

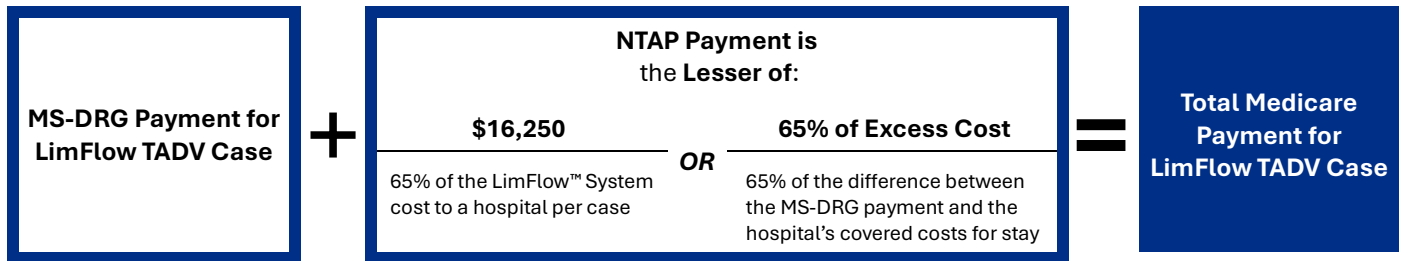
New Technology Add-On Payment (NTAP) for LimFlow™ System

Effective October 1, 2024, LimFlow transcatheter arterialization of the deep veins (TADV) procedures performed in a hospital inpatient setting are eligible for an incremental payment from Medicare (in addition to the applicable MS-DRG payment) to help cover the additional costs of performing a LimFlow TADV.¹

This incremental reimbursement is called a “New Technology Add-on Payment” or NTAP. LimFlow TADV cases are eligible for NTAP payments for 3 years (i.e., 10/1/2024 – 9/30/2027), after which the base DRG rates are adjusted to reflect facility-reported costs and the utilization rate of the new therapy.

How NTAP Works

- LimFlow NTAP provides an additional payment of up to **\$16,250** per LimFlow case on top of the base DRG.
- Specifically, Medicare evaluates each LimFlow TADV case and pays 65% of the hospital’s total covered costs for the entire LimFlow TADV encounter exceeding the MS-DRG payment, up to \$16,250.
- Click [here](#) (p. 3) for examples of NTAP calculations.



What is Critical for a Case to Qualify for NTAP

- ✓ Use of LimFlow for the TADV procedure (this NTAP is only for LimFlow TADV).
- ✓ Ensure appropriate charge capture on claim (i.e., of LimFlow System Kit, TADV procedure, other stay costs).
- ✓ Note the appropriate LimFlow TADV ICD-10-PCS code on the claim (list below).

ICD-10-PCS	Code Description
041M3JS	Bypass right popliteal artery to lower extremity vein with synthetic substitute, percutaneous approach
041N3JS	Bypass left popliteal artery to lower extremity vein with synthetic substitute, percutaneous approach
041P3JS	Bypass right anterior tibial artery to lower extremity vein with synthetic substitute, percutaneous approach
041Q3JS	Bypass left anterior tibial artery to lower extremity vein with synthetic substitute, percutaneous approach
041R3JS	Bypass right posterior tibial artery to lower extremity vein with synthetic substitute, percutaneous approach
041S3JS	Bypass left posterior tibial artery to lower extremity vein with synthetic substitute, percutaneous approach
041T3JS	Bypass right peroneal artery to lower extremity vein with synthetic substitute, percutaneous approach
041U3JS	Bypass left peroneal artery to lower extremity vein with synthetic substitute, percutaneous approach

For more information, please contact your local Inari-LimFlow Health Economics & Market Access (HEMA) manager directly or by emailing: reimbursement@inarimedical.com.

¹ FY 2025 IPPS Final Rule (CMS-1808-F). Available [here](#). LimFlow NTAP section starts PDF p. 575.

Frequently Asked Questions

1. Is NTAP intended only for FDA-approved therapies with specific NTAP approval from Medicare?

Yes. FDA-approval is one of the key criteria to be eligible for NTAP. LimFlow is the only FDA-approved therapy for TADV. LimFlow applied for NTAP and received explicit NTAP approval from CMS in the FY 2025 IPPS Final Rule.

2. When is the NTAP effective?

The NTAP payments for LimFlow TADV go into effect for discharges on or after October 1, 2024, which coincides with the start of Federal Fiscal Year 2025. LimFlow TADV procedures will be eligible for NTAP for three years from the effective date (i.e., 10/1/2024 – 9/30/2027).

3. What are Medicare's billing requirements to facilitate NTAP processing?

There are no special billing requirements placed on the hospital for processing the NTAP payment, other than using the appropriate ICD-10-PCS code that describes the use of LimFlow TADV procedure ([see table on p. 1](#)) and ensuring appropriate charge capture. To ensure appropriate MS-DRG assignment and physician payment, providers should continue to accurately report the patient's admitting diagnosis, patient comorbidities, and services provided during the hospital stay. Please email reimbursement@inarimedical.com to receive the LimFlow TADV Reimbursement Guide.

4. Is NTAP a fixed amount per case?

No. The NTAP amount is not a fixed amount and will vary by case. The amount is based on how much the total charges for the LimFlow TADV hospital stay exceed the applicable DRG payment. For all NTAPs, the NTAP payment is the **lesser of**:

- i. 65% of the cost of the product, OR
- ii. 65% of the cost of the total case exceeds the DRG payment.

5. How is the actual cost of the discharge determined?

CMS derives the total covered cost of the discharge based on the total covered hospital charges for the stay, and the hospital's inpatient operating cost to charge ratio determined from its cost report. To calculate the cost of the case, all charges on the claim are reduced to cost using the hospital's operating cost-to-charge ratio (CCR). The operating CCR varies by hospital.

