

MINIMALLY INVASIVE ROBOTIC LASER THERMAL THERAPY

**NeuroBlate®**  
SYSTEM



2021  
REIMBURSEMENT  
SUMMARY

## ICD-10-CM PROCEDURE CODES

Procedure Code	Descriptor	O.R.	MDC	MS-DRGs
<b>D0Y0KZZ</b>	Laser Interstitial Thermal Therapy of Brain	Y	1	023, 024, 025, 026, or 027
<b>D0Y1KZZ</b>	Laser Interstitial Thermal Therapy of Brain Stem	Y	1	025, 026, or 027

### NOTES:

- O.R. = Operating Room
- MDC = Major Diagnostic Category

## ICD-10-CM DIAGNOSIS CODES

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

## MEDICARE SEVERITY DIAGNOSIS-RELATED GROUPS MS-DRGs ASSIGNMENT

MS-DRG	Descriptor
023	Craniotomy with Major Device Implant/Acute Complex Central Nervous System Principal Diagnosis with MCC or Chemo Implant or Epilepsy with Neurostimulator
024	Craniotomy with Major Device Implant/Acute Complex Central Nervous System Principal Diagnosis without MCC
025	Craniotomy and Endovascular Intracranial Procedures with MCC
026	Craniotomy and Endovascular Intracranial Procedures with CC
027	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 principle 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 brain 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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[Contact Monteris Medical Corporation for more information.](#)

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

#### INDICATIONS FOR USE:

The Monteris Medical NeuroBlate® System is a neurosurgical tool and is indicated for use to ablate, necrotize, or coagulate intracranial soft tissue, including brain structures (e.g., brain tumor and epileptic foci as identified by non-invasive and invasive neurodiagnostic testing, including imaging), through interstitial irradiation or thermal therapy in medicine and surgery in the discipline of neurosurgery with 1064 nm lasers.

The Monteris Medical 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 near 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.

#### DISCLOSURES:

Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, and potential adverse events. For full prescribing information, please visit [monteris.com](http://monteris.com).

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