

## Thermal Ablation of Liver Tumors

2024 Coding and payment guide



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# Physician coding and payment

January 1, 2024 - December 31, 2024

CPT Code <sup>1-3</sup>	Description <sup>a</sup>	Medicare Work RVUs <sup>b</sup>	Medicare national average for physician services provided in: <sup>c</sup>	
			Office	Facility
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	14.97	\$3,570	\$716
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	20.80	NA	\$1,254
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	24.56	NA	\$1,444
47120	Hepatectomy, resection of liver, partial lobectomy	39.01	NA	\$2,327
47122	Hepatectomy, resection of liver, trisegmentectomy	59.48	NA	\$3,396
47125	Hepatectomy, resection of liver, total left lobectomy	53.04	NA	\$3,059
47130	Hepatectomy, resection of liver, total right lobectomy	57.19	NA	\$3,282
76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	2.00	NA	\$99
77013	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation <sup>2</sup>	3.99	NA	\$179

## Biopsy of liver performed with RFA

Biopsy of the liver is sometimes performed together with ablation. When a biopsy is performed at the time of another more extensive procedure, including ablation, it can be separately coded if performed on a different lesion or if the decision to perform the ablation is based on the biopsy result. However, biopsy should not be coded separately if it is "performed and submitted for pathologic evaluation completed after performing the more extensive procedure".<sup>4</sup>

CPT Code	Description <sup>a</sup>
47000	Biopsy of liver, needle; percutaneous <sup>4</sup>
47001	Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure) <sup>4</sup>

# HCPCS II device codes

## Device C-codes

Device	HCPCS II device codes	HCPCS II code description
Ablation catheter	C1886	Catheter, extravascular tissue ablation, any modality (insertable)

The device C-code above is applicable to this therapy. To determine if there is a C-code for a particular Medtronic device, [click here for a C-code finder](#) to search by model number, product name, C-code, C-code description, or product category.

# Hospital outpatient coding and payment

Effective January 1, 2024 - December 31, 2024

CPT code	Description	APC	Status indicator	Medicare national average <sup>d</sup>
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	5361	J1	\$5,498
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	5362	J1	\$9,808
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	NA	C	Inpatient only
47120	Hepatectomy, resection of liver, partial lobectomy	NA	C	Inpatient only
47122	Hepatectomy, resection of liver, trisegmentectomy	NA	C	Inpatient only
47125	Hepatectomy, resection of liver, total left lobectomy	NA	C	Inpatient only
47130	Hepatectomy, resection of liver, total right lobectomy	NA	C	Inpatient only
76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	NA	N	NA
77013	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation	NA	N	NA
47000	Biopsy of liver, needle; percutaneous <sup>4</sup>	NA	N	NA
47001	Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure) <sup>4</sup>	NA	N	NA

# Hospital inpatient coding and payment

Effective October 1, 2023 – September 30, 2024

## Microwave Ablation (MWA)

The following ICD-10-PCS codes are assigned for MWA of liver tumors. Root operation 5-Destruction is used for ablation. The codes listed below are not exhaustive as other codes may apply.

ICD-10-PCS <sup>e</sup>	ICD-10-PCS procedure code description
0F504ZZ	Destruction of Liver, Percutaneous, Endoscopic Approach
0F514ZZ	Destruction of Right Lobe Liver, Percutaneous, Endoscopic Approach
0F524ZZ	Destruction of Left Lobe Liver, Percutaneous, Endoscopic Approach
0F500ZZ	Destruction of Liver, Open Approach
0F510ZZ	Destruction of Right Lobe Liver, Open Approach
0F520ZZ	Destruction of Left Lobe Liver, Open Approach
0F503ZZ	Destruction of Liver, Percutaneous Approach
0F513ZZ	Destruction of Right Lobe Liver, Percutaneous Approach
0F523ZZ	Destruction of Left Lobe Liver, Percutaneous Approach

## Biopsy of liver

Biopsy of liver tumors is sometimes performed together with ablation and, when performed, is coded separately in ICD-10-PCS. Root operation Excision, Extraction, or Drainage may apply with the qualifier “diagnostic” used to indicate biopsy.<sup>5</sup>

