



BlueCross BlueShield  
of Alabama

---

**Name of the Blue Advantage Policy:**  
**Magnetic Resonance Guided Focused Ultrasound (MRgFUS)**

Policy #: 178  
Category: Obstetrics/Gynecology

Latest Review Date: September 2020  
Policy Grade: B

---

**BACKGROUND:**

*Blue Advantage medical policy does not conflict with Local Coverage Determinations (LCDs), Local Medical Review Policies (LMRPs) or National Coverage Determinations (NCDs) or with coverage provisions in Medicare manuals, instructions or operational policy letters. In order to be covered by Blue Advantage the service shall be reasonable and necessary under Title XVIII of the Social Security Act, Section 1862(a)(1)(A). The service is considered reasonable and necessary if it is determined that the service is:*

1. *Safe and effective;*
2. *Not experimental or investigational\*;*
3. *Appropriate, including duration and frequency that is considered appropriate for the service, in terms of whether it is:*
  - *Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member;*
  - *Furnished in a setting appropriate to the patient's medical needs and condition;*
  - *Ordered and furnished by qualified personnel;*
  - *One that meets, but does not exceed, the patient's medical need; and*
  - *At least as beneficial as an existing and available medically appropriate alternative.*

*\*Routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000 which meet the requirements of the Clinical Trials NCD are considered reasonable and necessary by Medicare. Providers should bill **Original Medicare** for covered services that are related to **clinical trials** that meet Medicare requirements (Refer to Medicare National Coverage Determinations Manual, Chapter 1, Section 310 and Medicare Claims Processing Manual Chapter 32, Sections 69.0-69.11).*

**POLICY:**

**Effective for dates of service on and after July 27, 2020:**

For **magnetic resonance-guided high-intensity ultrasound ablation** for the treatment of medicine-refractory essential tremors, refer to LCD L37761.

**Blue Advantage** will treat **magnetic resonance-guided high intensity ultrasound ablation** as a **covered benefit** for **pain palliation in adults with metastatic bone cancer who have failed or are not candidates for radiotherapy**.

**Blue Advantage** will treat **magnetic resonance imaging (MRI)-guided high-intensity ultrasound ablation** as a **non-covered benefit** and as **investigational** for all other situations, including but not limited to:

- Treatment of uterine fibroids;
  - Treatment of other tumors e.g., brain cancer, prostate cancer and breast cancer
- 

**Effective for dates of service on March 24, 2020 and prior to July 27, 2020:**

**Magnetic resonance-guided high-intensity ultrasound ablation** for the treatment of medicine-refractory essential tremors, refer to LCD L37761

**Blue Advantage** will treat **magnetic resonance imaging (MRI)-guided high-intensity ultrasound ablation** as a **non-covered benefit** and as **investigational** for all other situations, including but not limited to:

- Treatment of uterine fibroids;
  - Pain palliation for patients with metastatic bone cancer;
  - Treatment of other tumors e.g., brain cancer, prostate cancer and breast cancer
- 

**Effective for dates of service on September 24, 2018 and prior to March 24, 2020:**

**Magnetic resonance-guided high-intensity ultrasound ablation** for the treatment of medicine-refractory essential tremors, refer to LCD L37761.

**Magnetic resonance-guided high-intensity ultrasound ablation** for all other situations, refer to LCD L34555.

---

**Effective for dates of service on February 26, 2018 and prior to September 24, 2018 refer to LCD L34555.**

*Blue Advantage does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain*

*test, treatment or procedure is one made between the physician and his/her patient. Blue Advantage administers benefits based on the members' contract and medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.*

## **DESCRIPTION OF PROCEDURE OR SERVICE:**

An integrated system providing magnetic resonance guided focused ultrasound (MRgFUS) treatment is proposed as a noninvasive therapy for uterine fibroids, pain palliation of bone metastases and medicine refractory essential tremors. MRgFUS is also being investigated for the treatment of other benign and malignant tumors.

### **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**

Several 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 treatment.

