

## 2025 Coding and Reimbursement Guide

### CLEARPOINT® NAVIGATION and CLEARPOINT PRISM® 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 an operating room environment and in conjunction with MR and/or CT imaging. During planning, the system is intended to provide functionality for the automatic identification, labeling, visualization, and quantification of segmentable brain structures from a set of loaded MR images. 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) (asleep or awake) lead placement. When used in an MRI environment, the system is intended for use only with 1.5 and 3.0 Tesla MRI scanners and MR Conditional implants and devices.

The ClearPoint Prism Neuro Laser Therapy System is indicated for use to necrotize or coagulate soft tissue through interstitial irradiation or thermal therapy under magnetic resonance imaging (MRI) guidance in medicine and surgery in neurosurgery for a wavelength of 1064nm.

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.

#### CPT Coding

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

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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	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	\$1,200.51
61737	LITT of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	\$1,425.02
61751	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance	\$1,379.73
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	\$982.47
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	\$1,549.57
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	\$1,495.54
61864	; each additional array (List separately in addition to primary procedure)	\$275.95
76498	Unlisted magnetic resonance procedure (e.g., diagnostic, interventional)	By Report
77290	Therapeutic radiology simulation-aided field setting; complex	\$80.21
77334	Treatment devices, design and construction; complex	\$58.88

MPFS; Medicare Physician Fee Schedule \* 2025 Medicare National Average Payment Rate.

#### Inpatient Procedure Coding

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

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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	\$29,054
026	Craniotomy and Endovascular Intracranial Procedures with CC	\$19,870
027	Craniotomy and Endovascular Intracranial Procedures without CC/MCC	\$16,032
040	Peripheral, Cranial Nerve & Other Nervous System Procedures with MCC	\$24,505
041	Peripheral, Cranial Nerve & Other Nervous System Procedures with CC or Peripheral Neurostimulator with CC	\$14,670
042	Peripheral, Cranial Nerve & Other Nervous System Procedures without CC/MCC	\$11,418

\* 2025 Medicare National Average Payment Rate.

## References:

- The Centers for Medicare and Medicaid Programs and the Children's Health Insurance Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2025 Rates (CMS-1808-F). Published August 28, 2024.
- Medicare and Medicaid Programs: CY 2025 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies (CMS-1807-F). Published December 9, 2024. DRG Expert 2024, ©2023 Optum360, LLC. All rights reserved.
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- 2025 ICD-10-PCS files, Centers for Medicare & Medicaid Services, <https://www.cms.gov/medicare/coding-billing/icd-10-codes>
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