

BREAKTHROUGH SOLUTIONS FOR GI ENDOSCOPY

January 2021



Forward Looking Statements

This presentation contains certain forward-looking statements, including those relating to the Company's product development, clinical studies, clinical and regulatory timelines, market opportunity, competitive position, possible or assumed future results of operations, business strategies, potential growth opportunities and other statements that are predictive in nature. The Company has made every reasonable effort to ensure the information and assumptions on which these statements are based are current, reasonable and complete. However, a variety of factors, many of which are beyond the Company's control, affect the Company's operations, performance, business strategy and results and there can be no assurances that the Company's actual results will not differ materially from those indicated herein. Additional written and oral forward-looking statements may be made by the Company from time to time in filings with the Securities and Exchange Commission (SEC) or otherwise. The Private Securities Litigation Reform Act of 1995 provides a safe-harbor for forward-looking statements. These statements may be identified by the use of forward-looking expressions, including, but not limited to, "expect," "anticipate," "intend," "plan," "believe," "estimate," "potential," "predict," "project," "should," "would" and similar expressions and the negatives of those terms. These statements relate to future events or our financial performance and involve known and unknown risks, uncertainties, and other factors which may cause actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. Such factors include those set forth in the Company's filings with the SEC. Prospective investors are cautioned not to place undue reliance on such forward-looking statements, which speak only as of the date of this presentation. The Company undertakes no obligation to publicly update any forward-looking statement, whether as a result of new information, future events or otherwise.



Mission Statement



Motus GI[®] provides innovative solutions to address unmet needs in GI Endoscopy, cost-effectively improving clinical outcomes that benefit patients, providers and payers worldwide.