### **Metastatic Bone Disease**

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

### **Treatment**

Existing treatments include conservative measures (e.g., massage, exercise) and pharmacologic agents (e.g., analgesics, bisphosphonates, corticosteroids). For patients who do not respond to these treatments, the standard care is to use external-beam radiotherapy. However, a substantial proportion of patients have residual pain after radiotherapy.

### **Essential Tremors**

Essential tremor (ET) is the most common movement disorder, with an estimated prevalence of 5% worldwide. ET most often affects the hands and arms, may affect head and voice, and rarely includes the face, legs, and trunk. ET 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 patients, surgery (deep brain stimulation or thalamotomy) may be offered, though high rates of adverse events have been observed.

## **Magnetic Resonance-Guided Focused Ultrasound**

MRgFUS is a noninvasive treatment that combines two technologies, focused ultrasound and MRI. The ultrasound beam penetrates through the soft tissues and, using MRI for guidance and monitoring, the beam can be focused on targeted sites. The ultrasound causes a local increase in temperature in the target tissue, resulting in coagulation necrosis while sparing the surrounding normal structures. The ultrasound waves from each sonication are focused at a focal point which has a maximum focal volume of 20 nm in diameter and 15 nm in height/length. This causes a rapid rise in temperature (i.e., to approximately 65°C to 85°C), which is sufficient to achieve tissue ablation at the focal point. In addition to providing guidance, the associated MRI can provide on-line thermometric imaging that provides a temperature “map” that can further 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) have approved the ExAblate® MRgFUS system for two indications: treatment of uterine fibroids and for palliation of pain associated with tumors metastatic to bone. The ultrasound equipment is specially designed to be compatible with MR magnets and is integrated into standard clinical MRI units. It includes a patient table, which includes a cradle housing the focused ultrasound transducer in a water or light oil bath. Some models of the device 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 treatment of other tumors, including breast, prostate, and brain tumors.

## **KEY POINTS:**

The most recent literature search was performed through May 18, 2020.

### **Summary**

For individuals with medicine-refractory essential tremors who receive MRgFUS, the evidence includes 2 systematic reviews that identified an RCT and several observational studies. 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. 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 a meaningful 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 randomized trial and several case series. Relevant outcomes are symptoms, functional outcomes, health status measures, quality of life, and treatment-related morbidity. The RCT found 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. The case series reported reductions in pain following MRgFUS treatment, consistent with the RCT. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals who have uterine fibroids who receive MRgFUS, the evidence includes 2 small 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 the effects of the technology on health outcomes.

For individuals with other tumors (e.g., breast cancer, brain cancer, prostate cancer, desmoid, nonspinal osteoid osteoma) who receive MRgFUS, the evidence includes small case series. Relevant outcomes are symptoms, health status measures, and treatment-related morbidity. The evidence is insufficient to determine the effects of the technology on health outcomes.

## **Practice Guidelines and Position Statements**

### **American Society for Radiation Oncology**

The American Society for Radiation Oncology (2017) 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.1.2020), breast cancer (v.4.2020), brain cancer (v.2.2020), and prostate cancer (v.1.2020) do not mention MRgFUS as a treatment option.

**U.S. Preventive Services Task Force Recommendations**

Not applicable

**KEY WORDS:**

Fibroids, ultrasound ablation, MRI-guidance, ultrasound ablation of uterine fibroids, ExAblate 2000, high intensity ultrasound ablation; uterine, leiomyoma; uterine; high intensity ultrasound ablation (HIFU), ExAblate, ultrasound ablation of breast tumors, ultrasound ablation of brain tumors, ultrasound ablation of prostate cancer, ultrasound ablation of bone metastasis, trans rectal high intensity focused ultrasound for prostate cancer, Ablatherm<sup>®</sup>, Sonablate 500<sup>®</sup>; MRgFUS, essential tremors

**APPROVED BY GOVERNING BODIES:**

In October 2004, the U.S. Food and Drug Administration (FDA) approved via the premarket application (PMA) process, the ExAblate<sup>®</sup> 2000 System (Insightec, Inc., Haifa, Israel) 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 less than 24 weeks who have completed childbearing.

