Minima™ *Pro* Stent System

New Technology Add-On Payment (NTAP)

RENATA

Effective **October 1, 2025,** CMS has granted **New Technology Add-On Payment (NTAP)** eligibility for qualifying inpatient procedures involving the Minima Pro Stent System. CMS has set the NTAP maximum at **$22,685 per discharge** for Fiscal Year 2026.[1] Actual NTAP payment varies by case and may be less than the maximum, including $0. The NTAP is assessed individually for each case — not per device used — and is scheduled to be effective for **three years** through September 30, 2028, subject to CMS policy changes.

How NTAP Payment Works[2]

CASE 1

No NTAP

Hospital inpatient costs do *not* exceed the MS-DRG payment. No additional NTAP payment is triggered.

NTAP = $0

CASE 2

Partial NTAP

Hospital costs exceed the MS-DRG payment. Medicare pays **65% of the difference** between costs and the MS-DRG rate.

NTAP = 65% of overage

CASE 3

Maximum NTAP

Hospital costs significantly exceed the MS-DRG payment. NTAP is **capped at 65%** of the new technology cost – up to $22,685.

NTAP up to $22,685

Example NTAP Calculations

Description	Case 1 No NTAP	Case 2 Partial NTAP	Case 3 Maximum NTAP
Hospital Charges (entire stay, including device)	$50,000	$75,000	$100,000
Hospital Operating Cost-to-Charge Ratio (CCR)	0.85	0.80	0.85
Hospital Total Case Cost (Charges x CCR)	$42,500	$60,000	$85,000
Hospital-Specific MS-DRG Payment	$49,000	$49,000	$49,000
65% of Overage (Case Cost minus MS-DRG)	N/A	$7,150	$23,000
NTAP Payment Amount	**$0**	**$7,150**	**$22,685**
Estimated Total Reimbursement (MS-DRG + NTAP)	**$49,000**	**$56,150**	**$71,685**

Examples calculations are hypothetical and are not based on actual patient cases. Actual reimbursement varies based on hospital-specific MS-DRG payment rates, operating CCR, and total case cost.[2]

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Key Facts

- **Effective date:** October 1, 2025 for discharges on or after this date
- **Duration:** Three years through September 30, 2028
- **Per discharge:** NTAP is paid once per hospital stay, regardless of device quantity
- **Physician payment:** NTAP does not affect physician professional fees
- **CCR lookup:** Find your facility's 2026 Operating CCR in the CMS IPPS Impact File (Column AG)
- **U.S. only:** Applies to FDA-approved indications – CoA and BPAS

ICD-10-PCS Billing Codes

CODE	DESCRIPTOR
X27339B	Dilation of **right pulmonary artery** with expandable intraluminal device, percutaneous approach, new technology group 11
X27439B	Dilation of **left pulmonary artery** with expandable intraluminal device, percutaneous approach, new technology group 11
X27W39B	Dilation of **thoracic aorta, descending** with expandable intraluminal device, percutaneous approach, new technology group 11
X27X39B	Dilation of **thoracic aorta, ascending/arch** with expandable intraluminal device, percutaneous approach, new technology group 11

Maximum NTAP payment per discharge

$22,685 FY 2026

Questions about NTAP or reimbursement? Contact Renata Medical's health economics team at **info@renatamedical.com**

References:
1. IPPS Final Rule Home Page. cms.gov, https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2026-ipps-final-rule-home-page. Updated August 1, 2025. Accessed August 2, 2025
2. New Medical Services and New Technologies. cms.gov, https://www.cms.gov/ Medicare/ Medicare-Fee-for-Service-Payment/ AcuteInpatientPPS/newtech. Accessed 2 Aug. 2025.

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