

## U.S. REIMBURSEMENT

The MRgFUS ExAblate procedure or Image Guided Robotic Acoustic Surgery, was cleared by the U.S. Food and Drug Administration (FDA) in 2004. The system utilizes computer controlled electronic beam former to form the beam. The electricity is converted into sound waves which are focused in phase at the target generating intensity at the focus that is high enough to destroy the tumor while outside the focus the intensity is significantly lower hence minimizing damage to non targeted tissue. A robotic transducer with five degrees of freedom and a robotic positioning couch are integral parts of the delivery system. Stereotactic immobilization is maintained throughout the procedure. No ionizing radiation is involved in this acoustic surgery. In most of the cases a single session will suffice for this acoustic surgery procedure.

These guidelines provide general coding and reimbursement information for Image Guided Acoustic Surgery. This information is for your reference only and does not represent a guarantee of coverage or payment.

### Facility/Technical CPT Codes

Current Procedural Terminology (CPT) is a list of descriptive terms and codes for reporting technical services and procedures performed by facilities. The following are CPT codes available for reporting procedures associated with the ExAblate<sup>®</sup> System. The definition of the 77XXX codes are specific to radiation and may or may not be appropriate for billing. Each center should assess the use of these codes with each insurer and their fiscal intermediary. CMS has stated that appropriate crosswalking of a code which accurately describes the plan of care can be utilized where no other code for the steps of a procedure exist. Where a CPT code is not available specific to a procedure, the use of an appropriately described CPT code may be used until an appropriate CPT code is obtained.

CPT	DESCRIPTION	APC	COMMENTS
77295	3-D Simulation	310	
77370	Physics Consult	304	
77334	Treatment Devices	303	May be multiple
77300	Dosimetry	304	May be multiple
77470	Special Treatment Procedure	299	
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200cc of tissue	067	
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater than or equal to 200cc of tissue	067	

### Professional Codes

The primary CPT codes (0071T and 0072T) have not been valued for professionals at this time. Professionals can crosswalk the procedure to an existing CPT code that has assigned Relative Value Units (RVUs). This crosswalk allows payors to equate an unvalued CPT code to an established CPT code, incorporating utilization of resources (e.g. physician time, skill, effort and judgment) in the valuation.

Some physicians using the equipment have crosswalked to the following codes. Other physicians have sought and gained a contract amount of payment using the 'T' codes. Each physician must decide for themselves how they will code professionally.

CPT	DESCRIPTION	2010 RVUs
77295	3-D Simulation	16.47
77300*	Dosimetry	1.91
77334*	Treatment Devices	4.20
77470**	Special Treatment	6.06
77435	Stereotactic Body Treatment	18.86

\* May be multiples

\*\* As of January 2010, 77470 is considered mutually exclusive with 77435.

**NOTICE:**

Reimbursement policies differ from insurer to insurer and reimbursement policies of the same insurer may vary in different sections of the country. The information contained in this website, while accurate at the time of posting, may not be accurate at the time of use. Prior to submission of a claim for reimbursement, the user should contact the insurer to verify applicable codes and reimbursement levels, assuming FDA approved.

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**Legal Disclaimer**

The listing of codes provided for the professional and the hospital outpatient setting for use with the Exablate 2000<sup>®</sup> procedure is being provided as a representation and should not be viewed as the billing scenario. This reimbursement model has been prepared by InSightec, Incorporated for illustration of a method of financial analysis concerning the acquisition of InSightec products and/or services. You are advised not to rely upon this information, but to make your own analysis, including verification with hospital billing staff of any underlying assumptions regarding billing practices. This analysis is provided for information purposes only, and InSightec makes no guarantee or representations of its accuracy to your situation.

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