PRONAV
NEURONAVIGATION

Navigation CPT Codes

61781 · 61782 · 61783 — stereotactic computer-assisted navigation add-on codes

THE THREE CODES

CODE	LOCATION	APPLIES TO
61781	**Cranial, intradural**	Tumor resection, biopsy, shunt or catheter placement, epilepsy work including SEEG and LITT. **Pituitary belongs here** — the dura is opened at the sella.
61782	**Cranial, extradural**	Functional endoscopic sinus surgery and anterior skull base resections, where the dura is left intact.
61783	**Spinal**	Pedicle screw placement, posterior and transforaminal lumbar interbody fusion, cervical and thoracic fusion, minimally invasive approaches.

A common error: pituitary coded as 61782. Endoscopic endonasal pituitary surgery — the standard approach now — travels through the sphenoid sinus, so these cases are frequently coded extradural. But the dura is opened at the sella to reach the gland, which makes the procedure intradural. 61781 is correct. A neurosurgeon is the primary surgeon, with ENT assisting on the approach.

RULES

1. **All three are add-on codes.** Never billed alone — always alongside the primary procedure code.
2. **61781 and 61782 are mutually exclusive.** One or the other per session, never both.
3. **Once per operative session**, however many navigated steps or levels.

WHAT THE OP NOTE MUST SHOW

1. **That navigation was used** — not that a system was in the room. Name the system (Stealth and Brainlab are the most common) and describe its use.
2. **The anatomic location, in plain terms.** The intradural/extradural distinction drives the code, so make it explicit: dura opened → 61781; sinus or skull base with dura intact → 61782; spine → 61783.
3. **Why it was needed** for this patient — see below.

DOCUMENTING MEDICAL NECESSITY

CRANIAL — 61781

- Deep-seated lesion, no surface landmark
- Adjacent to eloquent cortex or critical structures
- Small lesion, limiting craniotomy size
- Trajectory for biopsy, catheter, SEEG
- Confirming extent of resection

ENT — 61782

- Revision surgery, landmarks removed
- Distorted or asymmetric anatomy
- Extensive polyposis obscuring landmarks
- Disease near orbit, skull base, carotid
- Frontal recess or sphenoid work

SPINE — 61783

- Screw trajectory, landmarks unreliable
- Deformity or scoliosis
- Revision with existing instrumentation
- MIS without direct visualization
- Near neural or vascular structures

"Navigation used per routine" invites denial. State the anatomical or clinical problem it solved for this patient.

COMMON DENIAL REASONS

1. Billed without a valid primary procedure code
2. Both 61781 and 61782 reported for the same session
3. Navigation in the equipment list but not described in the note
4. No documented medical necessity
5. Payer policy excludes the code — varies by carrier and changes