperations come from defects ≥6mm<sup>1</sup>

**>40%** of patients have defects ≥6mm<sup>2</sup>

**Discectomy Failures Can Be Catastrophic**  
Patients who undergo reoperation often see worse outcomes:

**53%** receive fusions<sup>3</sup>

**88%** are using opioids<sup>4</sup>

**42%** not working<sup>5</sup>

**3X** Higher disability<sup>6</sup>

**Pre-op:**  
**Measure disc height**

**Intra-op:**  
**Measure defect size**

**81% Reduction**  
In reoperation for reherniation<sup>7</sup>

**NEW CAT-I CPT Code 63032**

Physician code billed in addition to discectomy

Physician coding for Barricaid:  
**63030+63032**

**No MRI Scatter**

© Bone Joint Jurg Am. 2022 - Carrigan, et al.  
 1. Johnson 2019 - Demoside  
 2. Spine 2017 - O'Donnell J et al.  
 3. Johnson Outcomes Plus 2018 - Kawan  
 4. Norme status sociale US Indicators, Values at minimum 1yr post-op.  
 5. Minimum study size of 20 Barricaid subjects  
 6. Freedom Registry subjects exclude all patients treated with lumbar discectomy with or without annular closure. Data collected through Q4 2022.  
 7. For instructions for use and complete benefit/risk information, please scan QR code or visit www.barricaid.com/instructions-for-use

Demo Cassette

Life has risks...  
**Reherniation shouldn't be one.**

It's time to change the standard of care for high-risk discectomy patients.

**Now you can. BARRICAID®**

81% Reduction<sup>7</sup> | 70+ Clinical Publications | 12,000+ Implantations

Surgeon Brochure

**1 The New Standard for Discectomy** **BARRICAID CLINICAL**

**73%** of all reoperations come from large defects<sup>1</sup>

**≥6mm Hole = Big Problem**

**Clinical Need:**

- Close Defect
- Preserve Nucleus
- Repressurize Disc
- Minimize Facet Arthropathy

**2 Barricaid is Designed to Close the Hole and Prevent Reherniation**

**81%** reduction in reoperation for reherniation<sup>7</sup>

Measure → Trial → Implantation

Barricaid is truly a **unique solution:**

- Only FDA Approved Annular Closure Device - EVER!
- Extensively Proven: 80+ Publications
  - 2, 5 and 10 Year RCT Data
  - 2 Meta Analyses
- Burns no bridges for fusion<sup>2</sup>

© Bone Joint Surg Am. 2022 - Carrigan et al.  
 1. Johnson 2019 - Demoside  
 2. Norme status sociale US Indicators, Values at minimum 1yr post-op. Minimum study size of 20 Barricaid subjects  
 7. For instructions for use and complete benefit/risk information, please scan QR code or visit www.barricaid.com/instructions-for-use

Watch **SURGICAL ANIMATION**

Distributor to Surgeon Handout

# Objection Handling

## Economic

### Objection: New tech is never reimbursed. You're adding implant costs to a procedure that doesn't have any.

Clarify:	Are you referring to surgeon or facility reimbursement for new spine technology?
Clarify:	How would you view Barricaid if you found out that it did reimburse the facility and the surgeon?
Point:	<b>4,000 claim reviews - validate facility and surgeon reimbursement.</b>
Point:	<b>Our team specializes in reviewing contracts to ensure feasible payments. Additionally, we have a risk mitigation program that protects facilities from non-payment (Patient First).</b>
Point:	<b>Prior to 2026, surgeons billed unlisted code which was challenging for some sites. The new Barricaid CPT Add-on code (+63032) reimburses with an additional 4.08 total RVUs for the time spent implanting the device<sup>3</sup>.</b>

### Objection: I make money when I do fusions. Will Barricaid reduce my fusions?

Clarify:	Is it a bad thing if the patient doesn't reherniate?
Clarify:	As Barricaid becomes accepted as standard of care, what do you see happening for surgeons who don't have Barricaid in their surgical armamentarium?
Clarify:	Second opinions for discectomies are common. If you are not offering Barricaid, is there a chance you might lose that patient to a competitor?
Clarify:	Barricaid is only for specific patients who meet indications. What about radicular patients who reherniate but are otherwise stable and not fusion candidates?
Point:	<b>Yes, Barricaid is intended to reduce the incidence of reoperation.</b>
Point:	<b>There are many determining factors regarding the decision to fuse. When you decide to fuse, Barricaid does not interfere with that technique regardless of approach.</b>
Point:	<b>Barricaid is not appropriate for patients with instability or disc collapse.</b>

