



# aprevo® Personalized Interbody Device Coding Guide and New Technology Information



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### ICD-10-PCS Procedure Codes for Adult Spinal Surgery with aprevo®

The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) procedure codes are used by hospitals to report procedures performed in the hospital inpatient setting only. CMS established the following 12 new ICD-10-PCS procedure codes to identify surgeries in which aprevo® is used:

<b>XRGA0R7</b>	Fusion of thoracolumbar vertebral joint using customizable 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 customizable 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 customizable 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 customizable 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

→ The use of aprevo® should be stated in the clinician's operative notes. ←

Questions? Contact the Personalized aprevo® Coding Check (PaCC™) Hotline

**866aprevo1** (866-277-3861) 8:30am ET – 7:00pm ET, M-F

After hours, call returned within 24 hours.

Or email to: [spinecode@aprevo.com](mailto:spinecode@aprevo.com)



→ The aprevo® NTAP payment is available if EITHER the primary or secondary diagnosis code is identified on the UB-04 form. ←

## Primary ICD-10-CM Diagnosis Codes

The aprevo® X-codes are applicable to patients having either a primary OR secondary diagnosis from the ICD-10-CM lists below.

M40.00	Postural kyphosis, site unspecified
M40.04	Postural kyphosis, thoracic region
M40.05	Postural kyphosis, thoracolumbar region
M40.10	Other secondary kyphosis, site unspecified
M40.14	Other secondary kyphosis, thoracic region
M40.15	Other secondary kyphosis, thoracolumbar region
M40.204	Unspecified kyphosis, thoracic region
M40.205	Unspecified kyphosis, thoracolumbar region
M40.209	Unspecified kyphosis, site unspecified
M40.294	Other kyphosis, thoracic region
M40.295	Other kyphosis, thoracolumbar region
M40.299	Other kyphosis, site unspecified
M40.30	Flatback syndrome, site unspecified
M40.35	Flatback syndrome, thoracolumbar region
M40.36	Flatback syndrome, lumbar region
M40.37	Flatback syndrome, lumbosacral region
M40.40	Postural lordosis, site unspecified
M40.45	Postural lordosis, thoracolumbar region
M40.46	Postural lordosis, lumbar region
M40.47	Postural lordosis, lumbosacral region
M40.50	Lordosis, unspecified, site unspecified
M40.55	Lordosis, unspecified, thoracolumbar region
M40.56	Lordosis, unspecified, lumbar region
M40.57	Lordosis, unspecified, lumbosacral region
M41.20	Other idiopathic scoliosis, site unspecified
M41.24	Other idiopathic scoliosis, thoracic region
M41.25	Other idiopathic scoliosis, thoracolumbar region
M41.26	Other idiopathic scoliosis, lumbar region
M41.27	Other idiopathic scoliosis, lumbosacral region
M41.30	Thoracogenic scoliosis, site unspecified
M41.34	Thoracogenic scoliosis, thoracic region
M41.35	Thoracogenic scoliosis, thoracolumbar region
M41.40	Neuromuscular scoliosis, site unspecified
M41.44	Neuromuscular scoliosis, thoracic region
M41.45	Neuromuscular scoliosis, thoracolumbar region
M41.46	Neuromuscular scoliosis, lumbar region
M41.47	Neuromuscular scoliosis, lumbosacral region
M41.50	Other secondary scoliosis, site unspecified
M41.54	Other secondary scoliosis, thoracic region
M41.55	Other secondary scoliosis, thoracolumbar region
M41.56	Other secondary scoliosis, lumbar region
M41.57	Other secondary scoliosis, lumbosacral region
M41.80	Other forms of scoliosis, site unspecified
M41.84	Other forms of scoliosis, thoracic region
M41.85	Other forms of scoliosis, thoracolumbar region
M41.86	Other forms of scoliosis, lumbar region
M41.87	Other forms of scoliosis, lumbosacral region
M41.9	Scoliosis, unspecified
M43.8X4	Other specified deforming dorsopathies, thoracic region
M43.8X5	Other specified deforming dorsopathies, thoracolumbar region

