



Reimbursement Policy:

Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Tremor

(Commercial, Medicare, Medicaid)

POLICY NUMBER	EFFECTIVE DATE:	APPROVED BY
RP20250023	1/01/2025	RPC (Reimbursement Policy Committee)

Reimbursement Guideline Disclaimer: We have policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. EmblemHealth will inform you of new policies or changes in policies through postings to the applicable Reimbursement Policies webpage on emblemhealth.com. Further, we may announce additions and changes in our provider manual and/or provider newsletters which are available online and emailed to those with a current and accurate email address on file. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in EmblemHealth's policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, physician or other provider contracts, the member's benefit coverage documents and/or other reimbursement, and medical or drug policies. Finally, this policy may not be implemented the same way on the different electronic claims processing systems in use due to programming or other constraints; however, EmblemHealth strives to minimize these variations.

EmblemHealth follows coding edits that are based on industry sources, including, but not limited to, CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. EmblemHealth uses industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how we handle specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, EmblemHealth may deny the claim and/or recoup claim payment.

Overview:

The purpose of this policy is to outline coding and reimbursement guidelines for Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Tremor (CPT code 61715). EmblemHealth will reimburse for MRgFUS when reimbursement guidelines indicated below are met.

Guidelines:

Effective 1/01/2025, EmblemHealth has aligned with CMS and requires Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Tremor to be reported with CPT code 61715.

Physicians and/or other health care professionals are expected to submit codes that best represent the services provided based on the American Medical Association (AMA) and CMS guidelines. EmblemHealth may request medical records; the submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.



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Applicable Codes:

CPT / HCPCS	Description
61715	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed

Allowable ICD-10 Codes:

The table below contains ICD-10 codes that are reimbursable when reported with CPT Code 61715. If 61715 is reported with a diagnosis code other than those listed below, the claim will be denied.

ICD-10 Code	Description
G20.A1	Parkinson's disease without dyskinesia, without mention of fluctuations
G20.A2	Parkinson's disease without dyskinesia, with fluctuations
G20.B1	Parkinson's disease with dyskinesia, without mention of fluctuations
G20.B2	Parkinson's disease with dyskinesia, with fluctuations
G20.C	Parkinsonism, unspecified
G25.0	Essential tremor

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References

1. Centers for Medicare & Medicaid Services (CMS), National Coverage Determination (NCD), Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Tremor, CMS NCD A57435, accessible at: <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57435&ver=16&>
2. Centers for Medicare & Medicaid Services (CMS), National Coverage Determination (NCD), Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Tremor, CMS LCD L37421, accessible at: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=37421&ver=24>
3. Centers for Medicare and Medicaid Services, Medicare Coverage Database, Billing and Coding: Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Tremor, <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57435&ver=12>
4. American Medical Association, Current Procedural Terminology (CPT®) and associated publications
5. Centers for Medicare and Medicaid Services, CMS Manual System and other publications and services

Revision history

DATE	REVISION
12/2024	• New Policy