Medtronic

## Infuse™ bone graft

# New technology add-on payment (NTAP) for TLIF procedures

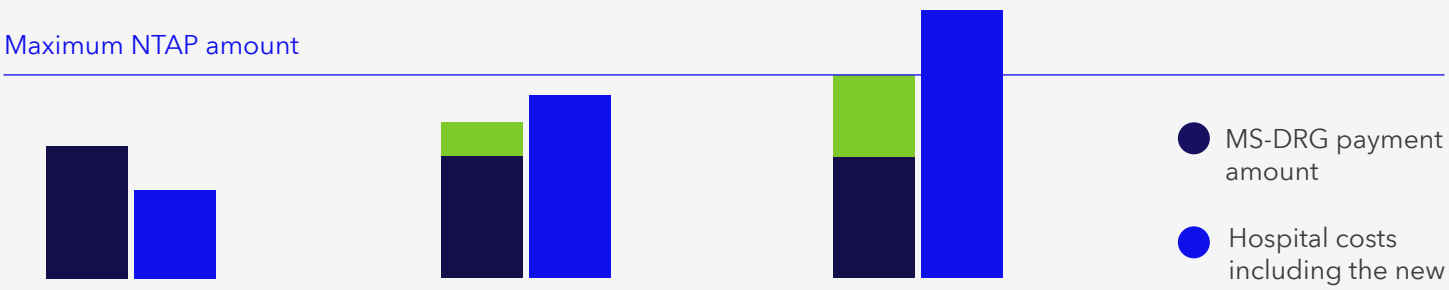
### Infuse™ bone graft when used in a transforaminal lumbar interbody fusion (TLIF) procedure has been approved for Medicare NTAP effective October 1, 2026.

New technology add-on payment (NTAP) is a mechanism that provides hospitals with additional payment in addition to the MS-DRG amount for cases that utilize new technologies for approved indications as part of this temporary payment program. NTAP amounts are limited to the lesser of 65% of the costs of the technology, or 65% of the amount by which the costs of the case exceed the standard MS-DRG payment. The maximum NTAP amount allowed for Infuse™ bone graft when used in a TLIF procedure is $4,396.60 for Fiscal Year (FY) 2027.[1]

### The following must be all be true for a case to be eligible for NTAP:

| | |
|---|---|
| Patient is a **Medicare fee-for-service beneficiary** | ✓ |
| The procedure using the eligible technology is performed during an **inpatient hospitalization** | ✓ |
| The claim includes the **appropriate ICD-10 PCS codes** | ✓ |
| **Costs of the case exceed the standard MS-DRG payment** (i.e., cases with operating loss) | ✓ |

### Cost example




**Case 1:**
Hospital costs do not exceed MS-DRG payment. **No NTAP**

**Case 2:**
Hospital costs exceed MS-DRG payment. **NTAP is 65% of the difference between costs and payment**

**Case 3:**
Hospital costs significantly exceed MS-DRG payment. **NTAP is capped at 65% of the cost of the technology**

Infuse™ bone graft

# NTAP for TLIF procedures

## Approved NTAP indication

Infuse™ bone graft is approved for NTAP when it is used with an FDA-cleared intervertebral body fusion device and metallic screw-and-rod system in transforaminal lumbar interbody fusion procedure at one or two adjacent levels from L2-S1 in the treatment of degenerative disc disease (DDD).

Infuse™ bone graft has additional indications for use in certain ALIF/OLIF spinal fusion procedures, dental, and trauma indications which are not eligible for NTAP.

## Hospital coding

An approved technology must be uniquely identified in hospital claims data to receive NTAP. Section X of the ICD-10-PCS manual houses the New Technology codes, which are used to indicate technologies with NTAP.[1]

To bill for use of Infuse™ for TLIF procedures, two codes must be used:

- Introduction of Infuse™ bone graft into Joints = **XW0U(0,3,4)CC**

**in combination with**

- Transforaminal lumbar interbody fusion procedure = **0SG(0,1,3)(0,3,4)AJ**

Infuse™ bone graft

# NTAP for TLIF procedures

## Frequently asked questions

### When is the NTAP effective?

October 1, 2026

### Are Medicare Advantage or commercially insured patient claims eligible for NTAP?

No. Medicare Advantage beneficiaries and commercially insured are not eligible for NTAP. Only Medicare fee-for-service beneficiaries are eligible for NTAP.

### Are outpatient cases eligible for NTAP?

No, only inpatient cases are eligible.

### Do all inpatient cases using NTAP eligible technology receive an additional payment?

Not necessarily. Only inpatient Medicare fee-for-service cases where the costs of the case exceed the MS-DRG payment are eligible for NTAP. Additionally, NTAP does not apply to prospective payment system exempt hospitals (e.g., certain cancer hospitals, children's hospitals, and Maryland hospitals).

### How should an Infuse™ bone graft case be billed in the hospital inpatient setting?

Two ICD-10 PCS codes are required to capture the inpatient stay, one for the TLIF procedure and one for the use of Infuse™ bone graft.

### What revenue code applies when Infuse™ bone graft is used?

0278-Medical/Surgical Supplies and Devices - Other Implants.

### What ICD-10 PCS procedure code should be reported for NTAP reimbursement?

1. Introduction of Infuse™ bone graft into Joints = **XW0U(0,3,4)CC**

**in combination with**

2. Transforaminal lumbar interbody fusion procedure = **0SG(0,1,3)(0,3,4)AJ**

### How long does a qualifying technology have NTAP?

NTAP is temporary. The duration is specific to each technology but generally lasts three years.

Infuse™ bone graft

# NTAP for TLIF procedures

## How does NTAP influence physician payment?

Physician professional payments are not impacted by NTAP in the inpatient setting.

