

# OTSC<sup>®</sup> System

## More effect. Less costs.

### one & done



### Proven cost-effectiveness in hemostasis:

HTA<sup>1</sup> (Health Technology Assessment) analysis of hospital costs per definitive hemostasis of the STING<sup>2</sup> trial data shows that the ACER of OTSC therapy is 50% less than former standard therapy.

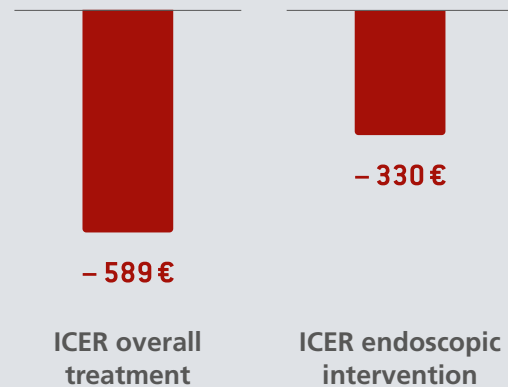
The ACER is 15,066.26 € (OTSC therapy) vs. 30,721.58 € (former standard therapy) for overall treatment in the hospital and 2,311.52 € (OTSC therapy) vs. 4,952.90 € (former standard therapy) for endoscopic intervention alone. The ICER (OTSC therapy vs. former standard therapy) is -589.06 € for overall treatment in the hospital and -329.86 € for endoscopic intervention alone; i.e. the clinically superior OTSC therapy provides even cost savings compared to former standard therapy. The avoidance of costs for treatment of further bleeding maximizes the cost benefit.

ACER of OTSC<sup>®</sup> therapy is

# 50% less

than ACER of former standard therapy.

ICER of OTSC<sup>®</sup> therapy vs. former standard therapy



ACER (Average Cost-Effectiveness Ratio): average costs (in Euro) per successful hemostasis

ICER (Incremental Cost-Effectiveness Ratio): average incremental costs (in Euro) associated with the additional therapeutic effect of the OTSC

Former standard therapy: conventional endoclips or thermal coagulation plus injection

1 Küllmer A, Behn J, Glaser N, Thimme R, Caca K, Schmidt A. Over-the-scope clips (OTSC) are cost-effective in recurrent peptic ulcer bleeding. *United European Gastroenterol J.* 2019 Nov; 7(9): 1226-1233.

2 Schmidt A, Gölder S, Goetz M, Meining A, Lau J, von Delius S, Escher M, Hoffmann A, Wiest R, Messmann H, Kratt T, Walter B, Bettinger D, Caca K. Over the Scope Clips Are More Effective Than Standard Endoscopic Therapy for Patients With Recurrent Bleeding of Peptic Ulcers. *Gastroenterology.* 2018 Sep;155(3): 674-686.e6. doi:10.1053/j.gastro.2018.05.037. Epub 2018 May 24



## Reimbursement situation in Germany: the OTSC® System is attractive, not only in terms of health economics but also from the perspective of the hospital's endoscopy department

In Germany there are particular OPS codes for the use of OTSC. Most of them result in higher reimbursed DRGs compared to former standard therapy, which lead to a higher reimbursement amount for the hospital. The additional revenue for OTSC clipping covers at least the costs for the treatment with the OTSC System (incl. the costs for the device itself).

Extract from the German coding aid of the OTSC System for inpatient treatment:

### OPS codes for the OTSC System

Localization	OPS Code	
Esophagus	5-429.u	Other operations of the esophagus: endoscopic tissue gathering or tissue closure by a circular clip attached to an endoscope
Stomach	5-449.s3	Other operations of the stomach: tissue gathering or tissue closure by a circular clip attached to an endoscope: endoscopic
Intestine	5-469.s3	Other operations of the intestine: tissue gathering or tissue closure by a circular clip attached to an endoscope: endoscopic
Rectum	5-489.j	Other operations of the rectum: endoscopic tissue gathering or tissue closure by a circular clip attached to an endoscope

### Comparison of the reimbursement situation using the example of duodenal ulcer

ICD Diagnosis	K26.0 Duodenal ulcer: acute, with bleeding ----- Alternatively: K26.2 Duodenal ulcer: acute, with bleeding and perforation	
OPS Procedure	<b>5-469.s3</b> Other operations of the intestine: tissue gathering or tissue closure by a circular clip attached to an endoscope: endoscopic	<b>5-469.d3</b> Other operations of the intestine: clipping: endoscopic
G-DRG	<b>G46C</b> Various complex and other gastroscopy, without complex therapeutic gastroscopy in severe diseases of the digestive organs and extremely severe or severe CC, without specific gastroscopy with complicating factors without ERCP with other endoscopic interventions	<b>G73Z</b> Gastrointestinal bleeding or ulcer disease with extremely severe CC, more than one occupancy day
CW	0.897	0.665
aG-DRG reimbursement	3300.62 €	2446.95 €
1. day with reduction CW/day	1 0.462	/ /
1. day with additional charge CW/day	15 0.064	13 0.064
CW of nursing staff budget/day	0.7493	0.8410
Median LOS	6.4 days	5.9 days
Reimbursement for nursing staff at (rounded) median LOS	658.86 €	739.49 €
Reduction of reimbursement for nursing staff per day below median LOS	109.81 €	123.25 €
Total DRG reimbursement at (rounded) median LOS	3959.48 €	3186.44 €
Difference at (rounded) median LOS	<b>+773 €</b>	

(Nationwide base case value: 3,679.62 €; nursing staff budget value: 146.55 €) © DRG Research Group, information provided without guarantee

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**Legend:** ICD: International Statistical Classification of Diseases and Related Health Problems | OPS: Operation and Procedure Code | aG-DRG: outsourced German Diagnosis Related Groups | CW: Cost Weight | LOS: Length of Stay

**Sources:** Institute for the Hospital Remuneration System, InEK GmbH | Webgroup of Medical Controlling DRG Research Group, University Hospital Muenster, UKM