Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Medical Necessity Guidelines:

Magnetic Resonance Guided Focused Ultrasound (MRgFUS)

Effective: October 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation (electronically recommended or by fax)	Yes ☐ No ☒
Notification Required	Yes ☐ No ☒

Applies to:

- Harvard Pilgrim Health Care Commercial products
- Tufts Health Plan Commercial products
- Tufts Health Direct
- Tufts Health Together
- Tufts Health RITogether

We recommend submitting prior authorization electronically. If you opt to submit prior authorization requests via fax, please refer to this reference chart for the appropriate fax number (varies by product).
For details on all our products, please visit the Our Plans page on our provider website. For additional Prior Authorization and Notification details on other lines of business not listed on our Medical Necessity Guidelines page, please also reference our Prior Authorization Resources page.

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

Essential tremor is a neurological condition that causes involuntary and rhythmic shaking, most commonly affecting the hands, but it can also impact the head, voice, and other parts of the body. This condition often becomes noticeable when performing simple tasks like drinking from a glass or tying shoelaces. While essential tremor does not shorten life expectancy, tremors can be disabling, worsen over time, and significantly impair quality of life.

Tremor-dominant Parkinson's disease (TdPD) is a clinical subtype of Parkinson's disease characterized by a predominance of resting tremor, typically asymmetric and most evident in the upper extremities, with relatively less bradykinesia and rigidity compared to other phenotypes. Patients often experience a slower rate of functional decline and may maintain mobility longer, although tremor can be refractory to dopaminergic therapy and significantly impair quality of life. This phenotype is frequently considered in the evaluation of advanced therapeutic interventions, including device-based or lesioning procedures such as MR-guided focused ultrasound, when medication response is inadequate. Magnetic resonance-guided focused ultrasound (MRgFUS) technology is a noninvasive surgical treatment that includes two technologies: magnetic resonance imaging (MRI) and high-intensity focused ultrasound (HIFU). MRI provides comprehensive detailed images of the brain in real time during surgery, which allows the physician to precisely identify the target site and reduce risk to nearby tissue. The high intensity focused ultrasound beam heats and ablates the unhealthy tissue.

In July 2016, the U.S. Food and Drug Administration (FDA) approved the ExAblate Neuro® system (InSightec, Inc., Dallas, TX) as a treatment of idiopathic ET in adults aged 22 or older whose tremor has failed pharmacological treatment. ExAblate uses MRI to identify the anatomic structures within the thalamus that are believed to be responsible for tremor, and HIFU to ablate the targeted tissue.

In December 2018, the ExAblate Neuro® device FDA indication was expanded to include unilateral thalamotomy (ventralis intermedius) treatment of advanced, idiopathic, Tremor-dominant Parkinson's Disease in adults aged 30 or older whose tremor has failed pharmacological treatment. ExAblate uses MRI to identify the anatomic structures within the thalamus that are believed to be responsible for tremor, and HIFU to ablate the targeted tissue.

Clinical Guideline Coverage Criteria

Essential Tremor

The Plan considers unilateral magnetic resonance-guided focused ultrasound ablation to treat essential tremors as reasonable and medically necessary when **ALL** the following criteria are met:

1. The Member is at least 22 years of age with documented idiopathic essential tremor as confirmed from clinical history and examination by a neurologist or neurosurgeon specializing in movement disorder; **and**
2. The Member has moderate to severe postural or intention tremor of the dominant hand as defined by a score of 2 or greater on the clinical rating scale for tremor (CRST); **and**
3. The Member has significant disability due to essential tremor despite medical treatment (CRST score of 2 or above in any one of the items 16-23 from the Disability subsection of the CRST: [speaking, feeding other than liquids, bringing liquids to mouth, hygiene, dressing, writing, working, and social activities]; **and**
4. Documented failure, contraindication, or intolerance to 2 or more tremor suppressant medications (one of which should be a first line therapy of either propranolol or primidone) for at least 3 months; **and**
5. The Member's ventralis intermedius has been identified by MRI and is accessible for ablation by the device; **and**
6. The Member is not a surgical candidate for deep brain stimulation.