In October 2012, the FDA approved the ExAblate<sup>®</sup> System, Model 2000/2100/2100 VI via the PMA process. The intended use of the device is for pain palliation in adult patients with metastatic bone cancer who failed or are not candidates for radiation therapy. 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, FDA approved the use of the ExAblate<sup>®</sup> Neuro System for the treatment of essential tremors in patients who have not responded to medication (beta blockers or anticonvulsant drugs) through the premarket approval process.

**BENEFIT APPLICATION:**

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

**CURRENT CODING:**

**CPT codes:**

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
-------	---

0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume of less than 200 cc of tissue
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue
20999	Unlisted procedure, musculoskeletal system, general
55880	Ablation of malignant prostate tissue <b>(Effective 01/01/2021)</b>

There is no specific code for MRgFUS in reference to bone cancer. This code may come in on unlisted code **20999** along with the appropriate radiology guidance code.

These CPT codes should not be used in conjunction with **51702** (insertion of temporary indwelling bladder catheter, simple) or **77022** (magnetic resonance imaging guidance for, and monitoring of, visceral tissue ablation). Prior to the introduction of the above codes, the procedure may have been coded for using several codes describing the individual components of the procedure. CPT codes **0071T-0072T** describe the comprehensive service.

## REFERENCES:

1. Alongi F, Russo G, Spinelli A et al. Can magnetic resonance image-guided focused ultrasound replace local oncology treatments? A review. *Tumori* 2011; 97(3):259-64.
2. Arrigoni F, Barile A, Zugaro L, et al. Intra-articular benign bone lesions treated with magnetic resonance-guided focused ultrasound (MRgFUS): imaging follow-up and clinical results. *Med Oncol*. Apr 2017; 34(4):55.
3. Avedian RS, Bitton R, Gold G, et al. Is MR-guided high-intensity focused ultrasound a feasible treatment modality for desmoid tumors? *Clin Orthop Relat Res*. Mar 2016; 474(3):697-704.
4. Barnard EP, AbdElmagied AM, Vaughan LE, et al. Periprocedural outcomes comparing fibroid embolization and focused ultrasound: a randomized controlled trial and comprehensive cohort analysis. *Am J Obstet Gynecol*. May 2017; 216(5):500 e501-500 e511.
5. Blue Cross Blue Shield Association Technology Evaluation Center (TEC). Magnetic resonance-guided focused ultrasound therapy for symptomatic uterine fibroids. *TEC Assessments* 2005; Volume 20, Tab 10.
6. Bucknor MD, Rieke V. MRgFUS for desmoid tumors within the thigh: early clinical experiences. *J Ther Ultrasound*. 2017; 5:4.
7. Carranza-Mamane B, Havelock J, Hemmings R, et al. The management of uterine fibroids in women with otherwise unexplained infertility. *J Obstet Gynaecol Can*. Mar 2015; 37(3):277-288.

