

## Neuro Navigation System

### 2024 Coding and Reimbursement Guide

#### 2024 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.

**For additional reimbursement support or questions regarding the information in this coding guide, please email us at [reimbursement@clearpointneuro.com](mailto:reimbursement@clearpointneuro.com)**

*DISCLAIMER: The information in this coding guide is provided with the intent to assist in obtaining appropriate reimbursement for medical devices and services. It is NOT intended as legal advice. Seek legal counsel or a reimbursement specialist for further questions or clarifications. The provider makes all decisions concerning completion of reimbursement claim forms, including code selection and billing amounts. This document is for information purposes only and represents no statement, promise, or guarantee by ClearPoint Neuro, Inc. concerning levels of reimbursement, payment or charges. The coding options listed within this guide are commonly used codes and it is NOT intended to be an all-inclusive list.*

Procedure coding should be based upon medical necessity and procedures and supplies provided to the patient. All coding, coverage, billing, and payment information provided by ClearPoint Neuro, Inc. is obtained from third party sources and is subject to change without notice. Coverage for procedures may vary by payor. It is recommended that providers verify coverage prior to date of service. When submitting cost information to Medicare, Medicaid or any other payor to support claims for services or items, you are obligated to accurately report the actual price paid for such items, including any subsequent adjustments. This coding guide may include some codes for procedures for which ClearPoint Neuro, Inc. currently offers no cleared or approved products. In those instances, such codes have been included solely in the interests of providing users with comprehensive coding information and is not intended to promote the use of any products. ClearPoint Neuro, Inc. does not promote the use of the company’s products outside of their FDA-approved label. CPT® is a registered trademark of the American Medical Association.

## 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	\$1,215.18
61737	LITT of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	\$1,464.08
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	\$1,006.60
61751	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance	\$1,414.10
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	\$1,588.70
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	\$1,533.05
61864	; each additional array (List separately in addition to primary procedure)	\$282.89
76498	Unlisted magnetic resonance procedure (e.g., diagnostic, interventional)	By Report
77290	Therapeutic radiology simulation-aided field setting; complex	\$81.63
77334	Treatment devices, design and construction; complex	\$60.66

MPFS: Medicare Physician Fee Schedule \* 2024 Medicare National Average Payment Rate.

## 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
3E0QXXX	Administration, Physiological Systems and Anatomical Regions, Cranial Cavity & Brain

**For additional reimbursement support or questions regarding the information in this coding guide, please email us at [reimbursement@clearpointneuro.com](mailto:reimbursement@clearpointneuro.com)**

*DISCLAIMER: The information in this coding guide is provided with the intent to assist in obtaining appropriate reimbursement for medical devices and services. It is NOT intended as legal advice. Seek legal counsel or a reimbursement specialist for further questions or clarifications. The provider makes all decisions concerning completion of reimbursement claim forms, including code selection and billing amounts. This document is for information purposes only and represents no statement, promise, or guarantee by ClearPoint Neuro, Inc. concerning levels of reimbursement, payment or charges. The coding options listed within this guide are commonly used codes and it is NOT intended to be an all-inclusive list.*

Procedure coding should be based upon medical necessity and procedures and supplies provided to the patient. All coding, coverage, billing, and payment information provided by ClearPoint Neuro, Inc. is obtained from third party sources and is subject to change without notice. Coverage for procedures may vary by payor. It is recommended that providers verify coverage prior to date of service. When submitting cost information to Medicare, Medicaid or any other payor to support claims for services or items, you are obligated to accurately report the actual price paid for such items, including any subsequent adjustments. This coding guide may include some codes for procedures for which ClearPoint Neuro, Inc. currently offers no cleared or approved products. In those instances, such codes have been included solely in the interests of providing users with comprehensive coding information and is not intended to promote the use of any products. ClearPoint Neuro, Inc. does not promote the use of the company's products outside of their FDA-approved label. CPT® is a registered trademark of the American Medical Association.

## 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	\$28,234
026	Craniotomy and Endovascular Intracranial Procedures with CC	\$18,881
027	Craniotomy and Endovascular Intracranial Procedures without CC/MCC	\$15,555
040	Peripheral, Cranial Nerve & Other Nervous System Procedures with MCC	\$24,619
041	Peripheral, Cranial Nerve & Other Nervous System Procedures with CC or Peripheral Neurostimulator with CC	\$14,263
042	Peripheral, Cranial Nerve & Other Nervous System Procedures without CC/MCC	\$11,124

\* 2024 Medicare National Average Payment Rate.

## References:

- The Centers for Medicare and Medicaid Services Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the LongTerm Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2024 Rates (CMS-1785-F and CMS-1788-F). Federal Register, August 28, 2023.
- Medicare and Medicaid Programs: CY 2024 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies (CMS-1784-F). All MPFS Fee Schedules calculated using CF of \$33.32 effective March 9, 2024.
- DRG Expert 2024, ©2023 Optum360, LLC. All rights reserved.
- ICD-10-PCS 2024, ©2023 Optum360, LLC. All rights reserved.
- ICD-10-CM 2024, ©2023 Optum360, LLC. All rights reserved.
- 2024 CPT Professional, ©American Medical Association

**For additional reimbursement support or questions regarding the information in this coding guide, please email us at [reimbursement@clearpointneuro.com](mailto:reimbursement@clearpointneuro.com)**

*DISCLAIMER: The information in this coding guide is provided with the intent to assist in obtaining appropriate reimbursement for medical devices and services. It is NOT intended as legal advice. Seek legal counsel or a reimbursement specialist for further questions or clarifications. The provider makes all decisions concerning completion of reimbursement claim forms, including code selection and billing amounts. This document is for information purposes only and represents no statement, promise, or guarantee by ClearPoint Neuro, Inc. concerning levels of reimbursement, payment or charges. The coding options listed within this guide are commonly used codes and it is NOT intended to be an all-inclusive list.*

Procedure coding should be based upon medical necessity and procedures and supplies provided to the patient. All coding, coverage, billing, and payment information provided by ClearPoint Neuro, Inc. is obtained from third party sources and is subject to change without notice. Coverage for procedures may vary by payor. It is recommended that providers verify coverage prior to date of service. When submitting cost information to Medicare, Medicaid or any other payor to support claims for services or items, you are obligated to accurately report the actual price paid for such items, including any subsequent adjustments. This coding guide may include some codes for procedures for which ClearPoint Neuro, Inc. currently offers no cleared or approved products. In those instances, such codes have been included solely in the interests of providing users with comprehensive coding information and is not intended to promote the use of any products. ClearPoint Neuro, Inc. does not promote the use of the company's products outside of their FDA-approved label. CPT® is a registered trademark of the American Medical Association.