### Objection: 63032 is an add-on code? Does that mean it only pays 50%?

Point:	<b>You may be confusing this with multiple procedure reporting, which are subject to fee reductions.</b>
Point:	<b>Add-on codes are never subject to multiple procedure fee reductions.<sup>8</sup></b>
Point:	<b>+63032 must be reported with 63030 and is not subject to multiple procedure fee reductions.<sup>8</sup></b>

1 Wilke 1999  
 2 Internal Data on File  
 3. Addendum B - Relative Value Units and Related Information Used in CY 2026 Final Rule CMS.gov  
 \*Non-Qualifying APM Participants (Non-QPs) conversion factor of \$33.40 used for calculation  
 4 J.clineuro 2018 - Kerezoudis  
 5 J Bone Joint Surg Am. 2003 - Carragee et al  
 6 FREEDOM Registry Data on File  
 7 Some studies outside US indications. Values at min 1 yr post-op. Minimum study size of 20 Barricaid subjects.  
 8 CMS Procedural Coding <https://www.cms.gov/national-correct-coding-initiative-ncci>

## Clinical

<b>Objection: I have tried annular closure before / I heard annular closure does not work.</b>	
Clarify:	Was it a bone-anchored implant or was it a suture based product that you are referring to?
Clarify:	What were you looking to accomplish when you tried this device?
Clarify:	Did the device not live up to your expectation from a clinical or economic standpoint?
<b>Point:</b>	<b>Barricaid is the only device ever FDA approved for annular closure. Only a device anchored to bone can withstand the intradiscal pressure (330 PSI)<sup>1</sup> without migrating.</b>
<b>Point:</b>	<b>Reimbursement: 6 years of increasing facility reimbursement<sup>2</sup> and a new 2026 add-on CPT code for surgeons.</b>
<b>Point:</b>	<b>Clinical: Published 2, 5 year RCT and Two Level 1A Meta-Analyses.</b>

<b>Objection: I just am not sure that I see many reherniations / I don't see clinical value.</b>	
Clarify:	What do you tell your discectomy patients about their risk of reherniation, according to literature?
Clarify:	Do you think that large annular tears are more likely to reherniate?
Clarify:	Are you currently measuring the size of the defect and using the new corresponding ICD-10 codes?
Clarify:	How do you treat a reherniated patient that comes to you for a second opinion? Discectomy or fusion?
Clarify:	What are you currently doing to prevent reherniation?
<b>Point:</b>	<b>Literature shows that about 50% of revision microdiscectomies receive a fusion.<sup>4</sup></b>
<b>Point:</b>	<b>Do you see the value in preserving the motion segment (maintain disc height) and repressurizing the disc?</b>

<b>Objection: This is just a product looking for a procedure / Barricaid lacks clinical evidence.</b>	
Clarify:	How many devices do you think are FDA approved for annular closure?
Clarify:	Why leave a hole open in the annulus? Why do surgeons close skin, muscle, fascia, dura but not the annulus?
Clarify:	Did you know Barricaid has published 2, 5 year RCT studies and Two Level 1A Meta-Analyses?
<b>Point:</b>	<b>Stanford study identified clinical need to close large annular defects 15 years before Barricaid was FDA approved.</b>
<b>Point:</b>	<b>&gt;40% of discectomy patients have large (≥6mm) defects and are at high-risk for reherniation<sup>6</sup>. These patients need more protection than a standard discectomy can offer.</b>
<b>Point:</b>	<b>Barricaid has been proven to reduce reoperation for reherniation by 81% in 8 distinct patient populations.<sup>7</sup></b>
<b>Point:</b>	<b>Did you know that the intra-discal pressure is over 330 PSI and Barricaid is designed to withstand that force by effectively plugging the annulus from the inside to reduce reoperation for reherniation by over 80%?</b>

<b>Objection: I am moving my practice towards endoscopic discectomy. Is Barricaid compatible?</b>	
Clarify:	Are you referring to uni-portal or dual-portal approach?
Clarify:	Do you think that endoscopic discectomy would limit you from implanting Barricaid?
Clarify:	Are you currently doing anything to close large defects when you encounter them?
<b>Point:</b>	<b>Barricaid has been implanted by multiple surgeons across the country through a dual or accessory port.</b>
<b>Point:</b>	<b>Barricaid supports labs throughout the country that are teaching this technique if you are interested.</b>

