



Laser interstitial thermal therapy

2025 coding and payment guide

What's inside:

Physician coding and payment	2
Hospital inpatient coding and payment	2

Medtronic provides this information for your convenience only. It does not constitute legal advice or a recommendation regarding clinical practice. Information provided is gathered from third-party sources and is subject to change without notice due to frequently changing laws, rules and regulations. The provider has the responsibility to determine medical necessity and to submit appropriate codes and charges for care provided. Medtronic makes no guarantee that the use of this information will prevent differences of opinion or disputes with Medicare or other payers as to the correct form of billing or the amount that will be paid to providers of service. Please contact your Medicare contractor, other payers, reimbursement specialists and/or legal counsel for interpretation of coding, coverage and payment policies. This document provides assistance for FDA approved or cleared indications. Where reimbursement is sought for use of a product that may be inconsistent with, or not expressly specified in, the FDA cleared or approved labeling (eg, instructions for use, operator's manual or package insert), consult with your billing advisors or payers on handling such billing issues. Some payers may have policies that make it inappropriate to submit claims for such items or related service.

For questions, please contact Medtronic at neuro.us.reimbursement@medtronic.com.

Physician coding and payment

Effective January 1, 2025 – December 31, 2025

Procedure	CPT procedure code and description ^a	Medicare work RVUs ^b	Medicare national average ^c
Laser ablation, single trajectory	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 ^{1,2}	19.06	\$1,200
Laser ablation, multiple trajectories	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) ^{1,2}	22.67	\$1,425

Hospital inpatient coding and payment

Effective October 1, 2024 – September 30, 2025

ICD-10-PCS procedure codes^d

Procedure	Procedure code	Procedure code description
Laser ablation	00503Z3	Destruction of brain using laser interstitial thermal therapy, percutaneous approach
MRI guidance ³	B030ZZZ	Magnetic resonance imaging (MRI) of brain

MS-DRG assignments

MS-DRG ^e	MS-DRG title ^e	Relative weight ^e	Medicare national average ^f
025	Craniotomy and endovascular intracranial procedures W MCC	4.4723	\$31,917
026	Craniotomy and endovascular intracranial procedures W CC	3.0586	\$21,828
027	Craniotomy and endovascular intracranial procedures WO CC/MCC	2.4678	\$17,612

Annual references

- a. CPT codes, descriptions, and other data only are copyright 2024 [American Medical Association](#). All Rights Reserved. Applicable FARS/HHSARS apply. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.
- b. Centers for Medicare & Medicaid Services. [CY 2025 MPFS final rule](#). Although the total RVU consists of three components, only the physician work RVU is shown.
- c. Medicare national average payment is determined by multiplying the total RVU for a CPT code by the conversion factor, which is \$32.3465 for CY 2025. [CY 2025 MPFS final rule](#).
- d. Centers for Medicare & Medicaid Services. [2025 ICD-10 Procedure Coding System \(ICD-10-PCS\)](#).
- e. Center for Medicare & Medicaid Services. [FY 2025 IPPS final rule](#).
- f. Payment is based on the average standardized operating amount (\$6,624.39) plus the capital standard amount (\$512.14). The payment rate shown is the standardized amount for facilities with a wage index less than or equal to one. The average standard amounts shown also assume facilities receive the full quality update. [FY 2025 IPPS final rule](#).

Coding footnotes

1. Per CPT manual notes, application of a stereotactic frame, computer-assisted navigation, and MRI (diagnostic, intraoperative, and for guidance) are integral and not coded separately.
2. Adjustment of the laser position and repeated firings are also integral per *CPT Changes-An Insider's View 2022*, p.66-67.
3. Assignment of the MRI code is optional. *ICD-10-CM and ICD-10-PCS Coding Handbook 2022, Central Office on ICD-10-CM and ICD-10-PCS of the American Hospital Association*, p.601.