M43.8X6	Other specified deforming dorsopathies, lumbar region
M43.8X7	Other specified deforming dorsopathies, lumbosacral region
M43.8X8	Other specified deforming dorsopathies, sacral and sacrococcygeal region
M43.8X9	Other specified deforming dorsopathies, site unspecified
M43.9	Deforming dorsopathy, unspecified
M48.50XA	Collapsed vertebra, not elsewhere classified, site unspecified, initial encounter for fracture
M48.54XA	Collapsed vertebra, not elsewhere classified, thoracic region, initial encounter for fracture
M48.55XA	Collapsed vertebra, not elsewhere classified, thoracolumbar region, initial encounter for fracture
M48.56XA	Collapsed vertebra, not elsewhere classified, lumbar region, initial encounter for fracture
M48.57XA	Collapsed vertebra, not elsewhere classified, lumbosacral region, initial encounter for fracture
M48.58XA	Collapsed vertebra, not elsewhere classified, sacral and sacrococcygeal region, initial encounter for fracture
M80.08XA	Age-related osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture
M80.88XA	Other osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture
M84.58XA	Pathological fracture in neoplastic disease, other specified site, initial encounter for fracture
M84.68XA	Pathological fracture in other disease, other site, initial encounter for fracture
M96.2	Postradiation kyphosis
M96.3	Postlaminectomy kyphosis
M96.4	Postsurgical lordosis
M96.5	Postradiation scoliosis
Q67.5	Congenital deformity of spine
Q76.3	Congenital scoliosis due to congenital bony malformation
Q76.425	Congenital lordosis, thoracolumbar region
Q76.426	Congenital lordosis, lumbar region
Q76.427	Congenital lordosis, lumbosacral region
Q76.428	Congenital lordosis, sacral and sacrococcygeal region
Q76.429	Congenital lordosis, unspecified region

## Secondary ICD-10-CM Diagnosis Codes

M40.10	Other secondary kyphosis, site unspecified
M40.14	Other secondary kyphosis, thoracic region
M40.15	Other secondary kyphosis, thoracolumbar region
M41.40	Neuromuscular scoliosis, site unspecified
M41.44	Neuromuscular scoliosis, thoracic region
M41.45	Neuromuscular scoliosis, thoracolumbar region
M41.46	Neuromuscular scoliosis, lumbar region
M41.47	Neuromuscular scoliosis, lumbosacral region
M41.50	Other secondary scoliosis, site unspecified
M41.54	Other secondary scoliosis, thoracic region
M41.55	Other secondary scoliosis, thoracolumbar region
M41.56	Other secondary scoliosis, lumbar region
M41.57	Other secondary scoliosis, lumbosacral region
M43.8X9	Other specified deforming dorsopathies, site unspecified

## New Technology Add-on Payment (NTAP) for Qualifying aprevo® Inpatient Procedures

The Centers for Medicare and Medicaid Services (CMS) provides an additional maximum payment of \$40,950 for aprevo®, when used in the inpatient hospital setting. NTAP is an additional payment made to the hospital on top of the MS-DRG payment for the hospital stay. Add-on payments for devices are limited to the lesser of \$40,950, or 65% of the amount by which the costs of the case exceeds the standard MS-DRG payment. Commercial payer reimbursement will vary by contract.

### Overview of NTAP Calculation

- 1 Determine total covered charges for the entire hospital stay involving aprevo® surgery
- 2 Determine the hospital-specific operating cost-to-charge ratio (CCR)
- 3 Derive total covered costs of the case = Total charges \* CCR
- 4 Determine the hospital-specific MS-DRG payment
- 5 Subtract the MS-DRG payment from the total covered costs of the case
- 6 If the difference is > \$0, Medicare will make an add-on payment equal to the lesser of 65 percent of the difference or \$40,950.
- 7 Final NTAP Payment. Determine the lesser of Step 6 or \$40,950
- 8 Total Case Payment. NTAP plus MS-DRG payment

## Transitional Pass-Through (TPT) Payment for Qualifying aprevo® Outpatient Procedures

Carlsmed's aprevo® was granted a TPT Payment under the Medicare Hospital Outpatient Prospective Payment System. The pass-through payment amount is based on the hospital's charges for aprevo® and the individual hospital's cost-to-charge ratio.

### C1831 Personalized, cage (implantable)

The HCPCS supply item code developed specifically for aprevo® is C1831, Revenue Code 278, and should be reported on services involving CPT 22633.



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**Disclaimer** – The coding and reimbursement information provided in this document is derived from the American Medical Association's Current Procedural Technology (CPT) as well as the Centers for Medicare and Medicaid Services' (CMS) website and copyrighted code sets, 2022. All ICD-10-CM, ICD-10-PCS, CPT, and HCPCS codes referenced herein are for informational purposes only. It is the responsibility of the rendering provider to determine and report appropriate codes, modifiers, and charges for health care services rendered to patients in their care. Carlsmed, Inc. cannot promise or guarantee that a provider's selection of the codes identified herein are appropriate for a particular procedure or will result in reimbursement from any third party payer. Questions related to specific coding and coverage policies should be directed to the applicable third party payer.