Magnetic Resonance-Guided Focused Ultrasound

Policy # 00180
Original Effective Date: 09/22/2005
Current Effective Date: 01/10/2022

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the “Company”), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

Note: Occlusion of Uterine Arteries Using Transcatheter Embolization or Laparoscopic Occlusion is addressed separately in medical policy 00130.

Note: Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors is addressed separately in medical policy 00175.

When Services Are Eligible for Coverage
Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- Benefits are available in the member’s contract/certificate, and
- Medical necessity criteria and guidelines are met.

Based on review of available data, the Company may consider magnetic resonance‒guided high-intensity ultrasound ablation for pain palliation in adult patients with metastatic bone cancer who failed or are not candidates for radiotherapy to be eligible for coverage.**

Based on review of available data, the Company may consider magnetic resonance-guided high-intensity ultrasound ablation for the treatment of medicine-refractory essential tremors to be eligible for coverage.**

When Services Are Considered Investigational
Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers magnetic resonance-guided high-intensity ultrasound ablation to be investigational* in all other situations including but not limited to:

- Treatment of uterine fibroids;
- Treatment of other tumors (eg, brain cancer, prostate cancer, breast cancer, desmoid);
Magnetic Resonance-Guided Focused Ultrasound

Policy #  00180
Original Effective Date:  09/22/2005
Current Effective Date:  01/10/2022

- Treatment of medication-refractory tremor dominant Parkinson disease.

**Background/Overview**

**Uterine Fibroids**
Uterine fibroids are one of the most common conditions affecting women in the reproductive years. Symptoms of uterine fibroids include menorrhagia, pelvic pressure, or pain.

**Treatment**
Approaches currently available to treat symptomatic uterine fibroids include hysterectomy, abdominal myomectomy, laparoscopic and hysteroscopic myomectomy, hormone therapy, uterine artery embolization, and watchful waiting. Hysterectomy and various myomectomy procedures are considered the criterion standard treatments.

**Metastatic Bone Disease**
Metastatic bone disease is one of the most common causes of cancer pain.

**Treatment**
Existing treatments include conservative measures (eg, massage, exercise) and pharmacologic agents (eg, analgesics, bisphosphonates, corticosteroids). For patients who do not respond to these treatments, standard care is external-beam radiotherapy. However, a substantial proportion of patients have residual pain after radiotherapy, and there is a need for alternative treatments for these patients.

**Essential Tremors**
Essential tremor (ET) is the most common movement disorder, with an estimated prevalence of 5% worldwide. Essential tremor most often affects the hands and arms, may affect head and voice, and rarely includes the face, legs, and trunk. Essential tremor is heterogeneous among patients, varying in frequency, amplitude, causes of exacerbation, and association with other neurologic deficits.

**Treatment**
The neuropathology of ET is uncertain, with some evidence suggesting that ET is localized in the brainstem and cerebellum. If patients with ET experience intermittent or persistent disability due to the tremors, initial therapy is with drugs (beta-blockers or anticonvulsants). For medicine-refractory
Tremor-Dominant Parkinson Disease

The 3 cardinal features of Parkinson disease (PD) are tremor, bradykinesia, and rigidity. The tremor in PD is a resting tremor that occurs when the body part is not engaged in purposeful activities. Major subtypes of PD include tremor-dominant, akinetic-rigid, and postural instability and gait difficulty. The progression of PD is highly variable and patients can change subtypes as the disease progresses.

Treatment

Dopaminergic therapy (ie, levodopa or a dopamine agonist) is the first-line treatment for PD, which improves tremor. Amantadine and anticholinergics (eg, trihexyphenidyl) can also be considered as initial treatment for tremor-dominant PD or as add-on therapy in patients who have persistent tremor despite dopaminergic therapy. For medication-refractory patients, surgery (deep brain stimulation or lesioning procedures) may be offered. Lesioning procedures include conventional unilateral thalamotomy and focused ultrasound thalamotomy. Deep brain stimulation is the most frequently performed surgical procedure for the treatment of PD.

