

MRgFUS Reimbursement Guide

Effective January 1, 2025

INSIGHTEC

Exablate Neuro Indications for Use

■ Essential Tremor

In the unilateral thalamotomy treatment of idiopathic essential tremor patients with medication-refractory tremor and in the staged (by at least 9 months from the first thalamotomy) thalamotomy of idiopathic essential tremor patients with medication-refractory tremor of their contralateral side that was not previously treated in the index unilateral thalamotomy. Patients must be at least age 22. The designated area in the brain responsible for the movement disorder symptoms (ventralis intermedius) must be identified and accessible for targeted thermal ablation by the Exablate device.

■ Tremor-Dominant Parkinson's Disease

In the unilateral thalamotomy (ventralis intermedius) treatment of tremor-dominant Parkinson's disease patients with medication-refractory tremor. Patients must be at least age 30.

■ Parkinson's Disease

In the unilateral pallidotomy of patients with advanced, idiopathic Parkinson's disease, patients with medication-refractory moderate to severe motor complications as an adjunct to Parkinson's disease medication treatment. Patients must be at least age 30. The designated area in the brain responsible for the movement disorder symptoms [globus pallidus (GPI)] must be identified and accessible for targeted thermal ablation by the Exablate device.

Always refer to the INSIGHTEC Exablate Neuro ["information for prescribers"](#) documentation for valuable information on intended use, contraindications, risks and side effects, technical performance specifications, and detailed operating instructions.

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ICD-10-CM Diagnosis Codes

- Accurate and thorough ICD-10-CM diagnosis code(s) documentation can support medical necessity for MRgFUS. Include all appropriate ICD-10 diagnosis codes and supporting clinical documentation.
- Always check with your local payers and Medicare Administrative Contractor for covered ICD-10 codes, other specific requirements, and policy updates.
- The following ICD-10-CM codes and/or ranges may be relevant:

ICD-10-CM	ICD-10-CM Diagnosis Code/Range
G25.0	Essential Tremor
G20	Parkinson's Disease
G25.2	Other specified forms of tremor*

* Please refer to the individual payor and Local Medicare Contractors Local Coverage Articles on Billing and Coding and any other relevant materials for specific ICD-10 diagnosis code for MRgFUS (Exablate Neuro) covered indications.

MRgFUS Reimbursement Information

To facilitate patient access to INSIGHTEC's technology, **INSIGHTEC provides information to HCPs about coverage and coding, available at reimbursementusa@insightec.com or 1-866-EXABULATE (1-866-392-2528)**

CPT® Codes

- The CPT code set describes medical, surgical, and diagnostic services. CPT codes communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.

Code	Description
61715	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS) stereotactic ablation of target, intracranial including stereotactic navigation and frame placement when performed (Do not report 61715 in conjunction with 61781, 61800). (Do not report 61715 in conjunction with 70540, 70542, 70543, 70544, 70545, 70546, 70551, 70552, 70553, when performed in the same session)

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Coverage Landscape for MRgFUS

Indication	Medicare Part B	Commercial Payor Coverage
Essential tremor	Coverage in all 50 states	Anthem, Aetna, Cigna, Humana, Tricare, and 49 states under independent BCBS umbrella
Tremor dominant Parkinson's Disease	Coverage in twenty-five states	Currently no coverage
Parkinson's Disease	Currently no coverage	Pallidotomy / GPi target – Anthem has specific coverage criteria

Medical Necessity Documentation Considerations*

- Documenting the clinical rationale for prescribing/performing MRgFUS (Exablate Neuro) is a crucial step to support the reimbursement process. The following are suggested documentation considerations for the Medicare patient record based on current Local Coverage Determination coverage criteria to support medical necessity:

Documentation element	Generally defined as
Medication-Refractory Tremor (ESSENTIAL TREMOR)	Defined as refractory to at least two trials of medication therapy, including at least one first line (e.g., propranolol or primidone)
CRST score (ESSENTIAL TREMOR)	Documentation of moderate to severe postural or intention tremor (defined by a score of >2 on the Clinical Rating Scale of Tremor (CRST))
Disabling Tremor (ESSENTIAL TREMOR)	Documentation of disabling tremor defined as a score of >2 on any of the 8 items w/in the disability subsection of the CRST
Not a surgical candidate for Deep Brain Stimulation (DBS) (ESSENTIAL TREMOR/TDPD)	Documentation per Medicare Contractor language includes advanced age, anti-coagulant therapy, or surgical co-morbidities
Tremor-Dominant Parkinson's disease (TDPD) – BOTH: <ul style="list-style-type: none">■ Refractory (or intolerant) to levodopa or levodopa equivalent daily dosage (LEDD) ≥ 900 mg■ Parkinson's disease (PD) with tremor dominant subtype. Documented via On-medication Unified Parkinson's Disease Rating Scale (UPDRS) ratio of the mean score for tremor items (items 16, 20, and 21) to the mean postural instability/ gait disorder score (items 13-15, 29, and 30) of >1.5	<p>Documentation of tremor dominant Parkinson's disease, severe and disabling tremor as indicated by documentation of specific activities in daily life that the patient is unable to perform or has substantial difficulty performing secondary to the tremor</p> <p>A ratio of the mean score of tremor items to the mean postural instability/gait disorder score of >1.5 indicates TDPD</p> <p>*Please refer to your Local Medicare Administrative Contractor's Local Coverage Determination (LCD) for specific medical necessity requirements.</p>

Coding/Payment

- Under Medicare Rules and Regulations, CPT 61715 can only be billed by a single provider (primary provider performing the service). No co-surgeon, team surgeon, or assistant at surgery is allowed based on the payment policy indicator status.
- The outpatient prospective payment system (OPPS) groups procedures into ambulatory payment classifications (APCs) for Hospital (facility) reimbursement. For CY2025, CMS OPPS has assigned CPT 61715 to APC 5463 (Level 3 Neurostimulator and related procedures).

Medicare Provider Fee Schedule:

- For CY2025: Professional wRVU= 18.95, Fac PE RVU= 9.98, MP RVU= 7.54 (TOTAL RVUs= 36.47)

CPT Code	Medicare Facility Fee (Global)*	Medicare Professional Fee *
61715	<p>\$12470.31 (National Average)</p> <p>*For specific facility reimbursement level, please contact your Local Medicare Administrative Contractor.</p>	<p>\$1180.17 (National Average)</p> <p>*-26 Modifier may be required per your Local Medicare Administrative Contractor, please contact your Local Medicare Administrative Contractor for modifier requirements.</p> <p>*For specific professional fees based on Medicare part B, please contact your Local Medicare Administrative Contractor.</p>