I. POLICY/Criteria

Extracorporeal Shock Wave Therapy (ESWT) for plantar fasciitis, wound healing, 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 or tissue injuries.

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/HEALTHY MICHIGAN PLAN:** For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945_42544_42546_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42544_42546_42551-159815--,00.html). If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html), the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify 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:

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

0299T Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound

0300T Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)

28890 Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia

20999 Unlisted procedure, musculoskeletal system, general (Explanatory notes must accompany claim)
VI. REFERENCES

AMA CPT Copyright Statement:
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