8. Chang JW, Park CK, Lipsman N, et al. A prospective trial of magnetic resonance-guided focused ultrasound thalamotomy for essential tremor: Results at the 2-year follow-up. *Ann Neurol*. Jan 2018; 83(1):107-114.
9. Chen R, Keserci B, Bi H, et al. The safety and effectiveness of volumetric magnetic resonance-guided high-intensity focused ultrasound treatment of symptomatic uterine fibroids: early clinical experience in China. *J Ther Ultrasound*. 2016; 4:27.
10. Diederich CJ, Nan WH, Ross AB, et al. Catheter-based ultrasound applications for selective thermal ablation: Progress towards MRI-guided applications in prostate. *Int J Hyperthermia* 2004; 20: 739-756.
11. Elias WJ, Lipsman N, Ondo WG, et al. A randomized trial of focused ultrasound thalamotomy for essential tremor. *N Engl J Med*. Aug 25 2016; 375(8):730-739.
12. Food and Drug Administration (FDA). Summary of safety and effectiveness data: PMA number: P110039. 2012. Available online at: [www.accessdata.fda.gov/cdrh\\_docs/pdf11/p110039b.pdf](http://www.accessdata.fda.gov/cdrh_docs/pdf11/p110039b.pdf). Last accessed January, 2014.
13. Fennessy FM, et al. Uterine leiomyomas: MR imaging-guided focused ultrasound surgery- results of different treatment protocols. *Radiology*, June 2007; 243(3): 885-893.
14. Froeling V, Meckelburg K, Schreiter NF et al. Outcome of uterine artery embolization versus MR-guided high-intensity focused ultrasound treatment for uterine fibroids: long-term results. *Eur J Radiol* 2013; 82(12):2265-9.
15. Funaki K, Fukunishi H, Sawada K. Clinical outcomes of magnetic resonance-guided focused ultrasound surgery for uterine myomas: 24-month follow-up. *Ultrasound Obstet Gynecol* 2009; 34(5): 584-9.
16. Geiger D, Napoli A, Conchiglia A, et al. MR-guided focused ultrasound (MRgFUS) ablation for the treatment of nonspinal osteoid osteoma: a prospective multicenter evaluation. *J Bone Joint Surg Am*. May 7 2014; 96(9):743-751.
17. Gelet A, Chapelon JY, Bouvier R, et al. Local control of prostate cancer by transrectal high intensity focused ultrasound therapy: Preliminary results, *J Urol* 1999; 161: 156-62.
18. Ghanouni P, Dobrotwir A, Bazzocchi A, et al. Magnetic resonance-guided focused ultrasound treatment of extra-abdominal desmoid tumors: a retrospective multicenter study. *Eur Radiol*. Feb 2017; 27(2):732-740.
19. Gianfelice D, Gupta C, Kucharczyk W et al. Palliative treatment of painful bone metastases with MR imaging-guided focused ultrasound. *Radiology* 2008; 249(1):355-63.
20. Gianfelice D, Khiat A, Amara M et al. MR imaging-guided focused US ablation of breast cancer: histopathologic assessment of effectiveness – initial experience. *Radiology* 2003; 227(3):849-55.
21. Gianfelice D, Khiat A, Amara M et al. MR imaging-guided focused ultrasound surgery of breast cancer: correlation of dynamic contrast-enhanced MRI with histopathologic findings. *Breast Cancer Res Treat* 2003; 82(2):93-101.
22. Gianfelice D, Khiat A, Boulanger Y et al. Feasibility of magnetic resonance imaging-guided focused ultrasound surgery as an adjunct to tamoxifen therapy in high-risk surgical patients with breast carcinoma. *J Vasc Interv Radiol* 2003; 14(10):1275-82.
23. Gizzo S, Saccardi C, Patrelli TS et al. Magnetic Resonance-Guided Focused Ultrasound Myomectomy: Safety, Efficacy, Subsequent Fertility and Quality-of-Life Improvements, A Systematic Review. *Reprod Sci* 2013.

