

Origination 12/1/2026



Effective 12/1/2026
Last Revised 10/14/2026
Next Review 12/1/2027

Area Medical
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Laser Interstitial Thermal Therapy (LITT)

PURPOSE:

This policy addresses The Health Plan's coverage position for laser interstitial thermal therapy (LITT).

DESCRIPTION:

Laser Interstitial Thermal Therapy (LITT) is a minimally invasive surgical procedure that uses heat from a laser to destroy abnormal tissue, such as tumors or seizure-causing brain regions. Guided by real-time MRI, a surgeon inserts a thin laser probe through a tiny skin/skull opening to safely ablate target cells while sparing surrounding healthy tissue.

COVERAGE GUIDELINES:

The Health Plan complies with all Medicare National Coverage Determinations (NCD's), applicable Local Coverage Determinations (LCD's), and WV Bureau for Medical Services guidelines for all therapies, items, services, and/or procedures that are covered benefits under Medicare or Medicaid. If the coverage criteria in this policy conflict with any NCD's, relevant LCD, or WV BMS guidelines, the relevant document controls the application of services regardless of the version of the NCD, LCD, or WV BMS guideline listed in the reference section.

No Medicare NCD or LCD was found during the literature search.

Laser Interstitial Thermal Therapy (LITT) is considered medically necessary for the following indications:

- Refractory epilepsy when there is documentation of disabling seizures despite use of two or more antiepileptic drug regimens and there is a well-defined epileptogenic focus in the temporal lobe or hypothalamus accessible by LITT.
- Persons with recurrent primary or metastatic malignant brain neoplasms, recurrent glioblastoma, or radiation necrosis who are poor surgical candidates for craniotomy and resection, where open surgery presents prohibitive surgical risk or the tumor is located at a surgically inaccessible site.

The treatment plan to use LITT has been agreed upon by a multidisciplinary team of physicians to include at least two specialists (e.g., neurosurgery, neurology) and, after considering all relevant possible treatment approaches, LITT is determined to be the best treatment option.

NON-COVERAGE STATEMENT:

The Health Plan considers laser interstitial thermal therapy (LITT) experimental, investigational, or unproven for all other indications not listed above due to lack of sufficient evidence of its effectiveness.

The West Virginia Medicaid 2026 Fee schedule lists codes 61736 and 61737 as not covered.

<https://bms.wv.gov/media/41303/download?inline>

CODING GUIDELINES:

Providers are reminded to use the specific CPT or HCPCS code for services requested. Miscellaneous /nonspecific codes should only be used when there is no assigned code for the service requested. There are specific assigned codes for laser interstitial thermal therapy.

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
61737	multiple trajectories for multiple or complex lesion(s)

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RELATED POLICIES:

Experimental and Investigational ID 20433148

POLICY HISTORY:

New 10/01/2026

DISCLAIMER:

This policy is intended to serve as a guideline only and does not constitute medical advice, any guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy is intended to address medical necessity guidelines that are suitable for most individuals. Each individual's unique clinical situation may warrant individual consideration based on medical records. Individual claims may be affected by other factors, including, but not necessarily limited to, state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification, and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and non-participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and they are subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any particular case.

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