ICD10-PCS <sup>e</sup>	ICD-10-PCS procedure code description
0FB03ZX	Excision of Liver, Percutaneous Approach, Diagnostic
0FB10ZX	Excision of Right Lobe Liver, Open Approach, Diagnostic
0FB13ZX	Excision of Right Lobe Liver, Percutaneous Approach, Diagnostic
0FB20ZX	Excision of Left Lobe Liver, Open Approach, Diagnostic
0FB23ZX	Excision of Left Lobe Liver, Percutaneous Approach, Diagnostic
0FB04ZG	Excision of Liver, Percutaneous Endoscopic Approach, Hand-Assisted
0FB04ZX	Excision of Liver, Percutaneous Endoscopic Approach, Diagnostic
0FB14ZG	Excision of Right Lobe Liver, Percutaneous Endoscopic Approach, Hand-Assisted
0FB14ZX	Excision of Right Lobe Liver, Percutaneous Endoscopic Approach, Diagnostic
0FB24ZG	Excision of Left Lobe Liver, Percutaneous Endoscopic Approach, Hand-Assisted
0FB24ZX	Excision of Left Lobe Liver, Percutaneous Endoscopic Approach, Diagnostic

## MS-DRG assignments

When ablation of liver tumors is performed the following DRGs are typically assigned. DRGs 329-331 apply when the principal diagnosis is a digestive system disorder and DRGs 405-407 apply when the principal diagnosis is a liver disorder. Typically, DRG assignment does not change with presence of a concurrent biopsy procedure.

MS-DRG	MS-DRG title	Medicare national average <sup>f</sup>
329	Major Small and Large Bowel Procedures with MCC	\$31,625
330	Major Small and Large Bowel Procedures with CC	\$16,609
331	Major Small and Large Bowel Procedures W/O CC/MCC	\$11,707
405	Pancreas, Liver and Shunt Procedures W MCC	\$38,545
406	Pancreas, Liver and Shunt Procedures W CC	\$20,216

MS-DRG	MS-DRG title	Medicare national average <sup>f</sup>
407	Pancreas, Liver and Shunt Procedures W/O CC/MCC	\$15,060

MCC: Major Complications and/or Comorbidities

CC: Complications and/or Comorbidities

## Annual references

- a. CPT codes, descriptions and other data are copyright 2024 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply. Fee schedules, relative value units, conversion factors and/or related components aren't assigned by the AMA, aren't part of CPT, and the AMA isn't recommending their use. The AMA doesn't directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.
- b. 2024 National Physician Fee Schedule Relative Value File January Release. Jan 3, 2024. <https://www.cms.gov/medicare/payment/fee-schedules/physician/pfs-relative-value-files/rvu24a>. *Note: Although the total RVU consists of three components, only the physician work RVU is shown.*
- c. Centers for Medicare & Medicaid Services. [CY 2024 MPFS Final Rule Home Page](#). Although the total RVU consists of three components, only the physician work RVU is shown.
- d. Centers for Medicare & Medicaid Services. [CY 2024 OPFS Final Rule Home Page](#).
- e. Centers for Medicare and Medicaid Services. International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS). Accessed January 10, 2024. <https://www.cms.gov/medicare/coding-billing/icd-10-codes/2024-icd-10-pcs>
- f. Centers for Medicare & Medicaid Services. [FY2024 IPPS Final Rule Home Page](#).

## Coding footnotes

1. The AMA stated that microwave ablation should be reported with RFA codes. American Medical Association. CPT Assistant. January 2021 Volume 1, Issue 1B; and American College of Radiology (ACR), Clinical Examples in Radiology: A practical guide to correct coding. Volume 8, Issue 3. September 2012.
2. NCCI edits do not allow separate coding of computer tomography (CT) guidance (CPT 77013) with liver ablation (CPTs 47370 and 47380).
3. It may be appropriate to report both resection and ablation procedures during a single encounter if performed at separate anatomic sites. In this case, modifier 59 would be listed with the ablation procedure. Resection is paid at 100% and ablation at 50% of the physician rate due to multiple procedure reduction.
4. National Correct Coding Initiative (NCCI) Policy Manual 1/1/2024, Chapter I, A.  
NCCI Edits on billing liver biopsies with liver procedures are as follows:  
CPTs 47382 and 47370 have an edit when reported with CPT 47000 although an override is permitted if the biopsy is performed on a different lesion or if the decision to perform the ablation is based on the biopsy result. In these scenarios modifier 59 is appended to biopsy procedure code.  
CPTs 47380, 47120, 47122 and 47130 have an edit when reported with CPT 47000 and no override is permitted.  
CPTs 41720, 47122 and 47130 have an edit when reported with CPT 47001 and no override is permitted.
5. ICD-10-PCS Official Guidelines for Coding and Reporting 2023, B3.4b.