

MINIMALLY INVASIVE ROBOTIC LASER THERMOTHERAPY

NeuroBlate[®]

S Y S T E M



REIMBURSEMENT SUMMARY

ICD-10-CM PROCEDURE CODES

ICD-10-CM Procedure Code	Descriptor	O.R.	MDC	DRGs
D0Y0KZZ	Laser Interstitial Thermal Therapy of Brain	Y	1	023, 024, 025, 026, or 027
D0Y1KZZ	Laser Interstitial Thermal Therapy of Brain Stem	Y	1	025, 026, or 027

NOTES:

- O.R. = Operating Room
- MDC = Major Diagnostic Category
- LITT was originally launched commercially as AutoLITT® and is now known as NeuroBlate®. When researching this procedure, please note these names could be used interchangeably

ICD-10-CM DIAGNOSIS CODES

ICD-10-CM Diagnosis Code	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

DIAGNOSIS-RELATED GROUPS DRGs ASSIGNMENT

MS-DRG	Descriptor
23	Craniotomy with Major Device Implant/Acute Complex Central Nervous System Principal Diagnosis with MCC or Chemo Implant
24	Craniotomy with Major Device Implant/Acute Complex Central Nervous System Principal Diagnosis without MCC
25	Craniotomy and Endovascular Intracranial Procedures with MCC
26	Craniotomy and Endovascular Intracranial Procedures with CC
27	Craniotomy and Endovascular Intracranial Procedures without CC/MCC

NOTES:

- MCC = Major Complications and Comorbidities
- CC = Complications and Comorbidities
- The MS-DRG assignment is based on the principle diagnosis and procedure code. For example, a patient with a principle diagnosis of malignant neoplasm of frontal lobe (ICD-10-CM diagnosis code C71.1) and receives LITT (ICD-10-PCS procedure code D0Y0KZZ), may be assigned to either MS-DRG 023, 024, 025, 026 or 027, depending on the secondary diagnosis
- The NeuroBlate® System is a tool (as opposed to a "treatment") that can be used by physicians to ablate tumors and epileptic foci. Physicians should use their clinical judgment and experience when deciding to use the NeuroBlate® System
- For coverage information and payment determination by private insurer, please contact individual insurer

CURRENT PROCEDURAL TERMINOLOGY (CPT CODE)

CPT	Descriptor	Professional Component
64999	Unlisted Procedure, Nervous System	By Report

NOTES:

- CPT = AMA Procedure Code indicating what procedure was performed.
- Descriptor = CPT descriptor of the procedure performed.
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- By Report = Payment for miscellaneous/unlisted codes are based upon detailed operative notes submitted by the physician.

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[Not available for sale outside the U.S. or Canada.](#)

INDICATIONS:

The NeuroBlate System is indicated for use to ablate, necrotize, or coagulate intracranial soft tissue, including brain structures, through interstitial irradiation or thermal therapy in medicine and surgery in the discipline of neurosurgery with 1064 nm lasers.

The NeuroBlate System is intended for planning and monitoring thermal therapies under MRI visualization. It provides MRI based trajectory planning assistance for the stereotaxic placement of MRI compatible (conditional) NeuroBlate Laser Delivery Probes. It also provides real-time thermographic analysis of selected MRI images.

When interpreted by a trained physician, this System provides information that may be useful in the determination or assessment of thermal therapy. Patient management decisions should not be made solely on the basis of the NeuroBlate System analysis.



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