Motus GI at a Glance

The Pure-Vu System is FDA & CE cleared

Large Addressable Market

Robust Clinical & Economic Data

Patented, First Mover Advantage

Significant Growth Opportunities

Experienced Management Team



Executive Leadership



Timothy P. Moran | Chief Executive Officer



Medtronic



Mark Pomeranz | President & Chief Operating Officer



Andrew L. Taylor, MBA | Chief Financial Officer



Scott C. Aldrich Jr. | VP, Marketing & Strategy



Jeff Hutchison | VP, US Sales & Commercial Operations



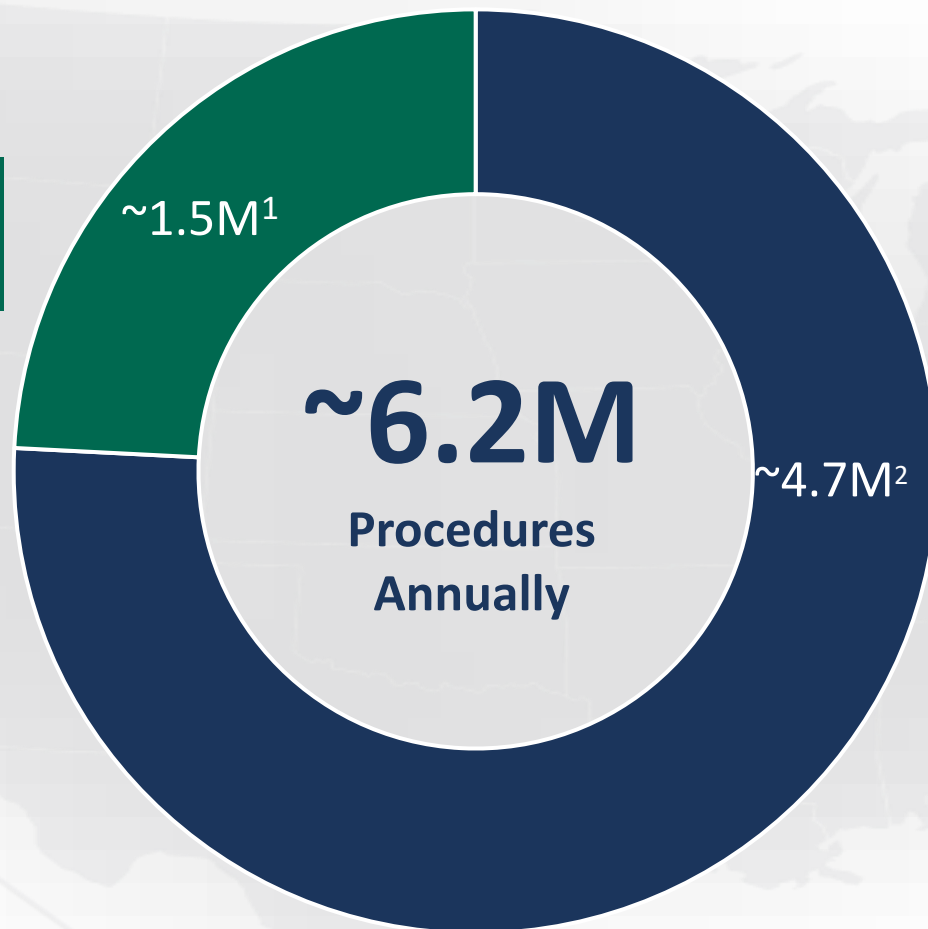
Ravit Ram | VP, Israel Site Operations



Large Addressable US Procedural Market

US Market Entry Point

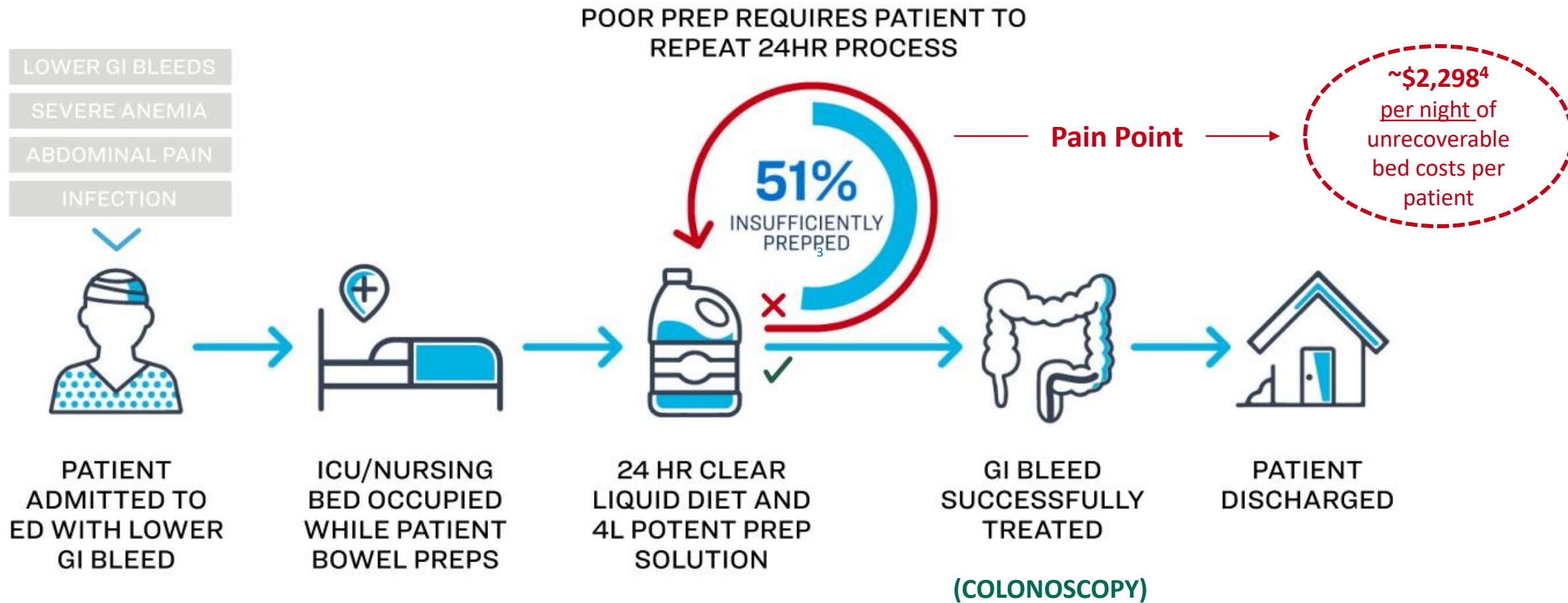
INPATIENT COLONOSCOPY



HIGH MEDICAL NEED
OUTPATIENT COLONOSCOPY

Inpatient Colonoscopy: The Unmet Need

Current Standard of Care



Our Solution: Novel Technology Ensures Visualization



The Pure-Vu System is indicated to help facilitate the cleaning of a poorly prepared colon during the colonoscopy procedure.