Magnetic Resonance-Guided Focused Ultrasound

Magnetic resonance-guided focused ultrasound (MRgFUS) is a noninvasive treatment that combines 2 technologies: focused ultrasound and magnetic resonance imaging (MRI). The ultrasound beam penetrates through the soft tissues and, using MRI for guidance and monitoring, the beam can be focused on targeted sites. Ultrasound causes a local increase in temperature in the target tissue, resulting in coagulation necrosis while sparing the surrounding normal structures. Ultrasound waves from each sonication are directed at a focal point that has a maximum focal volume of 20 nm in diameter and 15 nm in height/length. This causes a rapid rise in temperature (ie, to 65°C-85°C), which is sufficient to ablate tissue at the focal point. In addition to providing guidance, the associated MRI can provide online thermometric imaging, a temperature "map", to confirm the therapeutic effect of the ablation treatment and allow for real-time adjustment of the treatment parameters.

The U.S. Food and Drug Administration (FDA) approved the ExAblate®‡ MRgFUS system (InSightec) for 4 indications: treatment of uterine fibroids (leiomyomata), palliation of pain associated with tumors metastatic to bone, medication refractory ET, and tremor-dominant PD.
ultrasound equipment is specifically designed to be compatible with magnetic resonance magnets, and it is integrated into standard clinical MRI units; it also includes a patient table, which has a cradle that houses the focused ultrasound transducer in water or a light oil bath. Some models have a detachable cradle; only certain cradle types can be used for palliation of pain associated with metastatic bone cancer. For treating pain associated with bone metastases, the aim of MRgFUS is to destroy nerves in the bone surface surrounding the tumor.

MRgFUS is also being investigated for the treatment of other tumors, including breast, prostate, brain, and desmoid tumors as well as nonspinal osteoid osteoma.

**FDA or Other Governmental Regulatory Approval**

**U.S. Food and Drug Administration (FDA)**

In October 2004, the ExAblate 2000 System (InSightec) was approved by the FDA through the premarket approval process for "ablation of uterine fibroid tissue in pre- or perimenopausal women with symptomatic uterine fibroids who desire a uterine sparing procedure." Treatment is indicated for women with a uterine gestational size of fewer than 24 weeks who have completed childbearing.

In October 2012, the ExAblate System, Model 2000/2100/2100 VI, was approved by the FDA through the premarket approval process for pain palliation in adults with metastatic bone cancer who have failed or are not candidates for radiotherapy. The device was evaluated through an expedited review process. The FDA required a post approval study with 70 patients to evaluate the effectiveness of the system under actual clinical conditions.

In July 2016, the FDA approved the use of the ExAblate Neuro System for the treatment of ET in patients who have not responded to medication (beta-blockers or anticonvulsant drugs) through the premarket approval process. In December 2018, the FDA approved the use of the ExAblate Model 4000 (Neuro) for the treatment of tremor-dominant PD with medication-refractory tremor through the premarket approval process.

FDA product codes: NRZ, POH.

**Rationale/Source**

**Description**
An integrated system providing MRgFUS treatment is proposed as a noninvasive therapy for uterine fibroids and pain palliation of bone metastases. MRgFUS is also being investigated as a treatment of other benign and malignant tumors as well as essential tremors.

