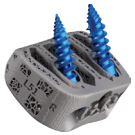
aprevo® lumbar

What Hospitals Need to Know:

1. Cases using the aprevo® Custom-Made Anatomically Designed Interbody Fusion Devices will be assigned to MS-DRGs based on ICD-10-PCS and ICD-10-CM codes
2. Update charge masters to appropriately account for acquisition costs
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® Custom-Made Anatomically Designed Interbody Fusion Devices
2. All applicable primary and secondary diagnoses
3. All procedures performed



aprevo® Anterior
ALIF-X

aprevo® Anterior
ALIF

aprevo® Lateral
LLIF

aprevo® Transforaminal
TLIF-O

aprevo® Transforaminal
TLIF-C | TLIF-C Articulating

ICD-10-PCS Codes for aprevo® Lumbar Custom-Made Anatomically Designed Interbody Fusion Devices (CMADIFD)

ICD-10-PCS CODE	DESCRIPTION
XRGB0R7	Fusion of lumbar vertebral joint using custom-made anatomically designed interbody fusion device, open approach, new technology group 7 **XRGB3R7** Same as above with percutaneous approach **XRGB4R7** Same as above with percutaneous endoscopic approach
XRGC0R7	Fusion of 2 or more lumbar vertebral joints using custom-made anatomically designed interbody fusion device, open approach, new technology group 7 **XRGC3R7** Same as above with percutaneous approach **XRGC4R7** Same as above with percutaneous endoscopic approach
XRGD0R7	Fusion of lumbosacral joint using custom-made anatomically designed interbody fusion device, open approach, new technology group 7 **XRGD3R7** Same as above with percutaneous approach **XRGD4R7** Same as above with percutaneous endoscopic approach

aprevo® lumbar

Hospital Coding Tips:

- **Specific ICD-10-PCS codes have been created** to describe the procedures using the aprevo® Custom-Made Anatomically Designed Interbody Fusion Device (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 and overhead costs**[1]
- The Centers for Medicare & Medicaid Services (CMS) stated, **"there is nothing that precludes hospitals from setting their charges consistent with their CCRs"**[2]
- Hospitals may consider the cost of the aprevo® Custom-Made Anatomically Designed Interbody Fusion Devices to their facility **when setting charges for the procedures that use aprevo® devices**

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. https://www.cms.gov/icd10m/FY2026-nprm-version43-fullcode-cms/fullcode_cms/P0011.html

Abbreviations:
FY = Fiscal Year
MS-DRG = Medicare Severity Diagnosis Related Group
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 CODE	DESCRIPTION
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

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.

*For cases without CC/MCC and use of Custom-Made Anatomically Designed Interbody Fusion Device, DRG grouper software currently maps to MS-DRG 428.[3]

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