PULSED VORTEX IRRIGATION

- ✓ Four irrigation jets deliver a patented mixture of water and air to effectively break up fecal matter and clear the field of view.



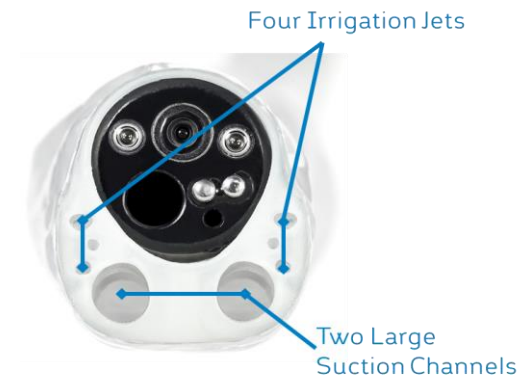
SMART SENSE SUCTION

- ✓ Two large suction channels facilitate effective removal of fecal material and debris.
- ✓ System senses the formation of clogs and automatically clears the channel and prevents mucosal wall suctioning.



SMOOTH GLIDE NAVIGATION

- ✓ A low friction hydrophilic coating provides minimal friction for smooth advancement through all segments of the colon
- ✓ Pure-Vu sleeve easily fits over all standard and slim colonoscopes (11.7mm – 13.7mm OD)''



29 Granted Patents / 27 Pending Worldwide

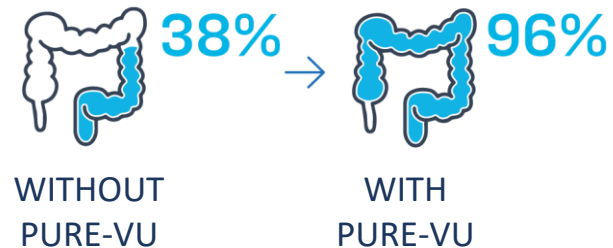
Clinical Evidence of Pure-Vu Performance



