



2026 Coding and Reimbursement Guide

The coding information provided in this guide represents some of the more common ICD-10, CPT, and Diagnosis Related Groups (DRGs) that may be reported or assigned for procedures associated with the use of ClearPoint technologies. It is not intended to be an exhaustive list. The information provided is educational and not meant to be construed as a guarantee of coverage or payment.

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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.

Potential Diagnosis Codes

ICD-10-CM	Descriptor
C71.0	Malignant Neoplasm of Cerebrum Except Lobes and Ventricles
C71.1	Malignant Neoplasm of Frontal Lobe
C71.2	Malignant Neoplasm of Temporal Lobe
C71.3	Malignant Neoplasm of Parietal Lobe
C71.4	Malignant Neoplasm of Occipital Lobe
C71.5	Malignant Neoplasm of Cerebral Ventricle
C71.6	Malignant Neoplasm of Cerebellum
C71.7	Malignant Neoplasm of Brain Stem
C71.8	Malignant Neoplasm of Overlapping Sites of Brain
C71.9	Malignant Neoplasm of Brain Unspecified
C79.31	Secondary 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
G40.011	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, with status epilepticus
G40.019	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, without status epilepticus
G40.109	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus
G40.111	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus
G40.119	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus
G40.211	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus
G40.219	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus

Note: The place holder “X” is used to indicate that, for billing purposes, additional alpha or numeric characters must be used to report a higher level of disease specificity. Providers should code to the highest level of specificity (e.g., category, anatomic site, severity, and/or extension).

CPT Coding and Physician Payment Rates

CPT	Descriptor	Physician Payment Rate (Facility)*
61736	LITT of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	\$1,141
61737	LITT of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	\$1,350
61751	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance	\$1,386
76498	Unlisted magnetic resonance procedure (e.g., diagnostic, interventional)	By Report
77290	Therapeutic radiology simulation-aided field setting; complex	\$83
77334	Treatment devices, design and construction; complex	\$61

*2026 Medicare National Average Payment Rate. Payment rates listed are for healthcare professionals who do not participate in the Alternate Payment Model (APM).

Hospital Inpatient Procedure Coding

ICD-10-PCS	Descriptor
00500Z3	Destruction of Brain using Laser Interstitial Thermal Therapy, Percutaneous Approach
B030ZZZ*	Magnetic resonance imaging (MRI) of brain

*Assignment of the MRI code is optional.

Hospital Inpatient Payment Rates

DRG	Descriptor	Payment*
025	Craniotomy and endovascular intracranial procedures with MCC	\$30,208
026	Craniotomy and endovascular intracranial procedures with CC	\$20,658
027	Craniotomy and endovascular intracranial procedures with or without CC/MCC	\$16,762

*2026 Medicare National Average Payment Rate.

The ClearPoint Navigation 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.

Potential Diagnosis Codes

ICD-10-CM	Descriptor
C71.0	Malignant Neoplasm of Cerebrum Except Lobes and Ventricles
C71.1	Malignant Neoplasm of Frontal Lobe
C71.2	Malignant Neoplasm of Temporal Lobe
C71.3	Malignant Neoplasm of Parietal Lobe
C71.4	Malignant Neoplasm of Occipital Lobe
C71.5	Malignant Neoplasm of Cerebral Ventricle
C71.6	Malignant Neoplasm of Cerebellum
C71.7	Malignant Neoplasm of Brain Stem
C71.8	Malignant Neoplasm of Overlapping Sites of Brain
C71.9	Malignant Neoplasm of Brain Unspecified
C79.31	Secondary 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
G40.011	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, with status epilepticus
G40.019	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, without status epilepticus
G40.109	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus
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G40.119	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus
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G40.219	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus

Note: The place holder “X” is used to indicate that, for billing purposes, additional alpha or numeric characters must be used to report a higher level of disease specificity. Providers should code to the highest level of specificity (e.g., category, anatomic site, severity, and/or extension).

CPT Coding and Physician Payment Rates

CPT	Descriptor	Physician Payment (Facility)*
Neuronavigation		
+61781**	Stereotactic computer-assisted (navigational) procedure; cranial, intradural.	\$287
+61783**	Stereotactic computer-assisted (navigational) procedure; intracranial, for placement of intracranial neurostimulator array.	\$335
Potential Procedures Using Neuronavigation		
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	\$1,531
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	\$1,496
61864	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; each additional array (List separately in addition to primary procedure)	\$259
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	\$2,206
61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	\$456
76498	Unlisted magnetic resonance procedure (e.g., diagnostic, interventional)	By Report

*2026 Medicare National Average Payment Rate. Physician payment rates listed are for healthcare professionals who do not participate in the Alternate Payment Model (APM).

