

MRgFUS Reimbursement Guide

Effective January 1, 2026

Exablate Neuro Indications for Use

Premarket Approval P150028

This is not a full summary of the labeling, 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.

Information provided in this document and any reimbursement support is for convenience and general information purposes only. It is obtained from publicly available, third-party sources and is subject to error, omission or change without notice due to complex and frequently changing laws, regulations, rules, and policies. Insightec makes no representation, statement, promise or guarantee of coverage or levels of reimbursement. Payments will vary by geographic location and payor. Always refer to the patient’s insurance plan and/or the local Medicare Administrative Contractor for Local Coverage Determinations (LCDs) and for any additional requirements and guidance for coding, coverage, and payment.

- **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) unilateral 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.
- In the unilateral pallidothalamic tractotomy of advanced idiopathic Parkinson’s Disease with medication-refractory moderate to severe motor complications as an adjunct to Parkinson’s disease medication treatment, and in the staged (by at least 6 months from the first pallidothalamic tractotomy), unilateral pallidothalamic tractotomy of idiopathic Parkinson’s Disease with medication-refractory motor complications of their contralateral side that was not previously treated in the first unilateral pallidothalamic tractotomy. Patients must be at least age 30. The designated area in the brain responsible for the motor complications symptoms (pallidothalamic tract) must be identified and accessible for targeted thermal ablation by the Exablate device.

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-EXABLATE (1-866-392-2528)**

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 DIAGNOSIS CODES	
G25.0	Essential Tremor
G25.2	Other specified forms of tremor*
G20.C	Parkinsonism; unspecified*
G20.B2	Parkinson's disease with dyskinesia, with fluctuations*

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	Covered in 10 states	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, anticoagulant 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) \geq 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>

*Please refer to your Local Medicare Administrative Contractor's Local Coverage Determination (LCD) for specific medical necessity requirements.

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 CY2026, CMS OPPS has assigned CPT 61715 to APC 5463 (Level 3 Neurostimulator and related procedures).

Revenue Codes

The Centers for Medicare and Medicaid Services (CMS) utilizes revenue codes for cost reporting purposes, and for annual Ambulatory Payment Classification (APC) rate setting under the Outpatient prospective payment system (OPPS) for the Hospital Outpatient department (HOPD). Medicare claims require revenue codes to be included for each service on a CMS 1450 (UB-04) claim form.

Revenue codes assist hospitals to categorize services by revenue center and are unique identifiers assigned to broad service descriptions and sites of care directly involved in patient care pathways. They serve as a universal language between healthcare providers and insurance companies, ensuring proper reimbursement for the services rendered.

Due to the novelty of MRgFUS and complexity of performing incisionless brain surgery in an MRI suite, it is important for the appropriate revenue codes to be included in claims form submissions. Insightec teams are available for support. Call our reimbursement hotline for additional resources to ensure revenue code selection is aligned with accurate cost capture in your revenue cycle management processes.

Medicare Provider Fee Schedule:

For CY2026: Professional wRVU= 18.48, Fac PE RVU= 12.98, MP RVU= 7.10 (TOTAL RVUs= 38.56)

CPT CODE	MEDICARE FACILITY FEE (GLOBAL)*	MEDICARE PROFESSIONAL FEE *
61715	\$11383.44 (National Average) *For specific facility reimbursement level, please contact your Local Medicare Administrative Contractor.	\$1287.94 (National Average) *-26 Modifier may be required per your Local Medicare Administrative Contractor, please contact your Local Medicare Administrative Contractor for modifier requirements.

Point of Service 11 (POS-11); Free Standing Facilities – Insightec is actively engaging with CMS on establishing broader point of service payment rates for MRgFUS through the CMS Annual Rulemaking process, specifically in the Medicare Physician Fee Schedule (MPFS). POS -11 rates are used for services performed in a physician's office or free-standing clinic on an outpatient basis. Currently, local POS-11 rates have been established through direct Carrier Pricing at the Local Medicare Administrative Contractor (MAC) level.