

Policy Name:	Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Indications and Soft Tissue Injuries
Effective Date:	12/19/2022

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member’s plan document for other specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Extracorporeal shock wave therapy (ESWT), including focused and radial ESWT, for musculoskeletal indications and soft tissue injuries is investigative and unproven, and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Description

Extracorporeal shock wave therapy (ESWT) is a non-invasive treatment suggested for acute or chronic muscle pain or tendinopathies (e.g., plantar fasciitis/heel pain syndrome; musculoskeletal disorders of the shoulder, elbow, patella, or hip). Other suggested applications include, but are not limited to, stress fractures, delayed or non-union fractures, wound therapy, and treatment for Peyronie’s disease.

Two types of ESWT devices are currently being used: focused and radial. Focused ESWT generates shock waves designed to converge on a focal point within the body, where the wave imparts its maximum strength. Radial ESWT, a newer application of wave therapy, generates pressure waves that reach maximum strength within the generator prior to being transmitted into the body, producing a less intense effect on the targeted tissue. Since the waves generated by radial ESWT are not true shock waves, the technology is also referred to as radial pressure wave therapy or extracorporeal pulse activation therapy (EPAT). However, published literature continues to refer to radially-generated wave therapy as radial ESWT.

The underlying mechanism of action is not fully known. Many theories have been suggested, including disruption of calcific deposits in the treatment area which loosens adjacent bony structures and promotes resorption of the calcium. Therapy normally consists of multiple sessions and is performed in the outpatient, clinical setting.

FDA Approval

Multiple extracorporeal shock wave therapy systems have received FDA approval for treatment of musculoskeletal indications, including but not limited to:

- a. OssaTron® device (HealthTronics Surgical Services, Inc.)
- b. Epos Ultra® (Dornier MedTech America, Inc.)
- c. Orthospec™ ESWT System (Medispec, Ltd.)

- d. EMS Swiss Dolorclast (Electro Medical Systems)
- e. Orbasone Pain Relief System (Orthometrix Inc.)
- f. SONOCUR® Basic (Seimens)
- g. Dolorclast® (EMS Electro Medical Systems)
- h. Duolith® SD1 Shock Wave Therapy Device (Storz Medical AG)

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:

- **28890** - Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia.
- **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 humeral epicondyle
- **0512T** – Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care
- **0513T** - 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)

Original Effective Date: 1/1/2003

Re-Review Date(s): 9/28/2004
9/25/2007
9/28/2010
9/24/2013
10/19/2017
10/16/2019
2/10/2020 – administrative update; format
10/19/2022