

MINIMALLY INVASIVE ROBOTIC LASER THERMAL THERAPY

NeuroBlate®
SYSTEM



2022
REIMBURSEMENT
SUMMARY

ICD-10-CM PROCEDURE CODES

Procedure Code	Descriptor	O.R.	MDC	MS-DRGs
D0Y0KZZ	Laser Interstitial Thermal Therapy of Brain	Y	1	040, 041, 042
D0Y1KZZ	Laser Interstitial Thermal Therapy of Brain Stem	Y	1	040, 041, 042

NOTES:

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

ICD-10-CM DIAGNOSIS CODES

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
C79.31	Secondary Malignant Neoplasm of Brain
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

MEDICARE SEVERITY DIAGNOSIS-RELATED GROUPS MS-DRGs ASSIGNMENT

MS-DRG	Descriptor
040	Peripheral, Cranial Nerve and Other Nervous System Procedures with MCC
041	Peripheral, Cranial Nerve and Other Nervous System Procedures with CC or Peripheral Neurostimulator
042	Peripheral, Cranial Nerve and Other Nervous System 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 040, 041, 042, 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®) EFFECTIVE JANUARY 1, 2022

CPT	Descriptor
61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion (Do not report 61736 in conjunction with 20660, 61737, 61781, 70551, 70552, 70553, 70557, 70558, 70559, 77021, 77022)
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s) (Do not report 61737 in conjunction with 20660, 61736, 61781, 70551, 70552, 70553, 70557, 70558, 70559, 77021, 77022)

NOTES:

- CPT® = AMA Procedure Code indicating what procedure was performed.
- Descriptor = CPT® descriptor of the procedure performed.
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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, radiation necrosis, and epileptogenic 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.

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