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.

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

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:
MEDICAL COVERAGE POLICY

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

Policy Number: 032
Effective Date: 07/01/2019
Last Review: 04/25/2019
Next Review Date: 04/25/2020

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

CMS:
LCD – Listed on LCD L35094 under “Services That Are Not Reasonable and Necessary” 1/1/2018
NCD – no national coverage has been issued

POLICY HISTORY:

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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.

MEDICAL COVERAGE POLICY

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

Policy Number: 032
Effective Date: 07/01/2019
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