FDA Cleared Device Improving Visualization for Insufficiently Prepped Patients

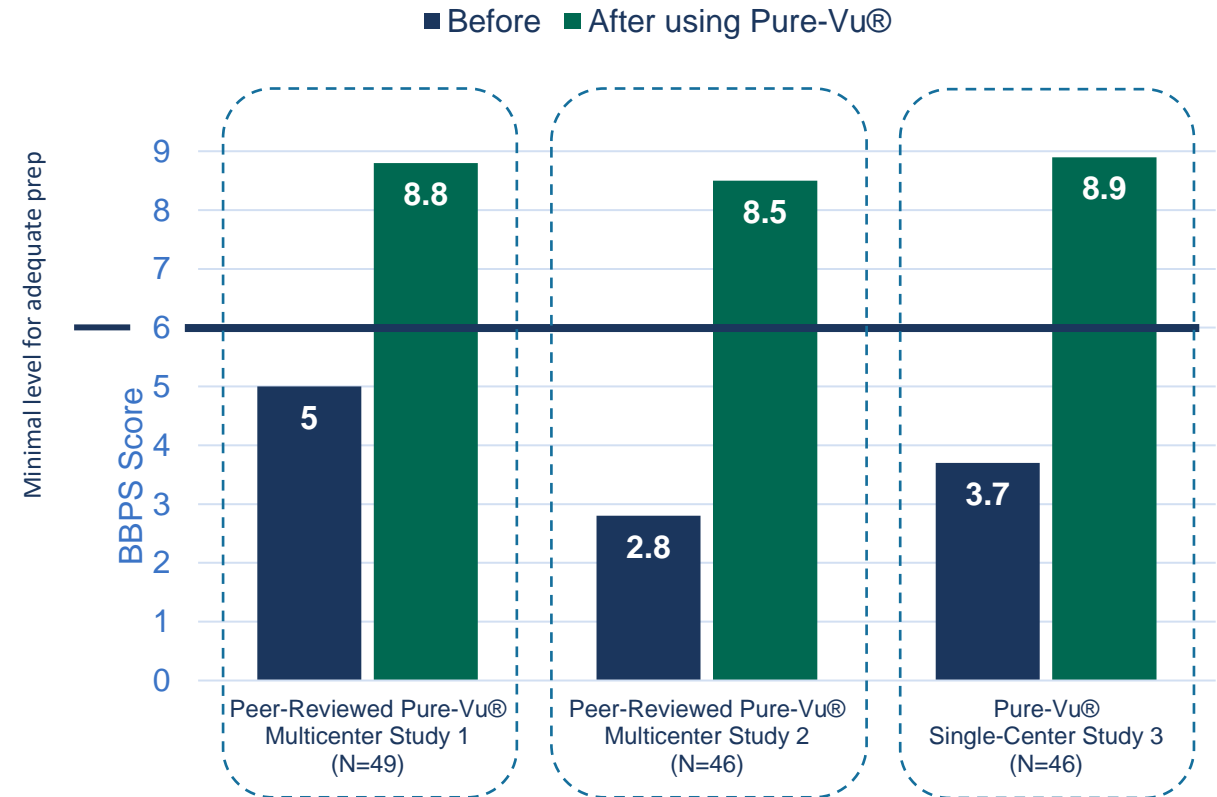
REDUCE Inpatient Study

- ✓ The study enrolled 95 hospitalized patients
- ✓ Successful colonoscopy achieved on first attempt in 98% of patients
- ✓ Adequate bowel preparation rate improvement in segments evaluated following use of the Pure-Vu® System



- ✓ Statistically significant improvement in all (3) bowel segments
- ✓ Statistically significant improvement in BBPS⁵

Three Additional Published Clinical Studies⁵



Note: Boston Bowel Preparation Scale ("BBPS") is a validated assessment instrument for colonoscopies

Focused Commercial Strategy

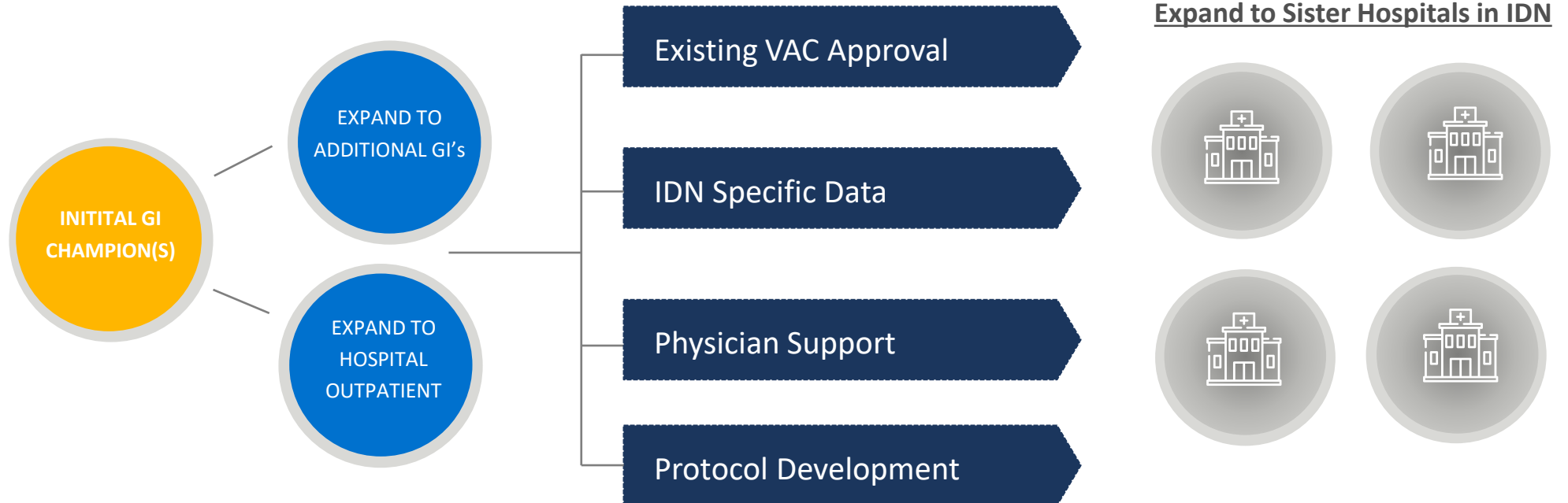
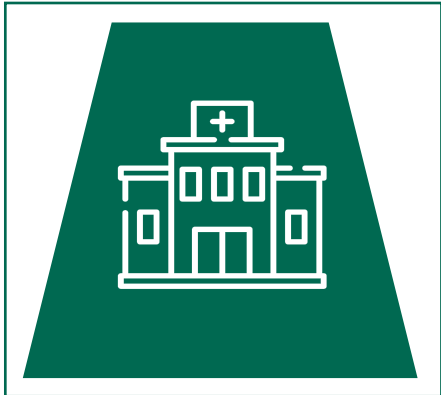