# Surgeon Onboarding Overview

	Activity	Description
1	Peer-to-Peer with Barricaid Faculty	A virtual session with a Barricaid faculty surgeon using real-world case studies to review patient selection, procedural technique, and optimize outcomes.
2	FREEDOM Registry Introduction	Introduces the frequency of high-risk annular defects by simply measuring - before asking them to adjust their discectomy technique. The data collected helps surgeons to recognize ideal Barricaid patients.
3	Office Onboarding with Patient Journey Team	The PJT team supports seamless Barricaid integration, simplifies the approval process, and provides patient education tools.
4	APP Education & Patient Communication Training	Educates staff on qualifying and communicating with patients. Tools and guidance are available through the APP Portal ( <a href="http://info.barricaid.com/app">info.barricaid.com/app</a> ).
5	Simulator Training & Certification	Required hands-on training to ensure procedural proficiency, including bony removal, nerve root mobilization, implant technique and troubleshooting.
6	Stacking Cases for Faster Adoption	Performing cases in quick succession shortens the learning curve, builds momentum, and leads to faster, more confident adoption.
7	Barricaid Proctor Support	A Barricaid proctor is present during initial cases until both surgeon and distributor are trained.
8	EOB Coding & Claim Review (Business360)	Quarterly review by the PJT team to confirm accurate coding, reimbursement success, and resolve claim issues proactively.
9	Unlocking Marketing Support	Surgeons with consistent usage gain access to Direct to Patient (DTC) marketing, co-branded campaigns, and patient awareness initiatives.

# Facility Onboarding Overview

	Activity	Description
<b>PRIOR TO VAC SUBMISSION</b>		
1	Establish a Surgeon Champion to Lead VAC Submission	Barricaid VAC approval is different. If normal steps are followed, the VAC will fail because, unless properly explained, Barricaid is almost always denied due to the perception that its an added cost to the discectomy. Enlist a Surgeon Champion to establish a meeting with finance/managed care. The Barricaid team will prepare your surgeon to answer questions on reimbursement and VAC best practices.
2	Contract Review with Financial Team (CFO, Managed Care, etc.)	Our reimbursement team will meet with finance/ managed care to review facility payor contracts, proper coding, Patient First, and appeals.
3	Patient First	Patient First is a risk sharing program designed to reduce reimbursement risk for the facility and ensure every indicated patient receives Barricaid, regardless of prior-authorization outcome.
4	VAC Approval	Once the economics have been explained, the robust clinical data, lack of competitors, and classification as a clinically differentiated technology allow for easy approval.
<b>POST SUBMISSION APPROVAL</b>		
5	Inventory - Trunk or Stocking	Determine the appropriate inventory model - either trunk stock or facility stocking.
6	EOB Coding & Claim Review (Business360)	Quarterly Explanation of Benefits (EOB), coding, and claim reviews are conducted to ensure accurate reimbursement and identify any trends or issues in claim submissions.

# EARLY ADOPTER TARGETING

## ► OVERVIEW

Our market experience has shown that early adopter surgeons are the fastest to embrace Barricaid. With our proprietary algorithm and extensive databases, your TM can pinpoint which of your target surgeons are most likely to adopt. This will help you focus on the highest-value opportunities first.

## ► WHY IT MATTERS

Targeting the right surgeon with the right interest level is paramount to optimize your time spent. It is important to assess commitment early in order to only invest time in surgeons who are willing to adopt Barricaid and are ready to implement a new technology in their practice.

### EARLY ADOPTER REPORT

- The Early Adopter Targeting module is build upon several key components.
  - Discectomy Volume – surgeons above a volume of 40 discectomies to focus on surgeons with potential
  - Laminectomy – some surgeons lean towards 63047 when including a discectomy
  - Unlisted Spine Code, Cervical Disc Replacement Code, Si-bone Code are all indicators of surgeons that are familiar with or embrace newer technologies
  - Facilities utilizing Carve Out codes are facilities that appreciate the importance of following coding recommendations and may be more likely to be successful
  - Surgeons listed higher on the Sunshine Act Report are more likely to work with industry and engage with newer technologies

### ZOHO CRM with integrated surgeon and facility profile data

- Access Zoho through your Barricaid representative

### ACUITY MD Advanced targeting database

- Work with your Barricaid representative to target high volume discectomy surgeons