** Add-on codes reported in conjunction with a primary surgical procedure code. The physician's documentation must clearly support the medical necessity and the actual use of the neuronavigation system during the procedure.

Hospital Inpatient Procedure Coding

ICD-10-PCS	Descriptor
Neuronavigation	
8E09XBH*	Computer assisted procedure of head and neck region, with magnetic resonance imaging
8E09XBG*	Computer assisted procedure of head and neck region, with CT
Potential Procedures Using Neuronavigation	
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

* These codes are used in conjunction with the ICD-10-PCS codes for the primary procedure performed where neuronavigation is utilized.

Hospital Inpatient Payment Rates

DRG	Descriptor	Payment*
025	Craniotomy and endovascular intracranial procedures with MCC	\$30,208
026	Craniotomy and endovascular intracranial procedures with CC	\$20,658
027	Craniotomy and endovascular intracranial procedures with or without CC/MCC	\$16,762

*2026 Medicare National Average Payment Rate.



IRRAflow® Active Fluid Exchange

The IRRAflow system is indicated for use when intracranial pressure (ICP) monitoring is required and for the external drainage of intracranial fluid to reduce ICP in patients needing an external drainage and monitoring system.

Neurosurgical

Potential Diagnosis Codes

ICD-10-CM	Descriptor
Elevated Intracranial Pressure	
G93.2	Benign intracranial hypertension
Hydrocephalus	
G91.0-G91.9	Hydrocephalus
Non-Traumatic Brain Hemorrhage	
I60.00-I60.9	Non-traumatic subarachnoid hemorrhage
I61.0-I61.9	Non-traumatic intracerebral hemorrhage
I62.1	Non-traumatic extradural hemorrhage
I62.9	Non-traumatic intracranial hemorrhage, unspecified
Bacterial Meningitis	
G00.0-G00.9	Bacterial meningitis
G01	Meningitis in bacterial diseases classified elsewhere

Note: Providers should code to the highest level of specificity.

CPT Coding and Physician Payment Rates

CPT	Descriptor	Physician Payment (Facility)*
61107**	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular puncture; for implanting catheter, pressure recording device or other intracerebral monitoring device	\$287
61210***	Burr hole(s); with aspiration of hematoma or cyst, intracerebral for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording	\$335

*2026 Medicare National Average Payment Rate. Physician payment rates listed are for healthcare professionals who do not participate in the Alternate Payment Model (APM).

** Exempt from Modifier 51. Code only once regardless of the number of holes

*** Modifier 51 Multiple procedures reduction applies

Hospital Inpatient Procedure Coding

ICD-10-PCS	Descriptor
Intracranial Pressure Monitoring	
4A003BD	Measurement of Intracranial Pressure, Percutaneous Approach
4A007BD	Measurement of Intracranial Pressure, Via Natural or Artificial Opening
4A103BD	Monitoring of Intracranial Pressure, Percutaneous Approach
4A107BD	Monitoring of Intracranial Pressure, Via Natural or Artificial Opening
External Cerebrospinal Fluid Drainage	

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009630Z Drainage of cerebral ventricle with drainage device, percutaneous approach

Hospital Inpatient Payment Rates

DRG	Descriptor	Payment*
020	Intracranial Vascular Procedures with Principal Diagnosis of Hemorrhage with MCC	\$52,280
021	Intracranial Vascular Procedures with Principal Diagnosis of Hemorrhage with CC	\$35,172
022	Intracranial Vascular Procedures with Principal Diagnosis of Hemorrhage without CC/MCC	\$20,431
023	Craniotomy with Major Device Implant/Acute Complex Central Nervous System Principal Diagnosis with MCC or Chemo Implant	\$38,072
024	Craniotomy with Major Device Implant/Acute Complex Central Nervous System Principal Diagnosis without MCC	\$25,991
025	Craniotomy and endovascular intracranial procedures with MCC	\$30,208
026	Craniotomy and endovascular intracranial procedures with CC	\$20,658
027	Craniotomy and endovascular intracranial procedures with or without CC/MCC	\$16,762
955	Craniotomy with Multiple Significant Trauma	\$44,722
957	Other O.R. Procedures for Multiple Significant Trauma with CC	\$50,627
958	Other O.R. Procedures for Multiple Significant Trauma with MCC	\$27,997
959	Other O.R. Procedures for Multiple Significant Trauma without CC/MCC	\$19,561

*2026 Medicare National Average Payment Rate.

