



**EXTRACORPOREAL
SHOCK WAVE THERAPY
HS-037**



Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

Harmony Health Plan of Illinois, Inc.

HealthEase of Florida, Inc.

*'Ohana Health Plan, a plan offered by
WellCare Health Insurance of Arizona, Inc.*

WellCare Health Insurance of Illinois, Inc.

WellCare Health Insurance of New York, Inc.

WellCare Health Plans of New Jersey, Inc.

WellCare of Florida, Inc.

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WellCare of Louisiana, Inc.

WellCare of New York, Inc.

WellCare of Ohio, Inc.

WellCare of Texas, Inc.

WellCare Prescription Insurance, Inc.

**Extracorporeal
Shock Wave Therapy**

Policy Number: HS-037

Original Effective Date: 8/7/2008

**Revised Date(s): 7/21/2009; 7/28/2010;
8/2/2011**

DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

BACKGROUND

Extracorporeal shock wave therapy (ESWT) is a non-invasive treatment option for musculoskeletal conditions that have failed to respond to conservative treatment. ESWT uses technology similar to lithotripsy in an attempt to relieve musculoskeletal symptoms of the specified affected area. The exact mechanism by which ESWT works is not known. There are two theories on the therapeutic effects of the shock waves. One theory is that the shock waves alleviate pain by increasing blood flow and decreasing inflammation in the affected area. Another theory is that the shock waves damage cell membranes thus interfering with the transmission of pain signals.

POSITION STATEMENT

Extracorporeal shock wave therapy (ESWT) **is considered experimental and investigational** for all indications.

CODING

Experimental/Investigational/Unproven/Not Covered:

Non Covered CPT* Codes

- 28890** Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia
- 0019T** Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, low energy
- 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

ICD-9-CM Procedure Codes - No specific codes

HCPCS Codes - No specific codes

ICD-9-CM Diagnosis Codes - All diagnosis codes are not covered

*Current Procedural Terminology (CPT) 2010 American Medical Association: Chicago, IL.®©

REFERENCES

Peer Reviewed

1. Hayes Directory. Extracorporeal Shock Wave Therapy for Chronic Plantar Fasciitis, August 22, 2005.
2. Hayes Directory. Extracorporeal Shock Wave Therapy for Chronic Lateral Epicondylitis of the Elbow. August 22, 2005.
3. Hayes Directory. Extracorporeal Shock Wave Therapy for Tendonitis of the Rotator Cuff. August 22, 2005.
4. InterQual Clinical Evidence Summary. Plantar Heel Pain, 2007.

Government Agencies, Professional and Medical Organizations

1. Centers for Medicare and Medicaid Services, Local Coverage Determination. LCD for Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Indications (L13927).

Other

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1. UnitedHealthcare Technology Assessment. Extracorporeal Shock Wave Therapy (ESWT) for Othropic Indications. April 12, 2007.

HISTORY AND REVISIONS

Date	Action
12/1/2011	<ul style="list-style-type: none">• New template design approved by MPC.
8/2/2011	<ul style="list-style-type: none">• Approved by MPC. No changes.