Experienced commercial team with average GI medical device experience of 15+ years

Phase 1

20-25 Health Systems (ongoing)

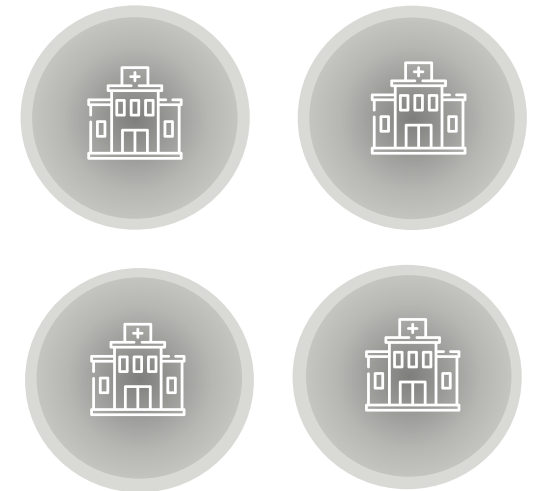
Key Influencer Hospital



Phase Two

Expansion to Affiliated Sites

Expand to Sister Hospitals in IDN



Building Strong Foundation of Pure-Vu Accounts



20+ Hospitals with Pure-Vu On Site



Penetrating Large National & Regional Influencer Hospitals



Trained >150 GI Physicians and staff

UCLA Health

 **Cleveland Clinic**

 **UTMB**[®]
The University of Texas Medical Branch

UCI Health

MAYO
CLINIC


 **NYU Langone Health**

 **Northwestern Medicine**[®]

VA |  U.S. Department of Veterans Affairs

 **SINAI HOSPITAL**
A LifeBridge Health Center

 **MEMORIAL HERMANN**

Scheduled Upcoming Evaluations



MASSACHUSETTS
GENERAL HOSPITAL

HOUSTON
Methodist[®]
LEADING MEDICINE



Banner Health[®]

Pure-Vu® System Pricing



Pure-Vu® Workstation

Purchase/Lease Options

Rental Program

Volume Based Agreements



\$68,500 / Workstation

Pure-Vu® Disposable Sleeves

Sold 5/Box

Slim Size

Adult Size



\$975 / Sleeve

Pure-Vu System: Economic Value Proposition



Potential Patient/Day Economic Impact	Delayed Procedures	With Pure-Vu	Potential Per Patient Per Day Impact
Increase in Length of Stay (days)	1	0	0
Increased Cost/Day* ⁶	(\$2,298)	(\$975)	\$1,322
Additional Hospital Revenue/Day ⁶	(\$0)	\$2,196	\$2,196
			\$3,519

Projected Capital Equipment ROI Model
 Amortized Cost Per Year = \$22,833
 # of procedures to Break-Even = ~6

*Data does not include costs of additional testing/other hospital costs
 See "References" slide at end for footnote details

Expansion & Growth Opportunities



UPPER GI BLEED INDICATION



- As of 2019 published data, Upper GI bleeds occur at a rate of approximately 400,000⁷ cases per year in the US
- High mortality rate of ~10%⁸