**Summary of Evidence**
For individuals who have uterine fibroids who receive MRgFUS, the evidence includes 2 small randomized controlled trials (RCTs), nonrandomized comparative studies, and case series. Relevant outcomes are symptoms, quality of life, resource utilization, and treatment-related morbidity. One RCT (N=20) has reported some health outcomes but its primary purpose was to determine the feasibility of a larger trial. It did not find statistically significant differences in quality of life outcomes between active and sham treatment groups but it did find lower fibroid volumes after active treatment. This trial did not have an active comparator, the clinical significance of the primary outcome was unclear, and there were no follow-up data beyond 1 year. The second RCT (N=49) is ongoing; preliminary results at 6 weeks posttreatment, comparing MRgFUS with uterine artery embolization have shown that the 2 groups are comparable in medication use and symptom improvement following treatments. Patients in the MRgFUS group reported recovering significantly faster than patients in the uterine artery embolization group, as measured by time to return to work and time to normal activities. In a separate 2013 comparative study, outcomes appeared to be better with uterine artery embolization than with MRgFUS. Long-term data on the treatment effects, recurrence rates, and impact on future fertility and pregnancy are lacking. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals with metastatic bone cancer who have failed or are not candidates for radiotherapy who receive MRgFUS, the evidence includes a sham-controlled randomized trial, a systematic review of RCTs and observational studies, and case series. Relevant outcomes are symptoms, functional outcomes, health status measures, quality of life, and treatment-related morbidity. The RCT found statistically significant improvements after MRgFUS in a composite outcome comprised of a reduction in pain and morphine use, and in pain reduction as a stand-alone outcome. A substantial proportion of patients in the treatment group experienced adverse events but most events were transient and not severe. Pooled efficacy data from a systematic review reported a treatment response to MRgFUS of 79%. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.
For individuals with other tumors (e.g., breast cancer, brain cancer, prostate cancer, desmoid, nonspinal osteoid osteoma) who receive MRgFUS, the evidence includes a nonrandomized, uncontrolled phase II trial and several case series. Relevant outcomes are symptoms, health status measures, and treatment-related morbidity. A nonrandomized, uncontrolled phase II trial evaluating MRgFUS for prostate cancer reported a 93% success rate at 5 months. The use of MRgFUS for the treatment of nonspinal osteoid osteoma consists of several larger case series, including a propensity score-matched retrospective study that reported similar reductions in pain with radiofrequency ablation and MRgFUS. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals with medication-refractory essential tremors who receive MRgFUS, the evidence includes a technology assessment, meta-analyses, and a double-blind, sham-controlled randomized trial. Relevant outcomes include symptoms, functional outcomes, quality of life, and treatment-related morbidity. The assessment did not pool study results but concluded that, overall, MRgFUS decreased tremor severity and improved quality of life. One meta-analysis reported significant improvements in hand tremor scores from baseline up to 24 months post-treatment, with evidence of a diminishing treatment benefit over time. Another meta-analysis found similar improvements in tremor severity with MRgFUS to unilateral deep brain stimulation (DBS), but improvements in both were inferior to bilateral DBS. The sham-controlled randomized trial found significant improvements in the treatment group in tremor severity, functional improvement, and quality of life after 3 months of follow-up. The improvements in hand tremor score, function, and quality of life were maintained at the 2-year follow-up. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

For individuals with medication-refractory tremor dominant Parkinson disease who receive MRgFUS, the evidence includes a pilot RCT. Relevant outcomes include symptoms, functional outcomes, quality of life, and treatment-related morbidity. The double-blind, sham-controlled, pilot randomized trial found significant improvements in the treatment group in tremor severity after 3 months of follow-up. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Supplemental Information
Practice Guidelines and Position Statements
Guidelines or position statements will be considered for inclusion in 'Supplemental Information' if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

**American College of Radiology**
The American College of Radiology Appropriateness Criteria for the radiological management of uterine leiomyomas (fibroids). The clinical guidance states that MRgFUS is another uterine-sparing option to treat focal leiomyomas. It is noninvasive, though each treatment may take several hours to complete. Its use currently is restricted to patients with fewer than six leiomyomas or leiomyoma volume < 900 cm³, “although a reasonable alternative for patients unable or unwilling to tolerate sedation or anesthesia, long-term data and viability results are still lacking.”

**American Society for Radiation Oncology**
In 2017, the American Society for Radiation Oncology published guidelines on palliative radiotherapy for bone metastases, which stated that external-beam radiotherapy continues to be the primary therapy for treating painful uncomplicated bone metastases. The guidelines did not mention magnetic resonance-guided focused ultrasound. If patients experience persistent or recurrent pain more than 1 month after initial treatment, the guidelines recommended retreatment with external-beam radiotherapy. As for advanced radiotherapy such as stereotactic body radiotherapy for retreatment of recurrent pain in spine bone lesions, these "may be feasible, effective, and safe, but the panel recommends that this approach should be limited to clinical trial participation or on a registry given limited data supporting routine use."

**National Comprehensive Cancer Network**
Guidelines from the National Comprehensive Cancer Network on bone cancer (v.1.2021), breast cancer (v.4.2021), brain cancer (v.5.2020), and prostate cancer (v.2.2021) do not mention magnetic resonance-guided ultrasound as a treatment option.