**NOTE: DATA IS DIRECTIONAL. THE BEST SOURCE IS YOUR SURGEON SCHEDULER.**

# SURGEON ONBOARDING

## 1

### PEER-TO-PEER MEETING (SURGEON & BARRICAID)

#### ► OVERVIEW

Completing a virtual peer-to-peer session with a Barricaid faculty surgeon is a key component of the onboarding process, providing new users with valuable insights through real-world case studies. These interactive sessions allow surgeons to review patient selection, surgical decision-making, and procedural techniques with an experienced implanter. By discussing actual cases and outcomes, participants gain a deeper understanding of best practices and how to optimize results in their own practice.

## 2

### FREEDOM REGISTRY

#### ► OVERVIEW

Most surgeons have never measured the size of annular defects. Measuring defects is the fastest way to convince the surgeon of the need for Barricaid. The FREEDOM registry is designed to help the surgeon gather discectomy data

**FREEDOM**  
— REGISTRY —

Gives immediate reason  
to join discectomy cases

#### ► FOCUS: PREVALENCE OF “HIGH-RISK” ANNULAR DEFECTS

- » Collect discectomy data points (Surgicloud):
  - » Disc height
  - » Annular defect height and width
  - » Amount of nucleus removed
- » Short questionnaire completed by Surgeon or PA
- » Not predicated on commitment to use product

# 3

## OFFICE ONBOARDING WITH PATIENT JOURNEY TEAM

### ► OVERVIEW

The Patient Journey Team plays a crucial role in ensuring the integration of Barricaid into the patient’s treatment plan is as seamless as possible. By acting as a liaison, the team will demystify the approval process, making it easier for patients to understand the procedure and requirements for coverage. Additionally, providing Barricaid educational materials can empower patients to make informed decisions about their healthcare.

### ► PATIENT JOURNEY PROGRAM TOOLS FOR OFFICE

- Patient Journey Postcard
- Patient First Program
- Reimbursement Guide
- Prior-Authorization Checklist
- <https://info.barricaid.com/pa-checklist>



### ► HOW TO INITIATE

- Schedule an Onboarding Call with Reimbursement Support
- Office to Send Required Documentation via fax or email
- Fax: 844-288-2660
- Email: [reimbursement@barricaid.com](mailto:reimbursement@barricaid.com)



## PATIENT JOURNEY PROGRAM TESTIMONIAL

# 4

## ADVANCED PRACTICE PROVIDER EDUCATION

### OVERVIEW

APPs are the primary patient educator on discectomies and many patients proceed to surgery without ever being examined by the surgeon. Engaging the APP makes them feel a part of the decision making process and will lead to strong recommendations to their surgeons..



**Dedicated APP Portal: [info.barricaid.com/app](http://info.barricaid.com/app)**

### OFFICE EDUCATION MATERIALS

- APP Flipbook
- Educational posters
- Marketing posters
- Full size customized banners
- Video loops for office waiting room
- 8x11" popup foam posters for waiting room

### PATIENT EDUCATION

- Patient Intro Guide (MLT65)
- Patient FAQ Page ([barricaid.com/FAQs](http://barricaid.com/FAQs))
- Video Content (Youtube and Vimeo)
- Patient Facing Business Card

### PATIENT CONSULTATION MODELS

- Sagittal Barricaid Models
- Herniated Disc Models
- Custom QR code stickers for models

### CME PROGRAM

- Learn about Barricaid, earn 1.0 CME credit hours

**What is Sciatica?**

**Symptoms of Sciatica:**

- Weakness
- Numbness and tingling of legs
- Lower back and/or leg pain

**Recommended Solutions:**

Non-Operative:	Operative:
• Physical therapy	• Discectomy: surgical removal of bulging disc
• Injections	• Spinal Fusion
• Oral medications	

**The Most Common Surgical Treatment: Discectomy**

A lumbar discectomy is a surgical procedure that is performed to relieve back pain caused by a herniated disc. The goal of the procedure is to remove the portion of the disc that is pressing against the spinal nerve. After the procedure, the hole that was used to remove the disc material is traditionally left to scar over.

**A Large Hole Creates Higher Risk**

If the size of the hole caused by the herniation is larger than the height of a standard pencil top eraser, additional disc material may leak out resulting in a reherniation and a possible second surgery. Your surgeon will measure the size of the hole after your discectomy and determine if annular closure is right for you.

