



MEDICAL COVERAGE POLICY

SERVICE: Extracorporeal Shock wave Treatment (ESWT) for Plantar Fasciitis and Muscular Skeletal Conditions

Policy Number: 032

Effective Date: 06/01/2020

Last Review: 04/22/2020

Next Review Date: 04/22/2021

Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

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PRIOR AUTHORIZATION: Not applicable.

POLICY: SWHP does **NOT** consider extracorporeal shock wave treatment (ESWT) medically necessary because its effectiveness has not been established in the peer-reviewed medical literature. ESWT will not be considered medically necessary for all musculoskeletal indications including but not limited to:

- plantar fasciitis (with or without a heel spur); or
- other diseases of the tendon including but not limited to calcific tendinitis of the shoulder, tendonitis of the elbow (epicondylitis, tennis elbow); or
- stress fracture, or
- delayed union and nonunion; or
- avascular necrosis of the hip.

OVERVIEW:

Extracorporeal shockwave treatment (ESWT), also known as orthotripsy, has been available since the early 1980s for the treatment of renal stones and has been widely investigated for the treatment of biliary stones. Shock waves create a transient pressure disturbance, which disrupts solid structures, breaking them into smaller fragments, thus allowing spontaneous passage and/or removal of stones. The mechanism by which ESWT might have an effect on musculoskeletal conditions is not well defined.

MANDATES: none

CODES:

Important note:



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CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes Not Covered:	28890, 0101T, 0102T
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CMS:

LCD – Listed on LCA A56967 under “Services That Are Not Reasonable and Necessary” 1/1/2020
 NCD – no national coverage has been issued

POLICY HISTORY:

Status	Date	Action
New	10/18/2010	New policy
Reviewed	12/6/2011	Reviewed.
Reviewed	8/30/12	Reviewed.
Reviewed	4/25/2013	No changes
Reviewed	3/27/2014	No changes
Reviewed	4/09/2015	No changes
Reviewed	4/14/2016	No changes
Reviewed	3/28/2017	No changes
Reviewed	2/20/2018	No changes
Reviewed	4/25/2019	No changes
Reviewed	4/22/2020	No changes

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

- Buchbinder, R., Green, S., et al. Shock wave therapy for lateral elbow pain. Cochrane Database Systematic Review 2005; 4:CD003524.
- Costa, M.L., Shepstone, L., et al. Shock wave therapy for chronic Achilles tendon pain: a randomized placebo-controlled trial. Clinical Orthopaedics and Related Research 2005; 440:199-204.
- Rompe, J.D., Decking, J., et al. Repetitive low-energy shock wave treatment for chronic lateral epicondylitis in tennis players. American Journal of Sports Medicine (2004) 32(3):734-43.
- Pettrone, F.A., and B.R. McCall. Extracorporeal shock wave therapy without local anesthesia for chronic lateral epicondylitis. Journal of Bone and Joint Surgery (Am) (2005); 87(6):1297-304.
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- Kudo, P., Clarfield, M., et al. Randomized, placebo controlled, double-blind clinical trial evaluating the treatment of plantar fasciitis with an extracorporeal shockwave therapy (ESWT) device: a North American confirmatory study. Journal of Orthopaedic Research. (2006 February) 24(2):115-23.



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9. Canadian Agency for Drugs and Technologies in Health (CADTH). Issues in Emerging Health Technologies. Extracorporeal shock wave treatment for chronic plantar fasciitis (heel pain). Issue 96, Part I (2007 January). Available at <<http://www.cadth.ca/>> (accessed – 2007 April17).
10. Gerdesmeyer L, Frey C, Vester J et al. Radial extracorporeal shock wave therapy is safe and effective in the treatment of chronic recalcitrant plantar fasciitis: results of a confirmatory randomized placebo-controlled multicenter study. *Am J Sports Med* 2008; 36(11):2100-9.
11. Gollwitzer H, Diehl P, von Korff A et al. Extracorporeal shock wave therapy for chronic painful heel syndrome: a prospective, double blind, randomized trial assessing the efficacy of a new electromagnetic shock wave device. *J Foot Ankle Surg* 2007; 46(5):348-57.
12. Marks W, Jackiewicz A, Witkowski Z et al. Extracorporeal shock-wave therapy (ESWT) with a new-generation pneumatic device in the treatment of heel pain. A double blind randomized controlled trial. *Acta Orthop Belg* 2008; 74(1):98-101.
13. Rasmussen S, Christensen M, Mathiesen I et al. Shockwave therapy for chronic Achilles tendinopathy: a double-blind, randomized clinical trial of efficacy. *Acta Orthop* 2008; 79(2):249-56.
14. Staples MP, Forbes A, Ptasznik R et al. A randomized controlled trial of extracorporeal shock wave therapy for lateral epicondylitis (tennis elbow). *J Rheumatol* 2008; 35(10):2038-46.
15. Radwan YA, ElSobhi G, Badawy WS et al. Resistant tennis elbow: shock-wave therapy versus percutaneous tenotomy. *Int Orthop* 2008; 32(5):671-7.
16. Ho C. Extracorporeal shock wave treatment for chronic rotator cuff tendonitis (shoulder pain). *Issues Emerg Health Technol* 2007; 96(part 3):1-4.
17. Hsu CJ, Wang DY, Tseng KF et al. Extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. *Shoulder Elbow Surg* 2008; 17(1):55-9.
18. van Leeuwen MT, Zwerver J, van den Akker-Scheek I. Extracorporeal shockwave therapy for patellar tendinopathy; a review of the literature. *Br J Sports Med* 2008. [Epub ahead of print]
19. Extracorporeal Shock Wave Treatment for Musculoskeletal Indications. Chicago, Illinois: Blue Cross Blue Shield Association Reference Manual. (2008 December) Medicine 2.01.40.