**National Institute for Health and Care Excellence**
Guidance from the National Institute for Heath and Care Excellent (NICE; 2018) on unilateral magnetic resonance-guided ultrasound for treatment-resistant essential tremor states "the evidence on the safety of unilateral MRI-guided focused ultrasound thalamotomy for treatment-resistant
Magnetic Resonance-Guided Focused Ultrasound

Policy # 00180
Original Effective Date: 09/22/2005
Current Effective Date: 01/10/2022

essential tremor raises no major safety concerns. However, current evidence on its efficacy is limited in quantity. Therefore, this procedure should not be used unless there are special arrangements for clinical governance, consent, and audit or research."

**U.S. Preventive Services Task Force Recommendations**
Not applicable.

**Medicare National Coverage**
There is no national coverage determination. In the absence of a national coverage determination, coverage decisions are left to the discretion of local Medicare carriers.

**Ongoing and Unpublished Clinical Trials**
Some currently ongoing and unpublished trials that might influence this review are listed in Table 1.

**Table 1. Summary of Key Trials**

<table>
<thead>
<tr>
<th>NCT No.</th>
<th>Trial Name</th>
<th>Planned Enrollment</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ongoing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCT01473485</td>
<td>A Study to Evaluate the Safety and Feasibility of Transcranial MRI-Guided</td>
<td>10</td>
<td>Dec 2022</td>
</tr>
<tr>
<td></td>
<td>Focused Ultrasound Surgery in the Treatment of Brain Tumors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCT00147056</td>
<td>A Study to Evaluate the Safety and Feasibility of Transcranial MRI-Guided</td>
<td>10</td>
<td>Dec 2022</td>
</tr>
<tr>
<td></td>
<td>Focused Ultrasound Surgery in the Treatment of Brain Tumors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCT02252380</td>
<td>A Feasibility Clinical Trial of the Magnetic Resonance Guided Focused</td>
<td>10</td>
<td>Dec 2021</td>
</tr>
<tr>
<td></td>
<td>Ultrasound (MRgFUS) for the Management of Treatment-Refractory Movement</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCT02968784</td>
<td>Focal ExAblate MR Guided Focused Ultrasound Treatment for Management of</td>
<td>68</td>
<td>Jun 2022</td>
</tr>
<tr>
<td></td>
<td>Organ-Confined</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Magnetic Resonance-Guided Focused Ultrasound

Policy #  00180
Original Effective Date:  09/22/2005
Current Effective Date:  01/10/2022

<table>
<thead>
<tr>
<th>NCT No.</th>
<th>Trial Name</th>
<th>Planned Enrollment</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCT01657942</td>
<td>Intermediate Risk Prostate Cancer: Evaluation of Safety and Effectiveness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCT02923011</td>
<td>A Continued Access Study to Evaluate Focal MR-Guided Focused ultrasound Treatment of Localized Intermediate Risk Prostate Lesions</td>
<td>14</td>
<td>Dec 2022</td>
</tr>
<tr>
<td>NCT02923011</td>
<td>Phase III Study to Compare the Effectiveness of Magnetic Resonance Guided Focused Ultrasound With Tomography Guided Radiofrequency Ablation for Treatment of Osteoid Osteomas</td>
<td>56</td>
<td>Jun 2022</td>
</tr>
<tr>
<td>NCT03100474</td>
<td>Multicenter, Randomized Phase III Study of MR-Guided Focused Ultrasound Surgery for the Treatment of Uterine Fibroids (MRgFUS TUF) Compared to Myomectomy in Symptomatic Medication and Not Sufficiently Treatable Uterine Fibroids</td>
<td>127</td>
<td>Dec 2022</td>
</tr>
<tr>
<td>NCT03100474</td>
<td>Global Registry: ExAblate 4000 Transcranial MR Guided Focused Ultrasound (TcMRgFUS) of Neurological Disorders</td>
<td>500</td>
<td>Jan 2024</td>
</tr>
<tr>
<td>NCT02260752</td>
<td>Comparing Options for Management: Patient-Centered Results for Uterine Fibroids</td>
<td>3094</td>
<td>Apr 2020</td>
</tr>
</tbody>
</table>

©2021 Blue Cross and Blue Shield of Louisiana
Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.

