

Extracorporeal Shock Wave Therapy (ESWT)

Date of Origin: 03/2002

Last Review Date: 02/28/2024

Effective Date: 03/01/2024

Dates Reviewed: 01/2004, 01/2005, 01/2006, 01/2007, 01/2008, 01/2009, 02/2012, 12/2013, 05/2015, 01/2017, 01/2018, 02/2019, 02/2020, 02/2021, 02/2022, 02/2023, 02/2024

Developed By: Medical Necessity Criteria Committee

I. Description

Extracorporeal shock wave therapy (ESWT), also known as orthotripsy, has been available since the early 1980's for the treatment of renal stones. More recently, ESWT has been investigated as a non-invasive treatment of musculoskeletal conditions, such as plantar fasciitis. Shock waves are delivered to the affected area with the goal of reducing pain and promoting healing of the affected soft tissue. ESWT has also been investigated as a treatment for integumentary wound healing.

II. Criteria: CWQI HCS-0030A

- A. Extracorporeal shock wave therapy (ESWT), whether low energy, high energy or radial wave is considered investigational as it is NOT identified as widely used and generally accepted for the proposed use as reported in peer-reviewed medical literature for ALL of the following
 - a. ESWT is considered investigational for All musculoskeletal conditions including, but not limited to:
 - i. Plantar Fasciitis
 - ii. Epicondylitis
 - iii. Tendinopathies
 - b. The request does not include treatment of integumentary wound healing. This technology is considered investigational by Moda Health.

III. Medicare Reference:

LCD: L38775 Non-Covered Services

IV. Information Submitted with the Prior Authorization Request:

None. Moda Health considers this treatment experimental/investigational

V. Applicable CPT or HCPC codes

Codes	Description
0101T	Extracorporeal shock wave therapy involving musculoskeletal system, not otherwise specified, high energy
0102T	Extracorporeal shock wave therapy performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle
0864T	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy
28890	Extracorporeal shock wave therapy, high energy, performed by a physician or other qualified healthcare professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia
28899	Unlisted procedure, foot or toes

VI. References

1. Buchbinder R, Ptasznik R, Gordon J, et al. Ultrasound-guided extracorporeal shock wave therapy for plantar fasciitis: a randomized controlled trial. JAMA. 2002;288(11):1364-1372.
2. Ho C. Extracorporeal shock wave treatment for chronic lateral epicondylitis (tennis elbow). Issues Emerg Health Technol. 2007 Jan;(96(part 2)):1-4.
3. Ho C. Extracorporeal shock wave treatment for chronic plantar fasciitis (heel pain). Issues Emerg Health Technol. 2007 Jan;(96(part 1)):1-4.
4. Rompe J, Decking J, Schoellner C, Nafe B. Shock wave application for chronic plantar fasciitis in running athletes: a prospective, randomized, placebo-controlled trial. American Journal of Sports Medicine. 2003; 31:268-275.
5. Shock wave therapy same as placebo for heel pain relief. Hayes Alert. Vol V, No.10. October 2002.
6. U.S. Food and Drug Administration, Medical Device Approvals, OssaTron, October 12, 2000.
7. Centers for Medicare & Medicaid Services; Local Coverage Determination (LCD): Non-Covered Services (L24473; Noridian Healthcare Solutions, LLC; Original Effective Date 11/01/2007; Revision Effective Date 04/30/2015
8. Centers for Medicare & Medicaid Services; Local Coverage Determination (LCD): Non-Covered Services (L27445); Noridian Healthcare Solutions, LLC; Original Effective Date 09/30/2008; Revision Effective Date 4/30/2015
9. Physician Advisors

VII. Annual Review History

Review Date	Revisions	Effective Date
01/2013	Annual Review: Added table with review date, revisions, and effective date. Added Dr. Engrav's name as Medical Director instead of Dr. Mills	01/23/2013
12/2013	Annual Review: No changes	12/19/2013
05/2015	Annual Review: Added Medicare LCD guidelines and reference; Added ICD-9 and ICD-10 codes	05/2015
01/2017	Annual Review: Updated to new template, updated LCD reference.	01/25/2017
01/24/2018	Annual Review: No changes	01/25/2018
02/27/2019	Annual Review: Update CPT codes and Medicare resources	03/01/2019
02/26/2020	Annual review: Updated CPT code descriptions	03/01/2020

02/24/2021	Annual Review: Replaced LCD38775	03/01/2021
02/2022	Annual Review: no changes	03/01/2022
02/2023	Annual Review: grammar update, no content changes	03/01/2023
02/2024	Annual Review: New cpt code added	03/01/2024

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
M25.70	Osteophyte, unspecified joint
M72.2	Plantar fascial fibromatosis
M77.30	Calcaneal spur, unspecified foot

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s):	NCD/LCD Document (s): L35008
https://med.noridianmedicare.com/documents/10546/6990983/Non-Covered+Services+LCD	

NCD/LCD Document (s): A52701

Jurisdiction(s): 6,K	NCD/LCD Document (s): A52450

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC