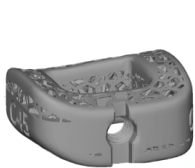




What Hospitals Need to Know:

- 1. The FDA designated aprevo® Cervical devices as a Breakthrough technology
- 2. Effective October 1, 2025, the aprevo® Cervical interbody device is eligible for an incremental New Technology Add-on Payment (NTAP) for Traditional Medicare patients. For each qualifying inpatient procedure, CMS calculates the NTAP amount by taking 65% of the difference between the hospital's MS-DRG payment and the estimated cost of the procedure (calculated from the hospital's charges included on the case's UB-04 form and hospital-specific CCR) up to the maximum NTAP cap of \$21,125¹
- 3. 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
- 4. Update charge masters to appropriately account for acquisition costs
- 5. Commercial payer reimbursement varies by contract



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

ICD-10-PCS CODE	DESCRIPTION
XRG10RB	Fusion of cervical vertebral joint using custom-made anatomically designed interbody fusion device, open approach, new technology group 11
XRG13RB	Fusion of cervical vertebral joint using custom-made anatomically designed interbody fusion device, percutaneous approach, new technology group 11
XRG14RB	Fusion of cervical vertebral joint using custom-made anatomically designed interbody fusion device, percutaneous endoscopic approach, new technology group 11
XRG20RB	Fusion of 2 or more cervical vertebral joints using custom-made anatomically designed interbody fusion device, open approach, new technology group 11
XRG23RB	Fusion of 2 or more cervical vertebral joints using custom-made anatomically designed interbody fusion device, percutaneous approach, new technology group 11
XRG40RB	Fusion of 2 or more cervical vertebral joints using custom-made anatomically designed interbody fusion device, percutaneous endoscopic approach, new technology group 11
XRG43RB	Fusion of cervicothoracic vertebral joint using custom-made anatomically designed interbody fusion device, percutaneous approach, new technology group 11
XRG44RB	Fusion of cervicothoracic vertebral joint using custom-made anatomically designed interbody fusion device, percutaneous endoscopic approach, new technology group 11



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 costs²**
- The Centers for Medicare & Medicaid Services (CMS) stated, **“there is nothing that precludes hospitals from setting their charges consistent with their CCRs”³**
- Hospitals may consider the cost of the aprevo® Custom-Made Anatomically Designed Interbody Fusion Devices to their facility **when setting charges for procedures using aprevo® devices**

1. <https://www.federalregister.gov/d/2025-14681/p-1667>
2. <https://www.govinfo.gov/content/pkg/FR-2005-11-10/html/05-22136.htm>, pg. 68654
3. <https://www.govinfo.gov/content/pkg/FR-2021-08-13/pdf/2021-16519.pdf>, pg. 449653

Abbreviations:
MS-DRG = Medicare Severity Diagnosis Related Group
ICD-10-PCS = International Classification of Diseases, Tenth Revision, Procedure Coding System

Applicable Cervical MS-DRGs May Include:

MS-DRG CODE	DESCRIPTION
MS-DRG 429	Combined Anterior and Posterior Cervical Spinal Fusion with MCC
MS-DRG 430	Combined Anterior and Posterior Cervical Spinal Fusion without MCC
MS-DRG 471	Cervical Spinal Fusion with MCC
MS-DRG 472	Cervical Spinal Fusion with CC
MS-DRG 473	Cervical Spinal Fusion without CC/MCC

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 payer organizations regarding its coding and coverage medical policies.

