*Together, improving life*

# GORE® EXCLUDER® Thoracoabdominal Branch Endoprosthesis Awarded New Technology Add-on Payment and ICD-10-PCS X-Code

Dear Valued Customer,

We are pleased to inform you that The Centers for Medicare and Medicaid (CMS) have granted GORE® EXCLUDER® Thoracoabdominal Branch Endoprosthesis (TAMBE) a New Technology Add-on Payment[1] (NTAP) and a new ICD-10-PCS X-Code[2], effective October 1, 2024.

TAMBE is the first and only Food and Drug Administration (FDA) approved, off-the-shelf endovascular device for the treatment of complex aneurysmal disease involving the visceral aorta.[3]

**NTAP**
CMS created the NTAP to help ensure hospitals do not incur significant reimbursement shortfalls when adopting innovative new technologies and to facilitate patient access for qualifying new medical technologies that substantially improve the diagnosis or treatment of Medicare beneficiaries.

NTAP is an additional payment on top of the Medicare Severity-Diagnosis Related Group (MS-DRG) or TRICARE® DRG reimbursement.

## Details of the NTAP and X-Code:

**Eligible facilities**
Acute care hospitals participating in the inpatient prospective payment system (IPPS) are eligible hospitals under the TRICARE® program.

**Qualified patients**
Traditional Medicare and dual-eligible (Medicare-Medicaid) fee-for-service patients or TRICARE® patients.

**Coding requirements**
You must include X2VE3SA (New X-Code) for the claim to be NTAP eligible. Assigning the X-Code will allow accuracy of reporting into the Medicare system database.

**NTAP amount**
Up to a maximum of $47,238.75



**W. L. Gore & Associates, Inc.**
Medical Products Division
3450 West Kiltie Lane
Flagstaff, AZ 86001
USA

**Asia Pacific** +65 67332882
**Australia/New Zealand** 1800 680 424
**Europe** 00800 6334 4673
**United States** +1 800 437 8181
**United States** +1 928 779 2771
goremedical.com

**Duration**
Effective October 1, 2024; NTAP is approved for a minimum of 2 years and no more than 3 years; the maximum add-on payment amount is reassessed annually.

**The New ICD-10-PCS X-Code**
- The X-Code was assigned for reporting the TAMBE procedure.
- The X-Code fully represents the specific procedure described in the code title.

**X2VE3SA** – New Technology, Cardiovascular System, Restriction, Descending Thoracic Aorta and Abdominal Aorta, Percutaneous, Branched Intraluminal Device, Manufactured Integrated System, Four or More Arteries, New Technology Group.

**Physician payments**
Physicians' payments will submit their charges on a separate claim. They will report the appropriate CPT® code for the TAMBE procedure (37799—Unlisted code, vascular surgery). The X-Code will only be reported on the facility claim and will not be reported by physicians.


1. Medicare, Medicaid, and Children's Health Insurance Programs: Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2025 Rates, etc. An unpublished Rule by the Centers for Medicare & Medicaid Services on 08/28/2024. Document Number: 2024-17021. Available August 1, 2024. Accessed August 7, 2024. Federal Register :: Public Inspection: Medicare, Medicaid, and Children's Health Insurance Programs: Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2025 Rates, etc.
2. 2025 ICD-10 Procedure Coding System (ICD-10-PCS). Centers for Medicare & Medicaid Services. Accessed July 11, 2025. https://www.cms.gov/medicare/coding-billing/icd-10-codes/2025-icd-10-pcs
3. GORE® EXCLUDER® Thoracoabdominal Branch Endoprosthesis [Instructions for Use]. Flagstaff, AZ: W. L. Gore & Associates, Inc; 2024. MD193085. Rev 1.




Consult Instructions for Use
**eifu.goremedical.com**

**INDICATIONS FOR USE IN THE U.S.:** The GORE® EXCLUDER® Thoracoabdominal Branch Endoprosthesis is indicated for endovascular repair in patients with thoracoabdominal aortic aneurysms and high-surgical risk patients with pararenal aortic aneurysms who have appropriate anatomy as described below: Adequate iliac/femoral access and brachial/axillary access; Proximal (supraceliac) aortic neck treatment diameter range over 2 cm seal zone of 22–34 mm for aneurysms extending up to 6.5 cm or less above the origin of the most proximal branch vessel; Aortic neck angle ≤ 60° at the Aortic Component proximal seal zone; Iliac artery treatment diameter range of 8–25 mm and iliac artery seal zone length of at least 10 mm; Renal artery seal zone diameters between 4.0–10.0 mm; Celiac and superior mesenteric artery seal zone diameters between 5.0-12.0 mm; ≥ 15 mm seal zone length in renal arteries, superior mesenteric artery, and celiac artery; Visceral segment of aorta (3 cm proximal through 9.5 cm distal to the most proximal visceral artery) must be ≥ 20 mm in diameter. **CONTRAINDICATIONS:** The GORE® EXCLUDER® Thoracoabdominal Branch Endoprosthesis is contraindicated in: Patients with known sensitivities or allergies to the TAMBE Device materials including ePTFE, FEP, nickel titanium alloy (Nitinol), stainless steel, and gold. Patients who have a condition that threatens to infect the graft. Patients with known hypersensitivity to heparin, including patients who have had a previous incident of Heparin-Induced Thrombocytopenia (HIT) type II and cannot receive the GORE® VIABAHN® VBX Balloon Expandable Endoprosthesis. Refer to *Instructions for Use* at eifu.goremedical.com for a complete description of all applicable indications, warnings, precautions and contraindications for the markets where this product is available. ℞ Only

Further questions, coding and detailed hospital-specific calculation can be directed to Gore's Field Reimbursement Directors at: +1 800 248 8489 or fieldreimbursementdirectors@wlgore.com.


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