

<b>Subject:</b>	Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Essential Tremor		
<b>Policy Number:</b>	PO-RE-164v1		
<b>Effective Date:</b>	1/1/2026	<b>Last Approval Date:</b>	2/26/2026

## I. Policy Description

Effective January 1, 2026, Healthfirst will cover Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) under Current Procedural Terminology (CPT) code 61715. MRgFUS thalamotomy is a noninvasive treatment option for medication-refractory Essential Tremor (ET) that affects the ability of a person to perform routine activities.

Reimbursement for MRgFUS is available for eligible members who are 22 years of age or older and who meet all required criteria outlined below.

The information below applies to the following lines of business:

• Medicaid Managed Care (MMC)	• Medicaid Advantage Plus/MAP (CompleteCare) *
• Personal Wellness Plan (HARP)	

\* Please see the Note on page 4 for more information about Medicaid Advantage Plus/MAP (CompleteCare).

### Definition

Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) is a noninvasive outpatient surgical technique that uses MRI guidance to focus high-intensity ultrasound energy to create precise thermal ablation of targeted brain tissue. It is most commonly applied for thalamotomy in the treatment of Essential Tremor (ET), offering an alternative to open neurosurgery or deep brain stimulation.

### Reimbursement Coverage Criteria and Guidelines

MRgFUS is covered when all of the following criteria are met:  
 Presence of medication-refractory Essential Tremor (ET), defined as failure of at least two trials of pharmaceutical treatment, including at least one first-line agent (e.g., propranolol or primidone).

- Presence of a moderate to severe postural or intention tremor of the dominant hand, defined by a score of  $\geq 2$  on the Clinical Rating Scale for Tremor (CRST) or another nationally accepted clinical measure.
- The tremor is disabling, with a score of  $\geq 2$  on any of the eight items in the disability subsection of the CRST or equivalent clinical scale.
- The member is not a candidate for deep brain stimulation (DBS) due to one or more of the following: advanced age, anticoagulant therapy, surgical comorbidities, or failed DBS without retained cranial implants.

### 1. Covered Procedure Code

CPT Code	Description
61715	Stereotactic computer-assisted (navigational) procedure; thalamotomy

Claims submitted with any other diagnosis code will be denied under this reimbursement policy

### 2. Allowed Diagnosis Code

**For Healthfirst Medicaid and HARP plans, CPT code 61715 is only reimbursable when the following diagnosis code is included on the claim:**

ICD-10 Code	Description
G25.0	Essential Tremor

Claims submitted with any diagnosis code other than G25.0 will be denied.

**For Healthfirst CompleteCare plan reimbursement, CPT 61715 is only reimbursable when the following diagnosis are included on the claim:**

ICD-10 Code	Description
G25.0	Essential Tremor
G20.B2	Parkinson's disease with dyskinesia, with fluctuations
G20.C	Parkinsonism, unspecified

### 3. Documentation Requirements

The following documentation must be maintained in the member's medical record and submitted upon request to support claim payment:

- Documentation confirming the member is 22 years of age or older at the time of service.
- Documentation supporting a diagnosis of Essential Tremor (ICD-10-CM G25.0).

- Medical records demonstrating failure of at least two trials of pharmaceutical treatment for Essential Tremor, including at least one first-line agent (i.e., propranolol or primidone).
- Clinical documentation showing the presence of a moderate to severe postural or intention tremor of the dominant hand.
- Tremor severity must be supported by a score greater than or equal to two on the Clinical Rating Scale for Tremor (CRST) or another nationally accepted clinical measure of tremor severity.
- Documentation indicating the tremor is disabling, supported by a score greater than or equal to two on any of the eight items in the disability subsection of the CRST or another nationally accepted clinical measure of tremor severity.
- Documentation confirming the member is not a candidate for deep brain stimulation due to one or more of the following:
  - Advanced age
  - Anticoagulant therapy
  - Surgical comorbidities
  - Prior failed DBS, with no retained cranial implants
- Operative or procedural report supporting performance of MRgFUS thalamotomy.
- Imaging or radiology documentation (e.g., MRI guidance) consistent with MRgFUS delivery.

Failure to provide documentation may result in claim denial or post-payment audit recovery.

### **Adjudication and Appeal Process**

1. Reimbursement for MRgFUS services will be determined based on the provider's scope of services and the reimbursement rates outlined in the provider's contract with Healthfirst.
2. Claims submitted by providers that do not adhere to this policy will be denied or rejected. It is the responsibility of the provider to ensure claims are coded accurately.
3. This policy applies only to the line(s) of business (LOB) identified at the beginning of the policy and does not apply to other LOBs. For policies applicable to other lines of business, please visit [www.hfproviders.org](http://www.hfproviders.org).
4. This policy is a provider resource for understanding Healthfirst's reimbursement guidelines. It does not guarantee coverage or payment. Final reimbursement decisions depend on benefit coverage, state/federal mandates, medical necessity, and provider contract.
5. Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17.6, "Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process" in this section.*

**Note on Medicaid Advantage Plus/MAP (CompleteCare)**

For members enrolled in Medicaid Advantage Plus/MAP (CompleteCare), a Healthfirst plan that integrates Medicare and Medicaid benefits with long-term care services, coverage for MRgFUS is contingent on meeting CMS clinical and New York State Medicaid criteria.

If a MAP-CompleteCare member does not meet CMS coverage criteria, Medicaid coverage will apply under the same clinical and documentation standards defined in this policy. Providers must ensure that documentation submitted clearly supports the applicable criteria (Medicare or Medicaid) based on the member's eligibility pathway.

*For any questions or further clarification regarding this policy, providers are encouraged to reach out to their designated contact within our organization*

**II. Applicable Codes**

Code	Description	Comment
61715	Stereotactic computer-assisted (navigational) procedure; thalamotomy	

**III. Definitions**

Term	Meaning
Essential Tremor (ET)	A progressive neurological movement disorder characterized by involuntary and rhythmic shaking, typically affecting the hands, head, or voice. It is considered medication-refractory when symptoms persist despite adequate trials of pharmacologic therapy.
Medication-Refractory	A condition is considered medication-refractory when the patient has failed to achieve adequate symptom control with at least two trials of pharmacologic therapy, including at least one first-line agent at therapeutic doses.
Clinical Rating Scale for Tremor (CRST)	A standardized clinical assessment tool used to evaluate the severity and functional impact of tremor. It includes subsections for tremor severity, motor task performance, and disability.
Noninvasive Procedure	A medical procedure that does not require incision into the body or removal of tissue. MRgFUS is considered noninvasive because it uses focused

	ultrasound energy to ablate tissue through the intact skull, guided by MRI.

#### IV. Related Policies

Policy Number	Policy Description
N/A	N/A

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*Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.*

#### V. Reference Materials

<a href="#">New York State Medicaid Update - September 2025 Volume 41 - Number 9</a>
<a href="#">LCD - Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Tremor (L37421)</a>

#### VI. Revision History

Revision Date	Summary of Changes

#### Disclaimer

Healthfirst’s claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst’s coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor’s revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.