Page 9 of 18
Magnetic Resonance-Guided Focused Ultrasound

Policy # 00180
Original Effective Date: 09/22/2005
Current Effective Date: 01/10/2022

<table>
<thead>
<tr>
<th>NCT No.</th>
<th>Trial Name</th>
<th>Planned Enrollment</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCT01833806</td>
<td>A Phase IV Post Approval Clinical Study of ExAblate Treatment of Metastatic Bone Tumors for the Palliation of Pain</td>
<td>70</td>
<td>Oct 2020</td>
</tr>
<tr>
<td>NCT01285960</td>
<td>A Clinical Study to Evaluate Safety of the ExAblate Model 2100 Type 1.1 System in the Treatment of Symptomatic Uterine Fibroids</td>
<td>108</td>
<td>Apr 2016 (completed)</td>
</tr>
<tr>
<td>NCT01620359</td>
<td>Study of ExAblate Focused Ultrasound Ablation of Breast Cancer under MR Guidance and MRI Evaluation of Ablation</td>
<td>14</td>
<td>Jul 2016 (completed)</td>
</tr>
<tr>
<td>NCT01834937</td>
<td>A Post Approval Registry: ExAblate Treatment of Metastatic Bone Tumors for the Palliation of Pain</td>
<td>17</td>
<td>Apr 2017 (completed)</td>
</tr>
<tr>
<td>NCT00981578</td>
<td>A Feasibility Study to Evaluate the Safety and Initial Effectiveness of ExAblate MR Guided Focused Ultrasound Surgery in the Treatment of Pain Resulting from Metastatic Bone Tumors with the ExAblate 2100 Conformal Bone System</td>
<td>37</td>
<td>Nov 2016</td>
</tr>
<tr>
<td>NCT02794558</td>
<td>A Clinical Study to Evaluate the Safety and Effectiveness of MR Guided Focused Ultrasound Surgery in the Treatment of Early Breast Carcinomas</td>
<td>100</td>
<td>Mar 2019</td>
</tr>
</tbody>
</table>

NCT: national clinical trial.
  a Denotes industry-sponsored or cosponsored trial.

References
Magnetic Resonance-Guided Focused Ultrasound

Policy # 00180
Original Effective Date: 09/22/2005
Current Effective Date: 01/10/2022


©2021 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.
Policy # 00180
Original Effective Date: 09/22/2005
Current Effective Date: 01/10/2022


Magnetic Resonance-Guided Focused Ultrasound

Policy # 00180
Original Effective Date: 09/22/2005
Current Effective Date: 01/10/2022


**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/07/2005</td>
<td>Medical Director review</td>
</tr>
<tr>
<td>09/20/2005</td>
<td>Medical Policy Committee review</td>
</tr>
<tr>
<td>09/22/2005</td>
<td>Quality Care Advisory Council approval</td>
</tr>
<tr>
<td>07/07/2006</td>
<td>Format revision, including addition of FDA and or other governmental regulatory approval and rationale/source. Coverage eligibility unchanged.</td>
</tr>
<tr>
<td>09/05/2007</td>
<td>Medical Director review</td>
</tr>
<tr>
<td>09/19/2007</td>
<td>Medical Policy Committee approval. Coverage eligibility unchanged.</td>
</tr>
<tr>
<td>09/03/2009</td>
<td>Medical Policy Committee approval</td>
</tr>
<tr>
<td>09/16/2009</td>
<td>Medical Policy Implementation Committee approval. Coverage eligibility unchanged.</td>
</tr>
<tr>
<td>09/09/2010</td>
<td>Medical Policy Committee review</td>
</tr>
<tr>
<td>09/15/2010</td>
<td>Medical Policy Implementation Committee approval. Added that magnetic resonance imaging (MRI)-guided ablation of other tumors, including but not limited to breast, brain, prostate cancer, and palliative treatment of bone metastases, is considered to be investigational.</td>
</tr>
<tr>
<td>09/01/2011</td>
<td>Medical Policy Committee review</td>
</tr>
<tr>
<td>09/14/2011</td>
<td>Medical Policy Implementation Committee approval. Title changed from “MRI-Guided High Intensity Ultrasound Ablation of Uterine Fibroids” to “MRI-Guided Focused Ultrasound (MRgFUS) for the Treatment of Uterine Fibroids and Other Tumors.” Coverage eligibility unchanged.</td>
</tr>
<tr>
<td>10/11/2012</td>
<td>Medical Policy Committee review</td>
</tr>
</tbody>
</table>