A large hole can allow for additional material to be pushed out causing:

- Repeat symptoms
- Repeat herniation
- Repeat operation
- Potential fusion

**How Do You Reduce the Risk of Reherniation?**

Barricaid is a bone anchored annular closure device designed to reduce reherniations in at-risk patients.

- Designed to close the hole and prevent additional disc material from reherniating
- Anchors to healthy bone
- Allows your surgeon to preserve more of your disc with less risk of reherniation
- Maintains motion

**81% Reduction** in reoperation for reherniation

Have questions? Scan the QR Code to Learn More

If you need a discectomy, talk to your doctor about the benefits of Barricaid.

[www.barricaid.com](http://www.barricaid.com)

# 5

## SURGEON SIMULATOR TRAINING AND CERTIFICATION

### ► OVERVIEW

All surgeons are required to complete simulator-based training and certification to ensure proficiency with the device and technique. This hands-on training will utilize a simulated x-ray to highlight appropriate angles, images, and implantation steps without the need for a cadaver. Surgeons will also better understand the amount of boney resection and nerve mobilization required.



# 6

## STACK CASES FOR FASTER ADOPTION

### ► OVERVIEW

Repetition builds proficiency. Stacking multiple Barricaid cases on the same day will speed up the learning curve significantly for you and your operative team.

# 7

## A BARRICAID TRAINER WILL HELP COVER FIRST CASES

### ► OVERVIEW

A Barricaid trainer will be present as a resource at all cases until both the surgeon and distributor are comfortable with the technique.

# 8




## EOB CODING AND CLAIM REVIEW - 'BUSINESS360'

### ► OVERVIEW

As part of the quarterly Business360 review, the Patient Journey team will conduct a comprehensive EOB coding and claim review to ensure surgeons and facilities are receiving appropriate reimbursement for Barricaid procedures. This process helps identify and resolve any claim issues, confirm proper coding practices, and provide data-driven feedback to support financial performance. By proactively monitoring reimbursement trends, the team helps maintain revenue integrity and streamline future billing processes.



### NEXT STEPS

 CLINICAL	 ECONOMIC	 STRATEGIC
<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Continue adding cases</li><li><input checked="" type="checkbox"/> Confirm 5mm measurements</li><li><input checked="" type="checkbox"/> Expand patient indications</li></ul>	<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Complete Claims Review- 6 payments</li><li><input checked="" type="checkbox"/> Physician Payment Summary</li><li><input checked="" type="checkbox"/> Biz360- Q1 with Marketing/Claims Data</li></ul>	<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Activate on DTC and Surgeon Locator</li><li><input checked="" type="checkbox"/> Highlight next case on social media</li><li><input checked="" type="checkbox"/> Discuss possible patient testimonial candidates</li></ul>



**WATCH AN EXAMPLE PRESENTATION**

### ► TOPICS COVERED IN BUSINESS360

- Purpose: Why are we here?
- Clinical Review
- Economic Review
- FREEDOM Review
- Strategic Marketing Review
- Next Steps (Next 90 days)

# 9

## UNLOCKING RESOURCES - DTC, CO-MARKETING, SUPPORT

### ► OVERVIEW

As a surgeon gains experience and demonstrates consistent use of Barricaid, they become eligible for enhanced support through the Barricaid Marketing team. This includes access to direct-to-consumer (DTC) marketing efforts, localized co-marketing campaigns, and expanded resources to drive patient awareness and case volume.

### ► DTC PROGRAM ACTIVITIES

- Addition to Surgeon Locator
- Geo-targeted ads surrounding the surgeon's practice
- Access to Barricaid Patient portal to view incoming leads
- Competitor targeted ads

### ► HOW TO INITIATE

- Connect Intrinsic Marketing Team with surgeon/marketing team to have DTC call
- Surgeon signs the Physician Locator Form

