



Enabling changes in clinical outcomes

The T2Bacteria® Panel is the **first and only** in-vitro diagnostic test to receive approval for a new technology add-on payment (NTAP)

Effective October 1, 2019, Medicare will provide an add-on payment for the T2Bacteria Panel of **up to \$97.50** per qualifying case to Inpatient Prospective Payment System (IPPS)-participating acute care hospitals. This add-on payment will be incremental to the Medicare Severity-Diagnosis Related Group (MS-DRG) reimbursement for qualifying Medicare inpatient cases based on the cost of the case. Hospitals report the use of the T2Bacteria Panel by recording an ICD-10 procedure code (ICD-10-PCS code) on the claim billed to Medicare. The codes accompany the other ICD-10-PCS codes billed for the inpatient services.

### Summary of the NTAP details for T2Bacteria Panel

Eligible facilities: IPPS-participating acute care hospitals

Setting of care: IPPS inpatient hospital

Eligible patients: Medicare-eligible patients

ICD-10-PCS code: **XXE5XM5** (Measurement of Infection, Whole Blood Nucleic Acid-base Microbial Detection, New Technology Group 5)

Amount of NTAP: Up to \$97.50 per qualifying case

**Effective date for NTAP:  
October 1, 2019**

“The T2Bacteria Test Panel represents a **substantial clinical improvement over existing technologies** because it reduces the proportion of patients on inappropriate therapy, thus reducing the rate of subsequent diagnostic or therapeutic intervention as well as length of stay and mortality rates caused by sepsis causing bacterial infections.”<sup>1</sup>

# New technology add-on payment (NTAP) status granted for fiscal year 2020

## T2Bacteria identifies:

50%

of all bacterial bloodstream infections<sup>2</sup>

70%

of all blood culture species  
in the emergency department<sup>3</sup>

90%

of deadly ESKAPE pathogens<sup>4</sup>

## Species identification in just hours

Data generated by T2Bacteria users demonstrate its ability to benefit patients in the emergency department by providing information that leads to more rapid time to delivery of effective therapy, de-escalation of unnecessary therapy, and helping avoid premature discharge and readmission to the emergency department.<sup>3</sup>

### T2Bacteria® Panel

95% Sensitivity<sup>2</sup> | 98% Specificity<sup>2</sup>

- *Enterococcus faecium*
- *Staphylococcus aureus*
- *Klebsiella pneumoniae*
- *Pseudomonas aeruginosa*
- *Escherichia coli*

### T2Dx® Instrument

- LoD as low as 1 CFU/mL
- Easy to operate
- Minimal hands-on time
- Results in 3 to 5 hours

Visit [www.t2biosystems.com](http://www.t2biosystems.com) to learn more

\*A combination of samples was run in both the prospective and contrived arms of the study. T2Bacteria showed an overall average sensitivity of 90% in the prospective arm of the study, with an overall average PPA of 97% in the contrived arm of the study.

1. United States CMS FY 2020 inpatient prospective payments system final rule

2. Nguyen, M. H., et al. (2019) Performance of the T2Bacteria Panel for Diagnosing Bloodstream Infections. A Diagnostic Accuracy Study. Annals of Internal Medicine.

3. Voigt C, et al. The T2Bacteria assay is a sensitive and rapid detector of bacteremia that can be initiated in the emergency department and has potential to favorably influence subsequent therapy, ECCMID, 2019.

4. Karlowsky, JA, et al. Annals of Clinical Microbiology and Antimicrobials, 2004

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