

aprevoTM

get your power back

What you need to do:

1. Document the use of aprevo® in your operative notes.
2. Identify the appropriate patient diagnosis code from the primary OR secondary diagnosis code list.



aprevo® personalized anterior device



aprevo® personalized lateral device



aprevo® personalized transforaminal device

FY2022 CMS Reimbursement

Description	FY2022 Payment	w. Maximum aprevo® NTAP
Combined Anterior/Posterior Spinal Fusion		
MS-DRG 453 - With MCC	\$60,588.52	\$101,538.52
MS-DRG 454 - With CC	\$40,179.79	\$81,129.79
MS-DRG 455 - Without CC/MCC	\$31,529.37	\$72,479.37
Spinal fusion except cervical w. spinal curvature, malignancy, infection or extensive fusions		
MS-DRG 456 - With MCC	\$56,711.07	\$97,661.07
MS-DRG 457 - With CC	\$42,835.98	\$83,785.98
MS-DRG 458 - Without CC/MCC	\$33,021.67	\$73,971.67

- CMS will provide a maximum NTAP of \$40,950 incremental to the MS-DRG payment for qualifying aprevo® Medicare inpatient cases.
- Commercial payer reimbursement varies by contract.

Primary ICD-10-CM Diagnosis Codes*

M40.0	Postural Kyphosis	M80	Age-related Osteoporosis with Current Pathological Fracture
M40.1	Other Secondary Kyphosis		
M40.2	Other and Unspecified Kyphosis	M84.5	Pathological Fracture in Neoplastic Disease
M40.3	Flatback Syndrome	M84.6	Pathological Fracture in Other Disease
M40.4	Postural Lordosis		
M40.5	Lordosis, unspecified	M96.2	Postradiation kyphosis
M41.2	Other Idiopathic Scoliosis	M96.3	Postlaminectomy kyphosis
M41.3	Thoracogenic Scoliosis	M96.4	Postsurgical lordosis
M41.4	Neuromuscular Scoliosis	M96.5	Postradiation scoliosis
M41.5	Other Secondary Scoliosis	Q67.5	Congenital deformity of spine
M41.8	Other Forms of Scoliosis		
M41.9	Scoliosis, unspecified	Q76.3	Congenital scoliosis due to congenital bony malformation
M43.8	Other Specified Deforming Dorsopathies		
M43.9	Deforming Dorsopathy, Unspecified	Q76.4	Other congenital malformations of spine, not associated with scoliosis
M48.5	Collapsed Vertebra, Not Elsewhere Specified		

*The above table provides a list of common ICD-10-CM diagnosis code categories. When documenting a diagnosis code, the code should reflect all ICD-10 specific characters needed to report the code.

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

ICD-10-PCS Procedure Codes

XRGA0R7	Fusion of thoracolumbar vertebral joint using customizable interbody fusion device, open approach, new technology group 7
XRGA3R7	Same as above percutaneous approach
XRGA4R7	Same as above percutaneous endoscopic approach
XRGB0R7	Fusion of lumbar vertebral joint using customizable interbody fusion device, open approach, new technology group 7
XRGB3R7	Same as above percutaneous approach
XRGB4R7	Same as above percutaneous endoscopic approach
XRGC0R7	Fusion of 2 or more lumbar vertebral joints using customizable interbody fusion device, open approach, new technology group 7
XRGC3R7	Same as above percutaneous approach
XRGC4R7	Same as above percutaneous endoscopic approach
XRGD0R7	Fusion of lumbosacral joint using customizable interbody fusion device, open approach, new technology group 7
XRGD3R7	Same as above percutaneous approach
XRGD4R7	Same as above percutaneous endoscopic approach



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