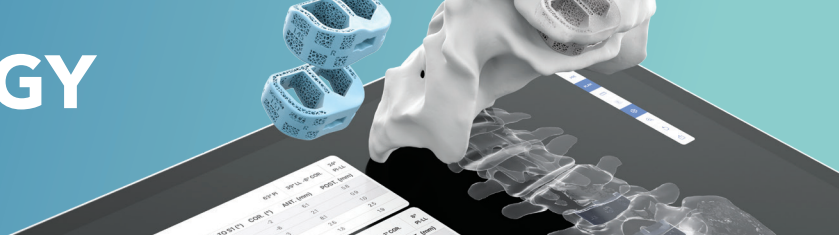


# aprevo<sup>®</sup> TECHNOLOGY PLATFORM



## What Hospitals Need to Know:

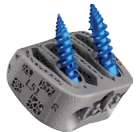
1. Cases using the aprevo<sup>®</sup> Custom-Made Anatomically Designed Interbody Fusion Devices will be assigned based on ICD-10-PCS and ICD-10-CM codes
2. See reverse side for relevant new MS-DRG descriptions
3. Commercial payer reimbursement varies by contract

## To Support Claims Processing, the Surgeon's Operative Notes May Indicate the Following:

1. The use of aprevo<sup>®</sup> Custom-Made Anatomically Designed Interbody Fusion Devices
2. All applicable primary and secondary diagnoses
3. All procedures performed

## ICD-10-PCS Procedure Codes for aprevo<sup>®</sup> Custom-Made Anatomically Designed Interbody Fusion Devices:

ICD-10-PCS Code	Description
<b>XRGA0R7</b>	Fusion of thoracolumbar vertebral joint using custom-made anatomically designed interbody fusion device, open approach, new technology group 7 <b>XRGA3R7</b> Same as above w/ percutaneous approach <b>XRGA4R7</b> Same as above w/ percutaneous endoscopic approach
<b>XRGB0R7</b>	Fusion of lumbar vertebral joint using custom-made anatomically designed interbody fusion device, open approach, new technology group 7 <b>XRGB3R7</b> Same as above w/ percutaneous approach <b>XRGB4R7</b> Same as above w/ percutaneous endoscopic approach
<b>XRGC0R7</b>	Fusion of 2 or more lumbar vertebral joints using custom-made anatomically designed interbody fusion device, open approach, new technology group 7 <b>XRGC3R7</b> Same as above w/ percutaneous approach <b>XRGC4R7</b> Same as above w/ percutaneous endoscopic approach
<b>XRGD0R7</b>	Fusion of lumbosacral joint using custom-made anatomically designed interbody fusion device, open approach, new technology group 7 <b>XRGD3R7</b> Same as above w/ percutaneous approach <b>XRGD4R7</b> Same as above w/ percutaneous endoscopic approach



aprevo<sup>®</sup> Anterior  
ALIF-X



aprevo<sup>®</sup> Anterior  
ALIF



aprevo<sup>®</sup> Lateral  
LLIF



aprevo<sup>®</sup> Transforaminal  
TLIF-O



aprevo<sup>®</sup> Transforaminal  
TLIF-C | TLIF-C Articulating



## Hospital Coding Tips:

- **Specific ICD-10-PCS codes have been created** to describe the service in which the aprevo® Custom-Made Anatomically Designed Interbody Fusion Device is used (see list on reverse side)
- **Hospitals have the ability to set charges for items properly so that charges converted to costs can appropriately account fully for their acquisition<sup>1</sup>**
- The Centers for Medicare & Medicaid Services (CMS) has stated that there **is nothing that precludes hospitals from setting their charges consistent with their CCRs<sup>2</sup>**
- Hospitals may want to consider the cost of the aprevo® Custom-Made Anatomically Designed Interbody Fusion Devices to their facility **when setting charges for the procedures in which the device is used**

1. <https://www.govinfo.gov/content/pkg/FR-2005-11-10/html/05-22136.htm>, pg. 68654

2. <https://www.govinfo.gov/content/pkg/FR-2021-08-13/pdf/2021-16519.pdf>, pg. 449653

3. FY = Fiscal Year

4. MS-DRG = Medicare Severity Diagnosis Related Group

5. ICD-10-PCS = International Classification of Diseases, Tenth Revision, Procedure Coding System

**CMS finalized assignment of the ICD-10-PCS codes describing the procedure in which aprevo® is used (see reverse side) to the following MS-DRGs for FY 2025, effective October 1, 2024:**

**MS-DRG 426** – Multiple Level Combined Anterior and Posterior Spinal Fusion Except Cervical with **MCC or Custom-Made Anatomically Designed Interbody Fusion Device**

**MS-DRG 447** – Multiple Level Spinal Fusion Except Cervical with **MCC or Custom-Made Anatomically Designed Interbody Fusion Device**

**MS-DRG 450** – Single Level Spinal Fusion Except Cervical with **MCC or Custom-Made Anatomically Designed Interbody Fusion Device**

---

**For Coding Questions, Contact the aprevo® Coding Hotline:**  
866-aprevo1 (866-277-3861) | [aprevocoding@jdlaccess.com](mailto:aprevocoding@jdlaccess.com)

**For Coverage Questions, Contact the Patient Access Partnership Program:** 888-470-0514 | [aprevo@jdlaccess.com](mailto:aprevo@jdlaccess.com)

---

Disclaimer - It is the responsibility of the provider to determine and report appropriate codes, modifiers, and charges for healthcare services rendered to patients in their care. This document is made available to U.S. customers and prospective customers of Carlsmed, Inc. Similarly, all codes are referenced herein for informational purposes only and represent no statement, promise or guarantee by Carlsmed® that these code selections are appropriate for any given prospective service, or that reimbursement will be made to the provider reporting these services. Carlsmed® strongly recommends consulting your respective contracted payor organizations regarding its coding and coverage medical policies.