24. Gorny KR, Woodrum DA, Brown DL et al. Magnetic resonance-guided focused ultrasound of uterine leiomyomas: review of a 12-month outcome of 130 clinical patients. *J Vasc Interv Radiol* 2011; 22(6):857-64.
25. Health Quality Ontario (HQO). Magnetic Resonance-Guided Focused Ultrasound Neurosurgery for Essential Tremor: A Health Technology Assessment. *Ont Health Technol Assess Ser.* May 2018; 18(4):1-141.
26. Hindley J, Gedroyc WM, Regan L et al. MRI guidance of focused ultrasound therapy of uterine fibroids: early results. *AJR Am J Roentgenol* 2004; 183(6):1713-9.
27. Huber PE, Jenne JW, Rastert R et al. A new noninvasive approach in breast cancer therapy using magnetic resonance imaging-guided focused ultrasound surgery. *Cancer Res* 2001; 61(23):8441-7.
28. Hurwitz MD, Ghanouni P, Kanaev SV, et al. Magnetic resonance-guided focused ultrasound for patients with painful bone metastases: phase III trial results. *J Natl Cancer Inst.* May 2014; 106(5).
29. Hynynen K, Pomeroy O, Smith DN, et al. MRI imaging-guided focused ultrasound surgery of fibroadenomas in the breast: A feasibility study, *Radiology* 2001; 219: 176-85.
30. Jaaskelainen J. Non-invasive transcranial high intensity focused ultrasound (HIFUS) under MRI thermometry and guidance in the treatment of brain lesions. *Acta Neurochir Suppl* 2003; 88: 57-60.
31. Jacoby VL, Kohi MP, Poder L, et al. The PROMISE trial: a pilot, randomized, placebo-controlled trial of magnetic resonance guided focused ultrasound for uterine fibroids. *Fertil Steril.* Nov 30 2015.
32. Jolesz FA. MRI-guided focused ultrasound surgery. *Annu Rev Med* 2009; 60: 417-30.
33. Kim HS, Baik JH, Pham LD et al. MR-guided high-intensity focused ultrasound treatment for symptomatic uterine leiomyomata: long-term outcomes. *Acad Radiol* 2011; 18(8):970-6.
34. Kohrmann KU, Michel MS, Gaa J, et al. High intensity focused ultrasound as noninvasive therapy for multilocal renal cell carcinoma: Case study and review of the literature, *J Urol* 2002; 167: 2397-403.
35. Liberman B, Gianfelice D, Inbar Y et al. Pain palliation in patients with bone metastases using MR-guided focused ultrasound surgery: a multicenter study. *Ann Surg Oncol* 2009; 16(1):140-6.
36. Lutz S, Berk L, Chang E, et al. Palliative radiotherapy for bone metastases: an ASTRO evidence-based guideline. *Int J Radiat Oncol Biol Phys.* Mar 15 2011; 79(4):965-976.
37. McDannold N, Clement GT, Black P et al. Transcranial magnetic imaging-guided focused ultrasound surgery of brain tumors: initial findings in 3 patients. *Neurosurgery* 2010; 66(2):323-32.
38. Merckel LG, Knuttel FM, Deckers R, et al. First clinical experience with a dedicated MRI-guided high-intensity focused ultrasound system for breast cancer ablation. *Eur Radiol.* Nov 2016; 26(11):4037-4046.
39. Mohammed N, Patra D, Nanda A. A meta-analysis of outcomes and complications of magnetic resonance-guided focused ultrasound in the treatment of essential tremor. *Neurosurg Focus.* Feb 2018; 44(2):E4.
40. Morita Y, Ito N, Hikida H et al. Non-invasive magnetic resonance imaging-guided focused ultrasound treatment for uterine fibroids - early experience. *Eur J Obstet Gynecol Reprod Biol* 2008; 139(2):199-203.