~400K⁷
Procedures in
US

OUTPATIENT HIGH MEDICAL NEED



- As of 2015, ~23% of colonoscopy outpatients worldwide present with an inadequately prepped colon⁹
- Potential to eliminate repeat procedure and improve time to diagnosis
- Submitted to CMS for transitional pass-through payment status – H2 2021

~11.7M¹⁰
Procedures
Worldwide

INTERNATIONAL EXPANSION



- CE mark awarded to the GEN2 Pure-Vu[®] System in March 2020
- ~4.8M inpatient critical colonoscopy procedures annually worldwide estimated 2021¹¹

~4.8M¹¹
Procedures
Worldwide



www.motusgi.com

Board of Directors

David Hochman Chairman

Chairman & CEO, Orchestra BioMed;
Director of Corbus and Adgero



Shervin Korangy Director

President and Chief Executive Officer of
Beaver-Visitec International



Timothy P. Moran Chief Executive Officer and Director

Seasoned commercial and operating
executive with experience in both large
publicly-traded and private equity-
backed companies



Samuel Nussbaum Director

Former EVP, Clinical Health Policy &
CMO of Anthem, Inc., one of the largest
health benefits companies in U.S.



Mark Pomeranz President & Chief Operating Officer

30 years of experience in the medical
device industry with strong track record of
success in both start-ups and in large
multinational organizations



Gary J. Pruden Director

Former Executive Vice President and
Worldwide Chairman for the Johnson &
Johnson Medical Devices group



Darren R. Sherman Director

President, COO and Director,
Orchestra BioMed



REFERENCES



Slide

Reference

6

1. Estimate for calendar year 2021, based on Motus review and analysis of 2019 inpatient market data and 2021 projections for the U.S., as obtained from iData Research Inc.
2. Estimate for calendar year 2021, based on Motus review and analysis of 2021 projections for the U.S., as obtained from iData Research Inc., and outpatient high medical need estimates as obtained from HRA Healthcare Research & Analytics - Market Research, May 2015.

7

3. Garber A, Sarvepalli S, Burke CA, et al. Modifiable factors associated with quality of bowel preparation among hospitalized patients undergoing colonoscopy. J Hosp Med. 2019 May;14(5):278-283
4. Medicare payment based on CMS MedPar report using average per hospitalization payment in 2016 across all DRGs. For commercial patients, MedPAC Report to Congress in 2017 reported payments are 100% greater relative to Medicare. It was assumed that 35% of patients have commercial insurance. The length of stay is based on same DRGs used to estimate average payment. - Inflation adjusted to 2018 USD. Based on 2014 National Inpatient Sample (NIS) and literature for ICU cost per day (Data 2005).

10

5. Data on file. Please refer to <https://www.motusgi.com/pure-vu/publications>

13

6. Medicare payment based on CMS MedPar report using average per hospitalization payment in 2016 across all DRGs. For commercial patients, MedPAC Report to Congress in 2017 reported payments are 100% greater relative to Medicare. It was assumed that 35% of patients have commercial insurance. The length of stay is based on same DRGs used to estimate average payment. - Inflation adjusted to 2018 USD. Based on 2014 National Inpatient Sample (NIS) and literature for ICU cost per day (Data 2005).

14

7. 2019 market data as obtained from iData Research Inc
8. Thad Wilkins, MD, Naiman Khan, MD, Akash Nabh, MD, Robert Schade, MD, Georgia Health Sciences University, Augusta GA AM Fam Physician, March 2012 1;85(5):469-476
9. HRA Healthcare Research & Analytics - Market Research, May 2015
10. Estimate based on worldwide colonoscopy market data from 2019 and our review and analysis of 2019 market data and 2021 projections for the U.S. and Europe, as obtained from iData Research Inc., and outpatient high medical need estimates as obtained from HRA Healthcare Research & Analytics - Market Research, May 2015.
11. Estimate for calendar year 2021, based on Motus review and analysis of 2019 market data and 2021 projections for the U.S. and Europe, as obtained from iData Research Inc.