



**NeuroBlate**<sup>®</sup>  
SYSTEM

LASER INTERSTITIAL  
THERMAL THERAPY

**2024 ICD/CPT  
CODING + REIMBURSEMENT  
SUPPORT PROGRAM**

The information provided contains general reimbursement information only and is not legal advice nor is it advice about how to code, complete, or submit any particular claim for payment. Information provided is not intended to increase or maximize reimbursement by any payer. The information provided represents Monteris' understanding of current reimbursement policies. It is the responsibility of the hospital and physician to determine appropriate codes, charges, and modifiers, and submit bills for the services consistent with the patient insurer requirements. Third-party payers may have different policies and coding requirements. Such policies can change over time. Monteris disclaims any responsibility for claims submitted by hospitals or physicians. Hospitals and physicians should check and verify current policies and requirements with the payer for any particular patient that will be treated using Monteris products. Monteris is available to help in this process. The key in all coding and billing to payers is to be truthful and not misleading and make full disclosures to the payer in all attempts to seek reimbursement for any product or procedure.

Contact Monteris Medical Corporation for more information. Not available for sale outside the U.S. or Canada.

Procedure Code	Descriptor	O.R.	MDC	MS-DRGs
00503Z3	Destruction of Brain using Laser Interstitial Thermal Therapy, Percutaneous Approach	Y	1	025, 026, 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 (EFFECTIVE OCTOBER 1, 2023)**

MS-DRG	Descriptor
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 or Comorbidities
- CC = Complications or Comorbidities
- The MS-DRG assignment is based on the principal diagnosis and principal procedure code. For example, a patient with a principal diagnosis of malignant neoplasm of frontal lobe (ICD-10-CM diagnosis code C71.1) and receives LITT (ICD-10-PCS procedure code 00503Z3), may be assigned to either MS-DRG 025, 026, or 027 depending on the secondary diagnosis.
- The NeuroBlate® System is a tool that can be used by physicians to ablate brain tumors, epileptic foci, and radiation necrosis. 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 the individual insurer.

**CURRENT PROCEDURAL TERMINOLOGY (CPT®)**

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:**

- Intracranial LITT procedures have a zero "0" day global billing period
- CPT® = AMA Procedure Code indicating what procedure was performed.
- Descriptor = CPT® descriptor of the procedure performed.
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NEUROBLATE®  
REIMBURSEMENT  
SUPPORT PROGRAM:

[SEE REVERSE FOR DETAILS >](#)

# NEUROBLATE® REIMBURSEMENT SUPPORT PROGRAM

## The program simplifies access to reimbursement information and support including:

- > Benefit verification + patient eligibility
- > Prior authorization process
- > NeuroBlate coding inquiries
- > Pre-determination of payer coverage
- > Claim appeals as needed

**We are committed to supporting our customers' needs** by providing reimbursement support to help navigate the complex healthcare environment. To engage with the Monteris reimbursement support team, please call, fax, or send an e-mail to us.

**Monteris Medical offers the services of insurance authorization, coding and coverage information as part of our NeuroBlate Reimbursement Support Program.**

## NEUROBLATE REIMBURSEMENT SUPPORT PROGRAM

**Tel:** (866) 369-9290 **Fax:** (877) 499-2986

**Hours:** Monday thru Friday, 8:30 AM to 6:00 PM ET

**Email:** [NeuroBlate@thepinnaclehealthgroup.com](mailto:NeuroBlate@thepinnaclehealthgroup.com)

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](http://monteris.com).

### Rx Only



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