41. Napoli A, Anzidei M, De Nunzio C et al. Real-time magnetic resonance-guided high-intensity focused ultrasound focal therapy for localised prostate cancer: preliminary experience. *Eur Urol* 2013; 63(2):395-8.
42. Napoli A, Anzidei M, Marincola BC et al. Primary pain palliation and local tumor control in bone metastases treated with magnetic resonance-guided focused ultrasound. *Invest Radiol* 2013; 48(6):351-8.
43. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Breast Cancer. [www.nccn.org/professionals/physician\\_gls/pdf/breast.pdf](http://www.nccn.org/professionals/physician_gls/pdf/breast.pdf).
44. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Bone Cancer. [www.nccn.org/professionals/physician\\_gls/pdf/bone.pdf](http://www.nccn.org/professionals/physician_gls/pdf/bone.pdf).
45. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Central Nervous System Cancers. [www.nccn.org/professionals/physician\\_gls/pdf/cns.pdf](http://www.nccn.org/professionals/physician_gls/pdf/cns.pdf).
46. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Prostate Cancer. [www.nccn.org/professionals/physician\\_gls/pdf/prostate.pdf](http://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf).
47. Rabinovici J, David M, Fukunishi H et al. Pregnancy outcome after magnetic resonance-guided focused ultrasound surgery (MRgFUS) for conservative treatment of uterine fibroids. *Fertil Steril* 2010; 93(1):199-209.
48. Schaink A, Li C, Gajic-Veljanoski O, et al. Magnetic resonance guided focused ultrasound treatment of extra-abdominal desmoid tumors: a retrospective multicenter study. *Eur Radiol*. Feb 2017; 27(2): 732-740.
49. Smart OC, Hindley JT, Regan L, et al. Gonadotrophin-releasing hormone and magnetic-resonance-guided ultrasound surgery for uterine leiomyomata. *Obstet Gynecol* 2006; 108: 49-54.
50. Stewart EA, et al. Sustained relief of leiomyoma symptoms by using focused ultrasound surgery. *Obstetrics and Gynecology*, August 2007, Vol. 100, No. 2, Part I, pp. 279-287.
51. Stewart EA, Gedroyc WMW, Tempany CMC, et al. Focused ultrasound treatment of uterine fibroid tumors: Safety and feasibility of a noninvasive thermoablative technique, *Am J Obstet Gynecol* 2003; 189: 48-54.
52. Stewart EA, Rabinovici J, Tempany CM, et al. Clinical outcomes of focused ultrasound surgery for the treatment of uterine fibroids. *Fertil Steril* 2006; 85: 22-29.
53. Taran FA, Tempany CM, Regan L et al. Magnetic resonance-guided focused ultrasound (MRgFUS) compared with abdominal hysterectomy for treatment of uterine leiomyomas. *Ultrasound Obstet Gynecol* 2009; 34(5):572-8.
54. Viswanathan M, Hartmann K, McKoy N, et al. Management of uterine fibroids: An update of the evidence. Evidence Report/Technology Assessment No. 154 (Prepared by RTI International-University of North Carolina Evidence-based Practice Center under Contract No. 290-02-0016. AHRQ Publication No. 07-E011. Rockville, MD: Agency for Healthcare Research and Quality, July 2007. [www.ahrq.gov/downloads/pub/evidence/pdf/uterupdate/uterup.pdf](http://www.ahrq.gov/downloads/pub/evidence/pdf/uterupdate/uterup.pdf).
55. Zippel DB, Papa MZ. The use of MR imaging guided focused ultrasound in breast cancer patients; a preliminary phase one study and review. *Breast Cancer* 2005; 12(1):32-8.

## **POLICY HISTORY:**

Adopted for Blue Advantage, March 2005

Available for comment May 1-June 14, 2005

Medical Policy Group, June 2006

Medical Policy Group, August 2006

Available for comment August 30-October 13, 2006

Medical Policy Group, August 2007

Medical Policy Group, October 2007

Medical Policy Group, April 2009

Medical Policy Group, February 2010

Available for comment February 23-April 8, 2010

Medical Policy Group, March 2011

Available for comment April 4 – May 18, 2011

Medical Policy Group March 2012

Medical Policy Group, May 2013

Available for comment May 22 through July 5, 2013

Medical Policy Group, February 2014

Medical Policy Group, April 2015

Medical Policy Group, December 2015

Medical Policy Group, February 2016

Medical Policy Group, July 2017

Medical Policy Group, February 2018

Medical Policy Group, September 2020: Reinstated effective March 24, 2020. Refer to LCD L34555 for dates of service from February 26, 2018 and prior to March 24, 2020. L34555 (Non-Covered Category III CPT Codes) retired effective March 23, 2020.

Medical Policy Group, November 2020: 2021 Annual Coding Update. Added CPT code 55880 to the Current Coding section.

---

*This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member's plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.*

*This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield's administration of plan contracts.*