Cerebral Spinal Fluid Shunt

Potential Diagnosis Codes

ICD-10-CM	Descriptor
Hydrocephalus	
G91.0	Communicating hydrocephalus
G91.1	Obstructive hydrocephalus
G91.2	Idiopathic normal pressure hydrocephalus
G91.3	Post-traumatic hydrocephalus, unspecified
G91.4	Hydrocephalus in diseases classified elsewhere
G91.8	Other hydrocephalus
G91.9	Hydrocephalus, unspecified
Intercranial Hypertension	
G93.2	Benign intracranial hypertension
I61.0-I61.9	Non-traumatic intracerebral hemorrhage
I62.1	Non-traumatic extradural hemorrhage
I62.9	Non-traumatic intracranial hemorrhage, unspecified
Bacterial Meningitis	
G00.0-G00.9	Bacterial meningitis
G01	Meningitis in bacterial diseases classified elsewhere
Complications of Cerebral Spinal Fluid (CSF) Shunts	
T85.01xA	Breakdown (mechanical) of ventricular intracranial (communicating) shunt
T85.02xA	Displacement of ventricular intracranial (communicating) shunt

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ICD-10-CM	Descriptor
T85.03xA	Leakage of ventricular intracranial (communicating) shunt
T85.09xA	Other mechanical complication of ventricular intracranial (communicating) shunt
T85.615A	Breakdown (mechanical) of other nervous system device, implant or graft
T85.625A	Displacement of other nervous system device, implant or graft
T85.635A	Leakage of other nervous system device, implant or graft
T85.695A	Other mechanical complication of other nervous system device, implant or graft
T85.730A	Infection and inflammatory reaction due to ventricular intracranial (communicating) shunt
T85.738A	Infection and inflammatory reaction due to other nervous system device, implant or graft
T85.810A	Embolism due to nervous system prosthetic devices, implants and grafts
T85.820A	Fibrosis due to prosthetic devices, implants and grafts
T85.830A	Hemorrhage due to nervous system prosthetic devices, implants and grafts
T85.840A	Pain due to nervous system prosthetic devices, implants and grafts
T85.850A	Stenosis due to nervous system prosthetic devices, implants and grafts
T85.860A	Thrombosis due to nervous system prosthetic devices, implants and grafts
T85.890A	Other specified complication of nervous system prosthetic devices, implants and grafts

Note: The place holder "X" is used to indicate that, for billing purposes, additional alpha or numeric characters must be used to report a higher level of disease specificity. Providers should code to the highest level of specificity (e.g., category, anatomic site, severity, and/or extension).

CPT Coding and Physician Payment Rates

CPT	Descriptor	Physician Payment (Facility)*
Creation of Shunt		
62220	Creation of shunt; ventriculo-atrial, -jugular, -auricular	\$335
62223	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus	\$1,023
Replacement of Entire Shunt		
62258	Removal of complete cerebrospinal fluid shunt system, with replacement by similar or other shunt at same operation	\$1,105
Removal of Entire Shunt without replacement		
62256	Removal of complete cerebrospinal fluid shunt system, without replacement	\$640

*2026 Medicare National Average Payment Rate. Physician payment rates listed are for healthcare professionals who do not participate in the Alternate Payment Model (APM).

Hospital Inpatient Procedure Coding

ICD-10-PCS	Descriptor
Creation of Shunt	
00160J2	Bypass cerebral ventricle to atrium with synthetic substitute, open approach
00160J6	Bypass cerebral ventricle to peritoneal cavity with synthetic substitute, open approach
00163J2	Bypass cerebral ventricle to atrium with synthetic substitute, percutaneous approach
00163J6	Bypass cerebral ventricle to peritoneal cavity with synthetic substitute, percutaneous approach
00164J2	Bypass cerebral ventricle to atrium with synthetic substitute, percutaneous endoscopic approach
00164J6	Bypass cerebral ventricle to peritoneal cavity with synthetic substitute, percutaneous endoscopic approach
Removal of Entire Shunt	

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0NP00JZ	Removal of synthetic substitute from skull, open approach10
00P63JZ	Removal of synthetic substitute from cerebral ventricle, percutaneous approach
00P64JZ	Removal of synthetic substitute from cerebral ventricle, percutaneous endoscopic approach
Irrigation of Shut	
3C1ZX8Z	Irrigation of indwelling device using irrigating substance, external approach

Hospital Inpatient Payment Rates

DRG	Descriptor	Payment*
25	Craniotomy and endovascular intracranial procedures with MCC	\$30,208
26	Craniotomy and endovascular intracranial procedures with CC	\$20,658
27	Craniotomy and endovascular intracranial procedures without CC/MCC	\$16,762
31	Ventricular Shunt Procedures with CC	\$29,769
32	Ventricular Shunt Procedures with MCC	\$14,158
33	Ventricular Shunt Procedures without CC/MCC	\$11,048

*2026 Medicare National Average Payment Rate.

