2023 ClearPoint® Navigation System Coding 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, laser 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 represents 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

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CPT Coding

CPT	Descriptor	MPFS Facility
61736	LITT of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	$894.96
61737	LITT of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	$1,068.80
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	$1,013.23
61751	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance	$1,423.26
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	$1,601.85
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	$1,542.88
61864	; each additional array (List separately in addition to primary procedure)	$286.35
76498	Unlisted magnetic resonance procedure (e.g., diagnostic, interventional)	By Report
77290	Therapeutic radiology simulation-aided field setting; complex	$83.02
77334	Treatment devices, design and construction; complex	$60.66

Inpatient Procedure Coding

ICD-10-PCS	Descriptor
00500Z3	Destruction of Brain using Laser Interstitial Thermal Therapy, Open Approach
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 & Brain

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Inpatient Reimbursement

Diagnosis Related Group (DRG) assignment will be based upon principal diagnosis, specific secondary diagnoses (ICD-10-CM), procedures provided (ICD-10-PCS), sex, and discharge status reported to payer. LITT of the brain or brain stem will most likely map to the following DRGs depending on the combination of diagnoses and procedures reported. This is not intended to be a comprehensive list.

DRG	Description	Payment
025	Craniotomy and endovascular intracranial procedures with MCC	$31,145.56
026	Craniotomy and endovascular intracranial procedures with CC	$20,739.70
027	Craniotomy and endovascular intracranial procedures with or without CC/MCC	$17,117.20

References:

- CY 2023 Changes to Hospital Outpatient Prospective Payment and Ambulatory Payment Systems – Final Rule with Comment and Final CY2023 Payment Rates (CMS-1772-FC); Addendum B and ASC Addenda.
- CY 2023 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; (CMS-1770-F); Addendum B. All MPFS Fee Schedules calculated using CF of $33.89872 effective January 1, 2023.
- DRG values were calculated using a base rate of $6,375.74 and Capital Standard Payment of $483.76. The base payment rate assumes the hospital submitted quality data and is a user of EHR. A hospital's base payment rate will change if the hospital does not meet either or both of these measures. Calculations were based on data provided in FY 2023 IPPS Final Rule CN (Tables 1A, 1D, and 5CN).
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