©2021 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.
Magnetic Resonance-Guided Focused Ultrasound

Policy #: 00180
Original Effective Date: 09/22/2005
Current Effective Date: 01/10/2022

10/31/2012  Medical Policy Implementation Committee approval
10/03/2013  Medical Policy Committee review
10/16/2013  Medical Policy Implementation Committee approval. Policy title changed from “MRI-Guided Focused Ultrasound (MRgFUS) for the Treatment of Uterine Fibroids and Other Tumors” to “MRI-Guided Focused Ultrasound (MRgFUS)”. Policy changed to a single investigational statement with no change to coverage eligibility.
11/06/2014  Medical Policy Committee review
11/21/2014  Medical Policy Implementation Committee approval. No change to coverage. Title changed from MRI-Guided Focused Ultrasound (MRgFUS) to Magnetic Resonance Imaging-Guided Focused Ultrasound.
08/03/2015  Coding update: ICD10 Diagnosis code section added; ICD9 Procedure code section removed.
10/29/2015  Medical Policy Committee review
11/16/2015  Medical Policy Implementation Committee approval. Added “Based on review of available data, the Company may consider magnetic resonance imaging (MRI)–guided high-intensity ultrasound ablation for pain palliation in adult patients with metastatic bone cancer who failed or are not candidates for radiotherapy to be eligible for coverage.”
11/03/2016  Medical Policy Committee review
11/16/2016  Medical Policy Implementation Committee approval. Title change, “imaging” removed from policy statements.
01/01/2017  Coding update: Removing ICD-9 Diagnosis Codes
11/02/2017  Medical Policy Committee review
11/15/2017  Medical Policy Implementation Committee approval. No change to coverage.
11/08/2018  Medical Policy Committee review
11/21/2018  Medical Policy Implementation Committee approval. A policy statement added that MRgFUS ablation may be considered eligible for coverage for the treatment of medicine-refractory essential tremors.
11/07/2019  Medical Policy Committee review
11/13/2019  Medical Policy Implementation Committee approval. No change to coverage.
04/02/2020  Medical Policy Committee review
04/08/2020  Medical Policy Implementation Committee approval. No change to coverage.
04/01/2021  Medical Policy Committee review
04/14/2021  Medical Policy Implementation Committee approval. No change to coverage
Magnetic Resonance-Guided Focused Ultrasound

Policy # 00180
Original Effective Date: 09/22/2005
Current Effective Date: 01/10/2022

12/02/2021 Medical Policy Committee review
12/08/2021 Medical Policy Implementation Committee approval. Investigational statement added on tremor-dominant Parkinson disease to the policy statement.

Next Scheduled Review Date: 12/2022

**Coding**
The five character codes included in the Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines are obtained from Current Procedural Terminology (CPT®), copyright 2020 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physician.

The responsibility for the content of Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines is with Blue Cross and Blue Shield of Louisiana and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Any use of CPT outside of Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines should refer to the most current Current Procedural Terminology which contains the complete and most current listing of CPT codes and descriptive terms. Applicable FARS/DFARS apply.

CPT is a registered trademark of the American Medical Association.

Codes used to identify services associated with this policy may include (but may not be limited to) the following:

<table>
<thead>
<tr>
<th>Code Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT</td>
<td>0071T, 0072T, 0398T</td>
</tr>
<tr>
<td>HCPCS</td>
<td>C9734</td>
</tr>
</tbody>
</table>

©2021 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.
Magnetic Resonance-Guided Focused Ultrasound

Policy #  00180
Original Effective Date:  09/22/2005
Current Effective Date:  01/10/2022

ICD-10 Diagnosis | All related diagnoses

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or

B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
   1. Consultation with the Blue Cross and Blue Shield Association technology assessment program (TEC) or other nonaffiliated technology evaluation center(s);
   2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
   3. Reference to federal regulations.

**Medically Necessary (or “Medical Necessity”) – Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

A. In accordance with nationally accepted standards of medical practice;

B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and

C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.
Magnetic Resonance-Guided Focused Ultrasound

Policy #  00180
Original Effective Date:  09/22/2005
Current Effective Date:  01/10/2022

For these purposes, “nationally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

NOTICE:  If the Patient’s health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE:  Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.