Tremor-Dominant Parkinson's Disease (TdPD)

The Plan considers unilateral magnetic resonance-guided focused ultrasound ablation to treat TdPD as reasonable and medically necessary when **ALL** the following criteria are met:

1. The Member is at least 30 years of age with documented idiopathic, Tremor-dominant Parkinson's Disease as confirmed from clinical history and examination by a neurologist or neurosurgeon specializing in movement disorder; **and**
2. The Member has moderate to severe postural or intention tremor of the dominant hand as defined by a score of 2 or greater on the clinical rating scale for tremor (CRST); **and**
3. The Member has significant disability due to TdPD despite medical treatment (CRST score of 2 or above in any one of the items 16-23 from the Disability subsection of the CRST: [speaking, feeding other than liquids, bringing liquids to mouth, hygiene, dressing, writing, working, and social activities]; **and**
4. Documented failure, contraindication, or intolerance to 2 or more tremor suppressant medications (one of which should be a first line therapy of either propranolol or primidone) for at least 3 months; **and**
5. The Member's ventralis intermedius has been identified by MRI and is accessible for ablation by the device; **and**
6. The Member is not a surgical candidate for deep brain stimulation.

CRST Scoring System (https://www.researchgate.net_Clinical_Rating_Scale_for_Tremor):

The CRST is a scoring system used to evaluate the severity of the essential tremor. The CRST has 3 sections. Part A evaluates the tremor by body part (e.g., face, head, trunk, upper/lower limbs). Part B evaluates performance of motor tasks such as writing or drawing. Part C evaluates the functional disability secondary to tremor, such as speaking, eating, and drinking. CRST scores range from 0 to 4 per component assessed, with higher scores indicating more severe tremor. A score of two or more on the CRST's postural or action item, and significant disability in at least two daily activities from the disability subsection indicate moderate to severe tremor[15].

Limitations

The Plan will not cover magnetic resonance-guided focused ultrasound in any of the following conditions:

1. The Member is pregnant.
2. The Member has a standard contraindication for Magnetic Resonance Imaging (MRI) such as but not limited to non-MRI compatible implanted metallic devices including cardiac pacemakers, size limitations.
3. The Member exhibits any behavior(s) consistent with ethanol or substance abuse.
4. The Member has a history of abnormal bleeding, hemorrhage, and/or coagulopathy.
5. The Member has an overall skull density ratio of 0.30 or less as calculated from the screening computed tomography.

Codes

The following code(s) are associated with this service:

Table 1: CPT/HCPCS Codes

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

Table 2: ICD-10 Codes

The above CPT code is considered medically necessary when submitted with the following ICD-10 diagnosis code.

Codes	Description
G25.0	Essential tremor
G20.C	Parkinsonism, unspecified

References:

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3. Magnetic Resonance-Guided Focused Ultrasound Unilateral Thalamotomy for Essential Tremor. Hayesinc.com/login [via subscription only]. Published February 6, 2025. Accessed February 11, 2025.
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Approval And Revision History

March 19, 2025: Reviewed by the Medical Policy Approval Committee (MPAC). Effective date June 1, 2025

Subsequent endorsement dates and changes made:

- June 18, 2025: Reviewed by MPAC. Criteria updated to remove some limitations including kidney disease, cardiac status, cerebrovascular disease, and brain tumors. Also revised skull density ratio to 0.30. References updated. Effective date August 1, 2025.
- July 21, 2025: Template updated, language for Carelink removed
- June 17, 2025: Administrative update, template updated effective June 17, 2025.
- July 15, 2026: Reviewed by MPAC. New criteria added for Tremor-Dominant Parkinson’s Disease. Overview section updated. Table 2 updated. References updated. Effective date October 1, 2026.

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member’s benefit document, and in coordination with the Member’s physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member’s benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment, or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.