## Is the NTAP a fixed amount?

No. The NTAP amount is calculated as a case-by-base stop loss with a maximum NTAP amount of 65% of the technology cost as determined by CMS. The payment will also vary based on the final MS-DRG assignment. $4,396.60 is the maximum NTAP payment for Infuse™ bone graft.

## What DRG will Infuse™ bone graft be assigned to?

Under the Medicare DRG grouper methodology, there are numerous classifications that include Infuse™ bone graft. Note, the actual DRG assignment for an individual case will vary according to other services included in the claim.[2] Common MS-DRG assignments are: 402, 426, 427, 428, 447, 448, 450, 451, 456, 457, and 458

## How are the costs of the case determined if the hospital is only submitting charges?

Medicare calculates the total costs based on the total covered hospital charges for each case and the hospital's inpatient operating cost to charge ratio (CCR) determined from its cost report. Multiplying the hospital charges by the CCR will determine an estimate of the hospital's costs, which is then used to calculate the NTAP, if applicable.

## Please visit the SpineLine™ reimbursement homepage for more information

If you need additional information about NTAP or have other questions, please contact the Medtronic Health Economics and Reimbursement team at:
**rs.cstusreimbursementsupport@medtronic.com**

Infuse™ bone graft

# NTAP for TLIF procedures

## References


1. Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals (IPPS) and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year (FY) 2027 Rates, 91 Fed. Reg 49570 (Aug. 4, 2026)

2. CMS. ICD-10-CM/PCS MS-DRG v43.0 Definitions Manual. Cms.gov. Published 2026.
   https://www.cms.gov/icd10m/FY2026-fr-v43-fullcode-cms/fullcode_cms/P0001.html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## Infuse™ bone graft

# NTAP for TLIF procedures

- In an experimental rabbit study, rhBMP-2 has been shown to elicit antibodies that are capable of crossing the placenta. Reduced ossitication of the frontal parietal bones or the skull was noted intrequently (<3%) in fetuses ot rabbit dams immunized to rhBMP-2: however. there was no effect noted in limb bud development. There are no adequate and well controlled studies in human pregnant women. Women of child-bearing potential should be warned by their surgeon of potential risk to a fetus and informed of other possible orthopedic treatments.
- Women of child-bearing potential should be advised that antibody formation to rhBMP-2 or its influence on fetal development has not been completely assessed. In the clinical trial supporting the safety and effectiveness of the Infuse bone graft/LT-Cage" lumbar tapered fusion device, 2/277 (0.7%) patients treated with Infuse™ bone graft component and 1/127 (0.8%) patients treated with autograft bone developed antibodies to rhBMP-2. The effect of maternal antibodies to rhBMP-2, as might be present for several months following device implantation, on the unborn fetus is unknown. Additionally, it is unknown whether fetal expression of BMP-2 could re-expose mothers who were previously antibody positive. Theoretically, re-exposure may elicit a more powerful immune response to BMP-2 with possible adverse consequences for the fetus. However regnancy did not lead to an increase in antibodies in the rabbit study. Studies in genetically altered mice indicate that BMP-2 is critical to feta development and that a lack of BMP-2 activity may cause neonatal death or birth defects. It is not known if anti-BMP-2 antibodies may affect fetal development or the extent to which these antibodies may reduce BMP-2 activity.
- Infuse™ bone graft should not be used immediately prior to or during pregnancy. Women of childbearing potential should be advised not to become pregnant for one vear following treatment with the Infuse™ bone graft/Medtronic interbody fusion device.
- The safety and effectiveness of the Infuse™ bone graft/Medtronic interbody fusion device in nursing mothers has not been established. It is not known if BMP-2 is excreted in human milk.

### Indications

Infuse™ bone graft with an FDA cleared intervertebral body fusion device and metallic screw-and-rod system is indicated for use in a transforaminal lumbar interbody fusion (TLIF) surgical approach at one or two adjacent levels from L2-S1 in the treatment of symptomatic degenerative disc disease (DDD) confirmed by patient history and radiographic studies and having at least six months of nonoperative treatment attempted prior to treatment with Infuse™ bone graft.

Infuse™ bone graft consists of two components – a recombinant human bone morphogenetic protein solution and a carrier/ scaffold for the bone morphogenetic protein solution and resulting bone. These components must be used as a system. The bone morphogenetic protein solution component must not be used without the carrier/scaffold component or with a carrier/scaffold component different from the one described in this document.

### Contraindications

Infuse™ bone graft is contraindicated for patients with a known hypersensitivity to recombinant human Bone Morphogenetic Protein-2, bovine Type I collagen, or to other components of the formulation and should not be used in the vicinity of a resected or extant tumor, in patients with any active malignancy, or patients undergoing treatment for a malignancy; in patients who are skeletally immature; in pregnant women; or in patients with an active infection at the operative site or with an allergy to titanium, titanium alloy, or polyetheretherketone (PEEK).

### Warnings and Precautions

There are no adequate and well-controlled studies in human pregnant women. In an experimental rabbit study, rhBMP-2 has been shown to elicit antibodies that are capable of crossing the placenta. Women of childbearing potential should be warned by their surgeon of potential risk to a fetus and informed of other possible orthopedic treatments. The safety and effectiveness of this device have not been established in nursing mothers. Women of child-bearing potential should be advised to not become pregnant for one year following treatment with this device.

Please see the Infuse™ bone graft package insert for the complete list of indications, warnings, precautions, adverse events, clinical results, definition of DDD, and other important medical information. An electronic version of the package insert may be found at manuals.medtronic.com.

CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician with appropriate training or experience.