

## Neuro Navigation System 2021 Coding and Reimbursement Guide

The ClearPoint® System is intended to provide stereotactic guidance for the placement and operation of instruments or devices during planning and operation of neurological procedures within the MRI environment and in conjunction with MR imaging. The ClearPoint System is intended as an integral part of procedures that have traditionally used stereotactic methodology. These procedures include biopsies, catheter and electrode insertion, including deep brain stimulation (DBS) lead placement. The System is intended for use only with 1.5 and 3.0 Tesla MRI scanners.

The coding information provided in this guide represent some of the more common CPT, ICD-10, and Diagnosis Related Groups (DRGs) that may be reported or assigned when procedures that have traditionally used stereotactic methodology are performed. It is not intended to be exhaustive list. The information provided is educational and not meant to be construed as a guarantee of coverage or payment.

### Diagnosis Coding

ICD-10-CM	Descriptor
C71.0- C71.9	Malignant neoplasm of brain
D32.X	Benign neoplasm of meninges
D33.X	Benign neoplasm of brain and other parts of the central nervous system
D43.X	Neoplasm of uncertain behavior of brain and other parts of the central nervous system
D49.6	Neoplasm of unspecified behavior of brain
G12.20 – G12.29	Motor neuron disease
G20	Parkinson's disease
G24.9	Dystonia, unspecified
G40.XXX	Epilepsy and recurrent seizures

*Note: The place holder "X" is used to indicate that additional characters may be used to report a higher level of disease specificity. Providers should code to the highest level of specificity*

### CPT Coding

CPT	Descriptor	MPFS Facility
61751	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance	\$1,426.43
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	\$1,016.44
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	\$1,609.97
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (e.g., thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	\$1,548.56
61864	; each additional array (List separately in addition to primary procedure)	\$289.61
64999	Unlisted procedure, nervous system	By Report
76498	Unlisted magnetic resonance procedure (e.g., diagnostic, interventional)	By Report
77290	Therapeutic radiology simulation-aided field setting; complex	\$82.35
77334	Treatment devices, design and construction; complex	\$60.71

**For additional reimbursement support, please contact [ClearPoint@thepinnaclehealthgroup.com](mailto:ClearPoint@thepinnaclehealthgroup.com) or 866-369-9290**

Procedure coding should be based upon medical necessity and procedures and supplies provided to the patient. Coding and reimbursement information is provided for educational purposes and does not assure coverage of the specific item or service in a given case. MRI Interventions (manufacturer of ClearPoint®) and The Pinnacle Health Group make no guarantee of coverage or reimbursement of fees. Contact your local Medicare Administrative Contractor (MAC) or the Centers for Medicare and Medicaid Services (CMS) for specific information as payment rates listed are subject to change. To the extent that you submit cost information to Medicare, Medicaid or any other reimbursement program to support claims for services or items, you are obligated to accurately report the actual price paid for such items, including any subsequent adjustments. CPT five-digit numeric codes, descriptions, and numeric modifiers only are Copyright AMA. All rights reserved.

## Inpatient Procedure Coding

ICD-10-PCS	Descriptor
DOY0KZZ	Laser Interstitial Thermal Therapy of Brain
DOY6KZZ	Laser Interstitial Thermal Therapy of Brain Stem
00H00MZ	Insertion of Neurostimulator Lead into Brain, Open Approach
00H60MZ	Insertion of Neurostimulator Lead into Cerebral Ventricle, Open Approach
009 Series	Medical & Surgical, CNS & Cranial Nerves, Drainage
00K Series	Medical & Surgical, CNS & Cranial Nerves, Map
3E0Q — — —	Administration, Physiological Systems and Anatomical Regions, Cranial Cavity and Brain

## Diagnosis Related Groups (DRGs)

DRG	Description	Payment
040	Peripheral, Cranial Nerve & Other Nervous System Procedures With CC Or Peripheral Neurostimulator with MCC	\$25,172.54
041	Peripheral, Cranial Nerve & Other Nervous System Procedures With CC Or Peripheral Neurostimulator with CC	\$15,304.27
042	Peripheral, Cranial Nerve & Other Nervous System Procedures With CC Or Peripheral Neurostimulator without CC/MCC	\$12,383.06

\*DRG assignment will be based upon principal diagnosis, specific secondary diagnoses, procedures, sex, and discharge status reported to payer. LITT of the brain or brain stem may map to DRG 023, 024, 025, 026 or 027 depending on the combination of diagnoses and procedures reported..

## References:

- CY 2021 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; (CMS-1734-IFC); Addendum B. All MPFS Fee Schedules calculated using CF of \$34.8931 effective January 1, 2021.
- DRG values calculated using a base rate of \$5,891.33 and Capital Standard Payment of \$466.22. The national average hospital Medicare base rate is an average of the sum of four categories: Hospital Submitted Quality Data and is a Meaningful EHR User, Hospital Did NOT Submit Quality Data and is a Meaningful EHR User, Hospital Submitted Quality Data and is NOT a Meaningful EHR User, Hospital Did NOT Submit Quality Data and is NOT a Meaningful EHR User. This information is provided as a benchmark reference only. There is no official publication of the average hospital base rate; therefore, the national average payments provided are approximate. Actual reimbursement will vary by geographic region, status as a teaching facility, share of low-income patients, status of submitting quality data, status as a meaningful electronic health user, participation in the Hospital Value-Based Purchasing (VBP), and Hospital Readmissions Reduction Program (HRRP). Calculations were based on data provided in FY 2022 IPPS Final Rule CN (Tables 1A, 1D, and 5CN).
- ICD-10-CM Expert for Physicians 2021, ©2020 Optum360, LLC. All rights reserved
- ICD-10-PCS 2021, ©2020 Optum360, LLC. All rights reserved
- 2021 CPT Professional, ©American Medical Association

**For additional reimbursement support, please contact [ClearPoint@thepinnaclehealthgroup.com](mailto:ClearPoint@thepinnaclehealthgroup.com) or 866-369-9290**

Procedure coding should be based upon medical necessity and procedures and supplies provided to the patient. Coding and reimbursement information is provided for educational purposes and does not assure coverage of the specific item or service in a given case. MRI Interventions (manufacturer of ClearPoint®) and The Pinnacle Health Group make no guarantee of coverage or reimbursement of fees. Contact your local Medicare Administrative Contractor (MAC) or the Centers for Medicare and Medicaid Services (CMS) for specific information as payment rates listed are subject to change. To the extent that you submit cost information to Medicare, Medicaid or any other reimbursement program to support claims for services or items, you are obligated to accurately report the actual price paid for such items, including any subsequent adjustments. CPT five-digit numeric codes, descriptions, and numeric modifiers only are Copyright AMA. All rights reserved.