**BARRICAID CENTER OF EXCELLENCE RECOGNITION** 6 CASES per quarter to maintain status

TIER	CASES	COE Surgeon Locator Badge	Materials	Experience	Executive Touch
<b>GOLD</b>	25 CASES	Gold COE Surgeon Locator Badge	<ul style="list-style-type: none"><li>• Customized poster for office</li><li>• Customized patient educational materials</li><li>• Framed certificate (social post with rep)</li></ul>	<ul style="list-style-type: none"><li>• Cake to celebrate milestone with staff</li></ul>	<ul style="list-style-type: none"><li>• Personal congratulations note</li></ul>
<b>PLATINUM</b>	50 CASES	Platinum COE Surgeon Locator Badge	<ul style="list-style-type: none"><li>• Barricaid video team shoots FAQ videos</li><li>• Feature in newsletter, push to all trained surgeons</li><li>• Social post with video</li><li>• Plaque (social post with rep)</li></ul>	<ul style="list-style-type: none"><li>• Staff Lunch (with AVP)</li></ul>	<ul style="list-style-type: none"><li>• Phone Call</li><li>• Attempt for PR News outlet story (B-Roll)</li></ul>
<b>DIAMOND</b>	100 CASES	Diamond COE Surgeon Locator Badge	<ul style="list-style-type: none"><li>• Acrylic trophy (to be presented during event)</li></ul>	<ul style="list-style-type: none"><li>• Staff Dinner (with Barricaid C-Suite)</li><li>• VIP Visit to Boston to visit Woburn Headquarters</li></ul>	<ul style="list-style-type: none"><li>• Wine and Spine event for referring physicians</li></ul>

# FACILITY ONBOARDING

## PRIOR TO VAC SUBMISSION

1

## ESTABLISH A SURGEON CHAMPION TO LEAD VAC SUBMISSION

### ► OVERVIEW

VAC submissions for Barricaid are different. In order to achieve success, use the Barricaid reimbursement team to work with your surgeon champion and the facility to assess the economic viability based on their payor contracts. Once economic alignment is achieved, the process becomes straightforward since Barricaid is the only FDA approved device for annular closure, there are no competitors, and Barricaid is not subject to RFPs. There is a comprehensive Barricaid VAC submission packet available. Make sure your surgeon champion is prepared to handle questions related to cost and reimbursement. Many times this requires a brief prep meeting with our reimbursement team.

2

## CONTRACT REVIEW

### ► OVERVIEW

As part of the onboarding process, it is essential to complete a contract review to ensure proper billing, coding, and reimbursement pathways are in place. This proactive review helps prevent billing delays, denials, or revenue cycle disruptions once procedures begin. Ensuring financial readiness up front supports a smoother launch and long-term program sustainability.

# 3

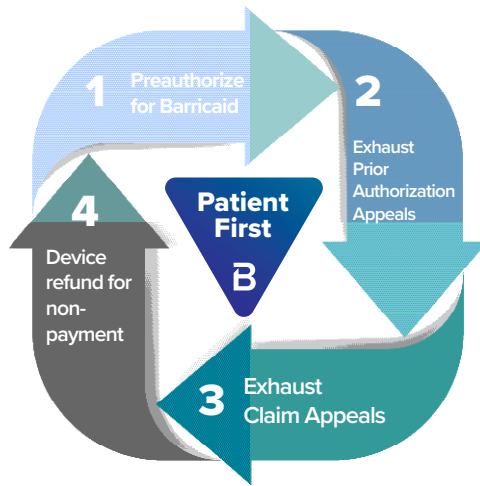
## PATIENT FIRST (REIMBURSEMENT GUARANTEE PROGRAM)

### ► OVERVIEW

A risk sharing program designed to reduce reimbursement risk for the facility and ensure every indicated patient receives Barricaid, regardless of prior-authorization outcome. Patient First de-risks non-payment concerns for the facility and unexpected costs to the patient. Patient First facilities must be onboarded by the Health Economic Team and must commit to utilizing our Patient Journey Program before enrollment.

### ► PATIENT FIRST PROGRAM TOOLS

- Patient First Program Postcard (MLT128)
- Patient First Landing Page ([info.barricaid.com/patient-first](http://info.barricaid.com/patient-first))
- Patient First Explainer Video



**WATCH THE PROGRAM OVERVIEW**

# 4

## VAC APPROVAL

### ► OVERVIEW

Once the economics have been explained, the robust clinical data and lack of competitors allow for straightforward approval.



**CLINICAL DATA**

## POST SUBMISSION APPROVAL

5

### INVENTORY - TRUNK OR STOCKING

#### ► OVERVIEW

As part of facility onboarding, it's important to determine the appropriate inventory model - either trunk stock or facility stocking. Trunk stock allows the sales representative to carry and provide implants as needed, offering flexibility for initial cases. Alternatively, facility stocking ensures on-site inventory is readily available for emergent cases, supporting streamlined scheduling and case preparedness. Aligning on the preferred inventory approach early helps avoid procedural delays and ensures implant availability when needed.

