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# SHP Magnetic Resonance Guided Focused Ultrasound (MRgFUS)

AUTH: SHP Imaging 34 v4 (AC)

**MCG Health**  
Ambulatory Care  
25th Edition

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## Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

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## Application to Products

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Policy is applicable to all products.

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## Authorization Requirements

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Pre-certification by the Plan is required.

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## Description of Item or Service

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Magnetic Resonance Guided Focused Ultrasound (MRgFUS) is the combination of magnetic resonance imaging techniques with focused high intensity ultrasound treatment.

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## Exceptions and Limitations

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- Magnetic Resonance Guided Focused Ultrasound (MRgFUS) is NOT COVERED for ANY of the following:
  - Ablation of uterine fibroids
  - Treatment of head or voice tremor
  - Bilateral thalamotomy
  - Individual with any of the following contraindications:
    - Unstable cardiac disease
    - Coagulopathy
    - Risk factors for deep-vein thrombosis
    - Severe depression (defined by a score  $\geq 20$  on Patient Health Questionnaire 9 (PHQ-9))
    - Cognitive impairment (defined by a score of  $< 24$  on the Mini-Mental State Examination)
    - Previous brain procedure (transcranial magnetic stimulation, deep brain stimulation [DBS], stereotactic lesioning, or electroconvulsive therapy)
    - A skull density ratio (the ratio of cortical to cancellous bone)  $< 0.45$
- There is insufficient scientific evidence to support the medical necessity of Magnetic Resonance Guided Focused Ultrasound (MRgFUS) for uses other than those listed in the clinical indications for procedure section.

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## Clinical Indications for Procedure

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- Magnetic Resonance Guided Focused Ultrasound (MRgFUS) is considered medically necessary for **1 or more** of the following:
  - Magnetic Resonance Guided Focused Ultrasound (MRgFUS) unilateral thalamotomy for individual with essential tremor (ET) and **ALL** of the following
    - Medication refractory essential tremor (ET) (defined as refractory to at least 2 trials of medical therapy, including at least one first-line agent)
    - Moderate to severe postural or intention tremor of dominant hand (defined by score of  $\geq 2$  on Clinical Rating Scale for Tremor (CRST))
    - Disabling ET (defined by score of  $\geq 2$  on any of the 8 items in disability subsection of CRST)

- Has failed deep brain stimulation or is not able to tolerate the procedure due to other medical problems
- Magnetic Resonance Guided Focused Ultrasound (MRgFUS) unilateral thalamotomy for Individual with tremor-dominant Parkinson's disease and **ALL** of the following
  - Medication refractory tremor-dominant Parkinson's disease, defined as refractory (or intolerant) to levodopa or levodopa equivalent medications (LEDD)  $\geq$  900 mg
  - Parkinson's disease with tremor dominant subtype
  - Severe and disabling tremor as indicated by documentation of specific activities in daily life that patient is unable to perform or has substantial difficulty performing secondary to tremors
  - Has failed deep brain stimulation or is not able to tolerate the procedure due to other medical problems
- Magnetic Resonance Guided Focused Ultrasound (MRgFUS) for Individual with bone pain and **ALL** of the following
  - Individual is not considered candidate for any other interventions
- Magnetic Resonance Guided Focused Ultrasound (MRgFUS) is **NOT COVERED** for **ANY** of the following :
  - Ablation of uterine fibroids
  - Treatment of head or voice tremor
  - Bilateral thalamotomy
  - Individual with any of the following contraindications:
    - Unstable cardiac disease
    - Coagulopathy
    - Risk factors for deep-vein thrombosis
    - Severe depression (defined by a score  $\geq$ 20 on Patient Health Questionnaire 9 (PHQ-9))
    - Cognitive impairment (defined by a score of  $<$ 24 on the Mini-Mental State Examination)
    - Previous brain procedure (transcranial magnetic stimulation, deep brain stimulation [DBS], stereotactic lesioning, or electroconvulsive therapy)
    - A skull density ratio (the ratio of cortical to cancellous bone)  $<$ 0.45

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## Document History

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- Revised Dates:
  - 2022: July (admin change), July (revision)
  - 2020: September
  - 2019: October
- Reviewed Dates:
  - 2021: October
  - 2019: August
  - 2018: February
  - 2017: March
- Effective Date: January 2014

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## Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
  - CPT 0398T - Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed
  - HCPCS C9734 - Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance
- CPT/HCPCS codes considered not medically necessary per this Policy:
  - CPT 0071T - Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue.
  - CPT 0072T - Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue.

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## References

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**CPT® : 0071T, 0072T, 0398T**  
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