The SmartFlow Neuro Cannula is indicated for the aspiration of cerebral spinal fluid, injection of the chemotherapy drug Cytarabine into the ventricle, and the intraputamina administration of eladocagene exuparvovec-tneq gene therapy the treatment of aromatic L-amino acid decarboxylase (AADC) deficiency.

Potential Diagnosis Codes

ICD-10-CM	Descriptor
Hydrocephalus	
G91.0	Communicating hydrocephalus
G91.1	Obstructive hydrocephalus
G91.2	Idiopathic normal pressure hydrocephalus
G91.3	Post-traumatic hydrocephalus, unspecified
G91.4	Hydrocephalus in diseases classified elsewhere
G91.8	Other hydrocephalus
G91.9	Hydrocephalus, unspecified
Intercranial Hypertension	
G93.2	Benign intracranial hypertension
I61.0-I61.9	Non-traumatic intracerebral hemorrhage
I62.1	Non-traumatic extradural hemorrhage
I62.9	Non-traumatic intracranial hemorrhage, unspecified
Neoplasm of Cerebral Ventricle	
C70.1	Malignant neoplasm of spinal meninges
Aromatic L-amino acid decarboxylase deficiency.	
E70.81	Aromatic L-amino acid decarboxylase deficiency.

CPT Coding and Physician Payment Rates

CPT	Descriptor	Physician Payment (Facility)*
61107**	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular puncture; for implanting catheter, pressure recording device or other intracerebral monitoring device	\$287
61210***	Burr hole(s); with aspiration of hematoma or cyst, intracerebral for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording	\$335

*2026 Medicare National Average Payment Rate. Physician payment rates listed are for healthcare professionals who do not participate in the Alternate Payment Model (APM).

** Exempt from Modifier 51. Code only once regardless of the number of holes

*** Modifier 51 Multiple procedures reduction applies

Hospital Inpatient Procedure Coding

ICD-10-PCS	Descriptor
00H033J*	Insertion of infusion device into brain, temporary, percutaneous approach**
009630Z	Drainage of cerebral ventricle with drainage device, percutaneous approach**

*Since the SmartFlow Neuro Cannula is used to deliver eladocogene exuparvec into the brain, facilities should also list the ICD-10-PCS code XW0Q316; Introduction of Eladocogene Exuparvec into Cranial Cavity and Brain, Percutaneous Approach, New Technology Group 6, on the claim for the administration of the gene therapy.

**If desired, facilities may also assign code 8E09XBH, computer assisted procedure of head and neck region, with magnetic resonance imaging, to report the use of the intraprocedural neuronavigation system when intraoperative MRI is used during the procedure.

Hospital Inpatient Payment Rates

DRG	Descriptor	Payment*
25	Craniotomy and endovascular intracranial procedures with MCC	\$30,208
26	Craniotomy and endovascular intracranial procedures with CC	\$20,658
27	Craniotomy and endovascular intracranial procedures without CC/MCC	\$16,762
628	Other endocrine, nutritional and metabolic O.R. procedures with MCC	\$24,761
629	Other endocrine, nutritional and metabolic O.R. procedures with CC	\$14,476
630	Other endocrine, nutritional and metabolic O.R. procedures without CC/MCC	\$9,697

*2026 Medicare National Average Payment Rate.

References

- Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals (IPPS) and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year (FY) 2026 Rates [CMS-1833-F and CMS-1808-F]. Published August 4, 2025."
- Medicare and Medicaid Programs: CY 2026 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies (CMS-1832-F)). Published November 5, 2025
- DRG Expert 2026, ©2025 Optum360, LLC. All rights reserved.
- 2026 ICD-10-PCS files, Centers for Medicare & Medicaid Services, <https://www.cms.gov/medicare/coding-billing/icd-10-codes>
- 2026 ICD-10-CM files, Centers for Medicare & Medicaid Services, <https://www.cms.gov/medicare/coding-billing/icd-10-codes>
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Additional Information

For additional reimbursement support or questions regarding the information in this coding guide, please email us at 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 interest 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.