6

### EOB CODING AND CLAIM REVIEW (BUSINESS 360)

#### ► OVERVIEW

As part of the Business360 program, quarterly Explanation of Benefits (EOB) coding and claim reviews are conducted to ensure accurate reimbursement and identify any trends or issues in claim submissions. Partnering with the Barricaid Health Economics team during these reviews allows facilities to assess coding accuracy, address denials, and optimize reimbursement. Note: exact claim data does not need to be shared.

# Appendix

# Barricaid Case Observation Checklist

## CASE SETUP AND INSERVICE



**INTRINSIC**  
THERAPEUTICS

When you walk in the room, watch the rep do/ensure the following:

<p>Located the sterile <b>instrument</b> tray</p> <p>Brought 2 of each <b>implant</b> and 1 each of the disposable tools into the room</p> <p>Checked the <b>expiration dates</b> of stock and picked the closest to expire.</p> <p>Verified the <b>temperature and gamma stickers</b>.</p> <p>Brought images loaded on iPad/phone/printed for <b>reference</b>.</p> <p>Has a <b>loaded delivery tool</b> for demonstration or reference.</p>	
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### Circulator

<p>Ensure everyone is planning to wear <b>lead</b>.</p>	
<p>Make sure the <b>c-arm is in the room</b> and the <b>monitor is placed across from the surgeon</b>. Consider what side the herniation is on as this determines where they will stand.</p>	

### C-Arm Tech

<p>Ask if they have worked a Barricaid case before?</p> <p>Highlight some aspects of Barricaid:</p>	
<p>Imaging today is more critical than a typical discectomy because of the implant. Good quality and aligned lateral imaging is crucial for proper implantation.</p>	
<p>Mid-surgery, the surgeon will choose which endplate they will target.</p> <p>That endplate is the most important to have crisp</p>	

### Scrub Tech

<p>Ask if they have worked a Barricaid case before?</p> <p>Highlight some aspects of Barricaid:</p>	
<p>Rep should confirm the tech knows to only handle the tool by the blue handle....don't touch the white <b>Strike Cap</b> or implant can deploy.</p>	
<p><b>Rep should demonstrate accidental deployment with demo device</b></p>	

# Barricaid Case Observation Checklist

## PROCEDURE OBSERVATION



**INTRINSIC**  
THERAPEUTICS

Look for and mark these critical steps as complete as you watch:

Skin incision location	<i>Barricaid can be implanted in either vertebral body, so to get equal access, the skin incision should be centered over the mid plane of the disc.</i>	
	<i>If a tube user, they may already start there. If you they open, rep may need to remind to move incision 1-2 cm cranial than typical incision to be parallel with the disc.</i>	
Procedural steps	<i>Barricaid implantation is three steps - Measure, Trial, Insert</i>	

<b>MEASURE:</b>	<i>Measure - Determine the size of the defect with the Defect Measuring Tools</i>	
	<i>What is the height</i>	
	<i>What is the Width</i>	
	<i>What implant size did they decide to go with?</i>	
Size indications	<i>Remember- We are indicated for defects from 4-6mm tall and 6-10mm wide.</i>	
Technique	<i>Did the surgeon use a knife to create an annulotomy? What type of cut did they make?</i>	
Rule-of-thumb	<i>Never undersize an implant, but you can oversize, say, a size 10 implant in an 8mm defect. IF ASKED: All our studies were line-to-line, but some surgeons have started oversizing in the real world.</i>	

<b>TRIAL:</b>	<i>Trial- Remember, the anchor can go into either vertebral body depending on your laminar access but also...</i>	
Defect location	<i>...the endplate closest to the defect is usually optimal and usually the easiest</i>	
Listhesis	<i>...target the more ventral body if there is a listhesis</i>	
Nerve location	<i>...the location of exiting and traversing nerve roots may determine which way is better.</i>	

