



MERIT WRAPSODY®
Cell-Impermeable Endoprosthesis

NEW TECHNOLOGY ADD-ON PAYMENT (NTAP) GUIDE FOR WRAPSODY® CELL-IMPERMEABLE ENDOPROSTHESIS (CIE)

THE MERIT WRAPSODY® CIE APPROVED FOR NEW TECHNOLOGY ADD-ON PAYMENT (NTAP).

Effective October 1, 2025, WRAPSODY® CIE procedures are eligible for New Technology Add-On Payment (NTAP).¹ NTAP payments provide additional hospital reimbursement under the Hospital Inpatient Prospective Payment System for new devices it considers represent a substantial clinical improvement over existing technology. This incremental reimbursement is called the New Technology Add-on Payment (NTAP). For CMS fiscal year 2026 the maximum NTAP will be \$3,770.

The WRAPSODY CIE, a breakthrough designated device, is indicated for use in hemodialysis patients for the treatment of stenosis or occlusion within the dialysis access outflow circuit, including stenosis or occlusion in the peripheral veins of individuals with an AV fistula or at the venous anastomosis of a synthetic AV graft.

Below please refer to the 10 new ICD-10-PCS codes applicable for hospital inpatient use when the WRAPSODY CIE procedure is provided to a patient. Hospitals should have this updated file ready for accurate claims /billing to correctly apply the new codes.

2025: WRAPSODY CIE ICD-10-PCS CODES

The following ICD-10-PCS codes became effective on October 1, 2025. In order to be eligible for NTAP, hospitals must report one of the codes in the table below for cases using WRAPSODY CIE.

ICD-10-PCS	DESCRIPTION
X27535B	Dilation of right subclavian vein with cell impermeable intraluminal device, percutaneous approach
X27635B	Dilation of left subclavian vein with cell impermeable intraluminal device, percutaneous approach
X27735B	Dilation of right axillary vein with cell impermeable intraluminal device, percutaneous approach
X27835B	Dilation of left axillary vein with cell impermeable intraluminal device, percutaneous approach
X27935B	Dilation of right brachial vein with cell impermeable intraluminal device, percutaneous approach
X27A35B	Dilation of left brachial vein with cell impermeable intraluminal device, percutaneous approach
X27B35B	Dilation of right basilic vein with cell impermeable intraluminal device, percutaneous approach
X27C35B	Dilation of left basilic vein with cell impermeable intraluminal device, percutaneous approach
X27D35B	Dilation of right cephalic vein with cell impermeable intraluminal device, percutaneous approach
X27E35B	Dilation of left cephalic vein with cell impermeable intraluminal device, percutaneous approach

CMS FY2026 Hospital Inpatient Prospective Payment System, Final Rule: CMS-1833-F

Individual coding decisions should be based upon diagnosis and treatment of individual patients and are the responsibility of the provider.

Wrapsody CIE related MS-DRGs

Possible MS-DRG assignments that may apply to inpatient admissions involving hemodialysis access maintenance using the Wrapsody CIE include those listed below:

MS-DRG	DESCRIPTION	National Average FY26 MS-DRG Payment Estimate
252	Other vascular procedures with Major Complication or Comorbidity (MCC)	\$25,383.52
253	Other vascular procedures with Complication or Comorbidity (CC)	\$18,887.56
254	Other vascular procedures without CC/MCC	\$12,965.00
264	Other circulatory system O.R. Procedures	\$24,308.74
674	Other kidney and urinary tract procedures with CC	\$17,017.43
675	Other kidney and urinary tract procedures without CC/MCC	\$11,944.07

MS-DRG assignment is based on the combination of diagnosis and procedure codes and is assigned by the contractor.

FREQUENTLY ASKED QUESTIONS

1. When does the WRAPSODY CIE NTAP effective period start?

The WRAPSODY CIE NTAP goes into effect for hospital inpatient discharges on or after October 1, 2025.

2. How long is WRAPSODY CIE NTAP effective?

The WRAPSODY CIE NTAP will be effective for up to three years .

3. How do I report use of the WRAPSODY CIE procedure on the hospital inpatient billing form?

Report the appropriate ICD-10-PCS code from the table above that describes the use of WRAPSODY CIE procedure.

4. How is the total hospital reimbursement amount (including NTAP) calculated for each case?

There is no fixed payment for NTAP. There amount of NTAP a hospital may receive will vary by discharge. NTAP Is calculated based on the total costs for the inpatient hospital stay: If the costs of the case exceed the hospitals MS-DRG payment the hospital will receive NTAP of 65% of the excess costs, up to a maximum payment of \$3,770 for eligible cases.

5. What is the maximum NTAP amount a hospital will receive, per case?

CMS approved a maximum NTAP payment of \$3770 for FY2026.

6. Can the NTAP amount received by a hospital be less than the maximum \$3,770 for a WRAPSODY CIE procedure?

Yes. If the costs of the case exceed the hospitals MS-DRG payment the hospital will receive NTAP of 65% of the excess costs, up to a maximum payment of \$3,770 for eligible cases

7. Do commercial payers and Medicare Advantage plans use NTAP payments?

No, NTAP payment only applies to cases covered under traditional Medicare.

1. CMS FY2026 Hospital Inpatient Prospective Payment System, Final Rule: CMS-1833-F.

The WRAPSODY CIE is not approved for use in central veins in the United States. This information is provided for general coding and reimbursement reference only; it is not legal or payment advice. Coverage, coding and payment vary by payer and site of service and are subject to change. Hospitals and physicians are solely responsible for determining appropriate coding and claim submission and should confirm with payers and/or official coding authorities.

Merit does not guarantee coverage or payment for any product or procedure and assumes no obligation to update this guide.

For reimbursement questions, contact Reimbursement@merit.com (responses provide general information only and will not include patient-specific guidance).

Before using refer to Instructions for Use for indications, contraindications, warnings, precautions, and directions for use.



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reimbursement@merit.com

Merit Medical Systems, Inc.
 1600 West Merit Parkway
 South Jordan, Utah 84095
 1.801.253.1600
 1.800.35.MERIT

Merit Medical Europe, Middle
 East & Africa (EMEA)
 Amerikalaan 42, 6199 AE
 Maastricht-Airport
 The Netherlands
 +31 43 358 82 22

Merit Medical Ireland Ltd.
 Parkmore Business Park West
 Galway, Ireland
 +353 (0) 91 703 733

