



EXTRACORPOREAL SHOCK WAVE THERAPY (ESWT)

Effective Date: June 1, 2007
Date Of Origin: April 11, 2007

Review Dates: 4/07, 2/08, 2/09, 2/10 , 2/11, 2/12
Status: Current

I. POLICY/CRITERIA

Extracorporeal Shock Wave Therapy (ESWT) for plantar fasciitis, epicondylitis of the elbow and other orthopedic or musculoskeletal applications is not a covered benefit.

There is insufficient evidence of the effectiveness of ESWT on musculoskeletal conditions.

II. MEDICAL NECESSITY REVIEW

Required Not Required Not Applicable

III. APPLICATION TO PRODUCTS

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

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID:** *If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule, the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--_00.html will govern.*
- ❖ **MICHILD:** *For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.*



IV. DESCRIPTION

Background:

Chronic musculoskeletal conditions include a wide range of inflammatory and degenerative conditions of the musculoskeletal system. These disorders sometimes respond poorly to conservative treatments such as rest, medications, physical therapy, and/or corticosteroid injections. Surgery is an option, but involves recovery time and possible morbidity. Extracorporeal shock wave therapy (ESWT) is a treatment for musculoskeletal conditions that are not responsive to conservative measures that involves delivery of shock waves to the painful region with the goal of reducing pain and promoting healing of the affected soft tissue.

Plantar fasciitis, also referred to as heel spurs, is thought to result from a biomechanical imbalance that puts abnormal tension on the plantar fascia, causing inflammation of the fascia, and tension on the calcaneal periosteum. Epicondylitis of the elbow is a condition commonly associated with a variety of sports activities and occupations that overuse the muscle groups that attach at the lateral or medial epicondyle. ESWT is intended as a noninvasive alternative to surgical treatment for chronic plantar fasciitis and chronic epicondylitis of the elbow. ESWT has also been proposed as a treatment for various chronic orthopedic conditions including tendonitis of the shoulder.

V. CODING INFORMATION

CPT/HCPCS Codes

Not covered for any indication:

- 0019T Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, low energy
- 0101T Extracorporeal shock wave; involving musculoskeletal system, not otherwise specified, high energy
- 0102T Extracorporeal shock wave, high energy, performed by a physician requiring anesthesia other than local, involving lateral humeral epicondyle
- 28890 Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia

VI. REFERENCES

1. Blue Cross Blue Shield Association Technology Evaluation Center Assessment Program, Vol. 19, No. 18, Extracorporeal Shock Wave Treatment for Chronic Plantar Fasciitis, March 2005.



2. Blue Cross Blue Shield Association Technology Evaluation Center Assessment Program, Vol. 19, No. 16, Extracorporeal Shock Wave Treatment for Chronic Tendonitis of the Elbow (Lateral Epicondylitis), February 2005.
3. Cole, C., et al., Plantar Fasciitis: Evidence-Based Review of Diagnosis and Therapy, American Family 2005; 72: 2237-2242.
4. Deu, R. S., and P. J. Carek, Common Sports Injuries: Ipper Extremities, Rheumatology, Vol. 7, No. 2, 249-265, June 2005.
5. Glazer, G., and R. Hosey, Soft-tissue injuries of the lower extremity, Primary Care: Clinics in Office Practice, 31 (2004) 1005-1024.
6. HAYES Inc. (2005). Extracorporeal Shock Wave Therapy for Tendonitis of the Rotator Cuff. Lansdale, PA.
7. HAYES Inc. (2005). Extracorporeal Shock Wave Therapy for Chronic Plantar Fasciitis. Lansdale, PA.
8. HAYES Inc. (2005). Extracorporeal Shock Wave Therapy for Chronic Lateral Epicondylitis of the Elbow. Lansdale, PA.
9. Marks, W., et al., Extracorporeal Shock-Wave Therapy (ESWT) Emitted by New Generation Pneumatic Device in Treatment of Chronic Soft Tissue Disorder – Clinical, Preliminary Study, Journal of Orthopedics, 2005; 2 (6) e3.
10. Work loss Data Institute, Corpus Christi, TX, 2004. Summary last updated by ECRI on March 28, 2005. Retrieved on February 3, 2006, http://www.guideline.gov/summary/summary.aspx?doc_id=8380&nbr=004688&string=ES...
11. Whaley, A., and C. Baker, Lateral epicondylitis, Clinics in Sports Medicine, 23 (2004) 677-691.
12. Aetna Clinical Policy Bulletin: Extracorporeal Shock-Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries. Available @ http://www.aetna.com/cpb/medical/data/600_699/0649.html (Retrieved January 11, 2012).
13. Cigna Medical Coverage Policy: ESWT for Musculoskeletal Conditions @ http://www.cigna.com/customer_care/healthcare_professional/coverage_positions/index.html#medE (Retrieved January 11, 2012)



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