



CLINICAL MEDICAL POLICY	
Policy Name:	Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor (L38495)
Policy Number:	MP-097-MC-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	12/01/2023; 12/01/2022; 12/17/2021; 12/21/2020
Effective Date:	01/01/2024; 01/01/2023; 01/17/2022; 01/18/2021
Next Annual Review:	11/2024
Revision Date:	11/15/2023; 11/16/2022; 11/17/2021; 11/18/2020
Products:	Pennsylvania Medicare Assured
Application:	All participating and nonparticipating practitioners and facilities unless contractually precluded
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Policy History

Date	Activity
01/01/2024	Provider Effective date
11/15/2023	QI/UM Committee review
11/15/2023	Annual Review: No changes to clinical criteria. Updated 'Reference Sources' section.
01/01/2023	Provider Effective date
11/16/2022	QI/UM Committee review
11/16/2022	Annual Review: No changes to clinical criteria. Updated CMS hyperlinks and 'Reference Sources' sections.
01/17/2022	Provider Effective date
11/17/2021	QI/UM Committee review
11/17/2021	Annual Review: No changes to clinical criteria. Updated formatting and Reference Sources section.
01/18/2021	Provider effective date
11/18/2020	QI/UM Committee review
09/23/2020	Initial policy developed

Disclaimer

Highmark WholecareSM medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark WholecareSM may provide coverage under the medical-surgical benefits of the Company's Medicare products for medically necessary products for Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for essential tremor.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

Procedures

1. Please review the specific National Coverage Determination (NCD), Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) information, as well as other CMS sources, using the links below.
2. Post-payment Audit Statement
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark WholecareSM at any time pursuant to the terms of your provider agreement.
3. Place of Service
Please refer to the CMS guidelines for the place of service for Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for essential tremor.

Coverage Determination and Links

Highmark WholecareSM follows the coverage determinations made by CMS as outlined in either the NCD, or the state-specific LCD/LCA.

CMS Link

- [CMS Website](#)

NCD/LCD Link

- There are no current NCDs related to this topic.
- [LCD: Magnetic-Resonance-Guided Focused Ultrasound Surgery \(MRgFUS\) for Essential Tremor](#)

Article Links

- [LCA: Billing and Coding: Magnetic-Resonance-Guided Focused Ultrasound Surgery \(MRgFUS\) for Essential Tremor \(A57839\)](#)
- [Response to Comments: Magnetic-Resonance-Guided-Focused Ultrasound Surgery \(MRgFUS\) for Essential Tremor \(A58049\)](#)

Reference Sources

Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor (L38495). Original Effective date July 12, 2020. Accessed on October 30, 2023.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Article (LCA) Billing and Coding: Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor (A57839). Original Effective date July 12, 2020. Accessed on October 30, 2023.

Centers for Medicare and Medicaid Services (CMS) Local Coverage Article (LCA) Response to Comments: Magnetic-Resonance-Guided-Focused Ultrasound Surgery (MRgFUS) for Essential Tremor (A58049). Original Effective date May 28, 2020. Accessed on October 30, 2023.

Coding Requirements

Procedure Code

CPT/HCPCS Code	Description
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

Diagnosis Code

ICD-10 Code	Description
G25.0	Essential tremor

Reimbursement

Participating facilities will be reimbursed per their Highmark WholecareSM contract.