<b>IMPLANT:</b>	<i>Insert- Some reminders when inserting Barricaid</i>	
Blue vs white cap	<i>Make sure they handle the inserter only by the blue. Insert holding the blue and remove the inserter by the white cap. In with the blue, out with the white!</i>	
T-handle	<i>Did the surgeon hold the inserter across the T-handle and use constant downward pressure?</i>	
Proper depth	<i>Did the surgeon advance the strike cap only until its shoulder is flush with the top of the blue and then take a picture to assess placement? Remember- Flush countersinks the implant 2mm. It is not a depth stop, You can implant deeper than 2mm!</i>	
	<i>Did the surgeon slow down malleating as they got close to flush?</i>	
Bottle cup technique	<i>Did they use the bottle cap technique with the removal wedge?</i>	

# BARRICAID PROCEDURE SEQUENCE CASE COVERAGE STUDY GUIDE & EXAM



## 1- Targeting and Incision

- a. \*It is best to be parallel to and over the center disc space to have the option of either endplate.\*
- b. This may mean you make your incision 1-3 CM cranial from a typical discectomy.

## 2- Laminotomy/Laminectomy

- a. Eyeball or physically use alignment trial to template/test access during access step, before discectomy

### SURGEON DOES DISCECTOMY/DECOMPRESSION

## 3- Fluoro and Alignment

- a. Lateral Fluoro
- b. \*Can I see the anatomy? "True" Image? Screen Contrast?\*

## 4- Locating defect- *DO I CUT?*

- a. Up to you, Doctor. If yes, any shape is fine, keep in mind limitations on size.
- b. 11 and 15 blades are both about 6mm wide!

## 5- Defect measurement

- a. Height
- b. Width 
  - i. Proper insertion technique? Feel and 2-finger/2-pounds (not too light, but don't dilate)
  - Options for guiding are:*
    - 1. "pop" (but don't dilate)
    - 2. Measure till one doesn't fit....the size below that is your size
- c. \*Full Thickness Defect Image using widest defect measurement tool\*

## 6- \*Choose proper implant size (8 or 10)\*

## 7- Alignment Trial

- a. Limitations
  - i. Listhesis (anchor in more ventral VB)
  - ii. Nerve – Where is it?
  - iii. Laminotomy
  - iv. Defect Location / Alignment

b. \*Proper Docking\*

i. \*In the defect and on the endplate\*

\*

ii. \*Ventral placement- on the posterior cortex/vertebral body\*

\*

iii. \*Trajectory – At least parallel to the endplate/ or slightly divergent into the body\*

\*

c. Save image to 2<sup>nd</sup> monitor for reference

**8- Implantation**

a. \*In with the blue, out with the white\*

\*

b. Placement

i. In the defect and on the endplate – (Endplate guides AND Nitinol Wire)

ii. Ventral, against the posterior cortex

iii. Trajectory matches Alignment Trial – parallel to endplate, or slightly into VB)

iv. ROTATION

c. Insertion

i. \*Confirm trajectory with lateral shot before malleting\*

\*

ii. \*Hold across the T-Handle\*

\*

iii. \*Firm downward pressure\*

\*

d. Nerve retraction at the baseplate

e. \*Mallet only until strike-cap shoulder is flush with the blue\*

\*

i. “Tap, Tap, Flouro”

ii. 2mm Countersink (less can be OK- At Least Flush!)

1. Visual, not mechanical, stop

iii. Has extra travel of about 2mm, if needed. (Mechanical Stop)

**9- Disassembly**

a. \*Retraction Wedge (this side up) with Bottle Cap technique\*

\*

b. Push on silver, Remove Strike Cap

c. Remove Blue T-Handle (leaving pusher rod in place)

d. LOOK DOWN, suction to clean and directly visualize while you...

e. \*Remove pusher rod, and allow proximal end to relax/tilt towards the disc – (Say which way)\*

\*

i. GIVE SURGEON INSTRUCTION ON HOW TO DETERMINE DIRECTION

1. “Release the rod and it will tilt one way. Continue that tilt while you remove.”

f. Lateral image to determine optimal placement.

g. Direct visual and tactile: Countersunk enough? Need Impactor?

i. Final lateral again if placement is altered

h. Final A/P (Optional)

SIM Competency Checklist	Pass/Fail	Date	Trainer Initials
Surgical Technique			
Reloading of Implant			
Demo Impactor Technique			
Demo Removal Tool Technique			
Review Common Obstacles			

DATE: \_\_\_\_\_

I certify that \_\_\_\_\_ has passed the requirements to be a proctor for the Barricaid Procedure. *Proctor validation is the next step and can be completed in person or virtually.*

Name of Trainer: \_\_\_\_\_

Signature of Trainer: \_\_\_\_\_



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MLT381 Rev B

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