



## 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
D18.02	Hemangioma of intracranial structures
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
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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
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**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)*
<b>Neuronavigation</b>		
+61781**	Stereotactic computer-assisted (navigational) procedure; cranial, intradural.	\$287
+61783**	Stereotactic computer-assisted (navigational) procedure; intracranial, for placement of intracranial neurostimulator array.	\$335
<b>Potential Procedures Using Neuronavigation</b>		
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
<b>Neuronavigation</b>	
8E09XBH*	Computer assisted procedure of head and neck region, with magnetic resonance imaging
8E09XBG*	Computer assisted procedure of head and neck region, with CT
<b>Potential Procedures Using Neuronavigation</b>	
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.



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.

## Potential Diagnosis Codes

ICD-10-CM	Descriptor
<b>Elevated Intracranial Pressure</b>	
G93.2	Benign intracranial hypertension
<b>Hydrocephalus</b>	
G91.0-G91.9	Hydrocephalus
<b>Non-Traumatic Brain Hemorrhage</b>	
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
<b>Bacterial Meningitis</b>	
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
<b>Intracranial Pressure Monitoring</b>	
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
<b>External Cerebrospinal Fluid Drainage</b>	
009630Z	Drainage of cerebral ventricle with drainage device, percutaneous approach

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## 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.

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

### Potential Diagnosis Codes

ICD-10-CM	Descriptor
<b>Hydrocephalus</b>	
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
<b>Intercranial Hypertension</b>	
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
<b>Neoplasm of Cerebral Ventricle</b>	
C70.1	Malignant neoplasm of spinal meninges
<b>Aromatic L-amino acid decarboxylase deficiency.</b>	
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 eladocagene exuparvovec into the brain, facilities should also list the ICD-10-PCS code XW0Q316; Introduction of Eladocagene Exuparvovec 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.

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## 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-FJ). 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](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.

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