6. Where can a hospital find the hospital inpatient operating cost-to-charge-ratio (CCR) used in the NTAP payment calculation?

The operating CCRs by provider number are available on CMS' website [here](#). Download the FY 2025 Final Rule Impact File and search the excel file by Medicare provider number. The CCR is listed in Column AG (Operating CCR). If you have any questions, please contact us via email at reimbursement@inarimedical.com with the name and location of your hospital and we can help.

7. Can the NTAP amount be less than the maximum allowed amount stated?

Yes. \$16,250 is the maximum NTAP amount per LimFlow TADV case. Should the hospital-specific calculation of 65% of the hospital costs minus the DRG payment be less than \$16,250, then a lower NTAP amount is paid.

8. Do commercial payers and Medicare Advantage provide NTAPs?

Private payers and Medicare Advantage plans will pay according to the terms of their contracts with hospitals. Contracts may follow Medicare methodology, pay per diem, or pay a percentage of charges.

Example NTAP Calculations

Calculation Steps for How Traditional Medicare Determines the NTAP Amount:

1. Determine total covered charges for the entire hospital stay involving LimFlow TADV.
2. Identify the hospital's specific operating cost-to-charge ratio (CCR) (See [FAQ #6](#) for how to locate your CCR).
3. Derive total covered costs of the stay (Step 1 x 2).
4. Determine the applicable base MS-DRG payment for the-stay.
5. Subtract the MS-DRG payment from the total covered costs of the stay (Step 3 - 4).
6. Calculate 65% of the excess cost of the stay over DRG payment (Step 5 x 65%).
7. 65% of the LimFlow System Cost (i.e., \$16,250).
8. Final NTAP Payment. Determine the lesser of Steps 6 and 7.
9. Total Case Payment. NTAP plus MS-DRG payment (Step 4 + 8).

Examples of NTAP Calculation:

The table below uses hypothetical total covered charges for two LimFlow TADV cases at the same hospital, the hospital's operating CCR, and base DRG payments to illustrate how an NTAP payment is calculated. The examples only vary case charges (Step 1); we assume the same DRG payment and hospital operating CCR for both cases.

Calculation Steps		Calculation	Case A	Case B
1.	Total Covered Charges for Hospital Stay		\$150,000	\$125,000
2.	Hospital-Specific Operating CCR		0.3	0.3
3.	Hospital's Reported Cost of Stay	Step 1 x 2	\$45,000	\$37,500
4.	Hospital's MS-DRG 253 Payment		\$17,862	\$17,862
5.	Difference between Cost of Stay and DRG Payment	Step 3 - 4	\$27,138	\$19,638
6.	65% of Excess Cost of Stay over DRG Payment	Step 5 x 65%	\$17,640	\$12,765
7.	65% of LimFlow System Cost		\$16,250	\$16,250
8.	Final NTAP Payment	Lesser of Steps 6 & 7	\$16,250	\$12,765
9.	Total Case Payment	Step 4 + 8	\$34,112	\$30,627

For more information, please contact your local Inari-LimFlow HEMA manager directly or by emailing: reimbursement@inarimedical.com.

Disclaimer: The coding, coverage, and payment information contained herein is gathered from various resources and is subject to change without notice. Inari-LimFlow cannot guarantee success in obtaining third-party insurance payments. Third-party payment for medical products and services is affected by numerous factors. It is always the provider's responsibility to determine and submit appropriate codes, charges, and modifiers for services that are rendered. Providers should contact their third-party payers for specific information on their coding, coverage, and payment policies.

Important Safety Information: LimFlow System Intended Use/Indications for Use: The LimFlow System is indicated for patients who have chronic limb-threatening ischemia with no suitable endovascular or surgical revascularization options and are at risk of major amputation. Contraindications: Patients with deep venous thrombus in target vein; Patients with uncorrected bleeding disorders or patients who cannot receive anticoagulation or antiplatelet aggregation therapy. Warnings and Precautions: Use in patients with concomitant hepatic insufficiency has not been evaluated; Use in patients with poor cardiac output, e.g., NYHA Class IV, has not been evaluated; Use in pregnant and breastfeeding women has not been evaluated; Implanting the device in the distal half of the calcaneus may result in stent fracture; Adverse Events: Acute renal impairment requiring dialysis; Cardiac arrest; Death; Embolization; Graft rupture, trans-graft leak, site leak; Hematoma; Insufficient blood flow to foot; Ischemia; Myocardial infarction; Occlusion; Pain; Peripheral edema; Procedural bleeding; Restenosis of stented segment; Sepsis / Infection; Stent damage, implant migration; Stent graft fracture; Stent graft misplacement, deformation, or migration; The need for surgical or endovascular interventions to rectify an access site problem; Thrombosis; Vessel dissection, perforation, injury; Vessel spasm. Please reference product Instructions for Use for more information regarding indications, warnings, precautions, contraindications and adverse events. LimFlow ARC Intended Use/Indications for Use: The LimFlow ARC is intended to facilitate placement and positioning of guidewires and catheters within the peripheral vasculature. The LimFlow ARC is not intended for use in the coronary or cerebral vasculature. LimFlow V-Ceiver Intended Use/Indications for Use: The LimFlow V-Ceiver is intended for use in the cardiovascular system to manipulate and retrieve guidewires specified in the IFU. LimFlow Vector Intended Use/Indications for Use: The LimFlow Vector is intended for the treatment of vascular disorders and more particularly for excising or disrupting venous valves. Important Information: Prior to use, refer to the Instructions for Use for indications, contraindications, suggested procedure, warnings, adverse events, and precautions. Caution: Federal (USA) law restricts these devices to sale by or on the order of a licensed healthcare practitioner

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