

Subject: Extracorporeal Shock Wave Therapy for Musculoskeletal Disorders

Medical Policy #: 5.6

Original Effective Date: 06/01/2001

Status: Reviewed

Last Review Date: 11-16-2022

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

Extracorporeal shock wave therapy (ESWT) is a noninvasive treatment that delivers shock waves to a particular body part to reduce pain and promote healing of the affected soft tissue. The FDA has approved the use of some ESWT machines for plantar fasciitis and lateral epicondylitis.

Coverage Determination

Extracorporeal Shock Wave Therapy (ESWT) is not a covered benefit for Medicare, Medicaid and Commercial members.

PHP follows LCD, Extracorporeal Shock Wave Therapy (ESWT) ([L38775](#)) which considers ESWT (high energy) not reasonable and necessary for the treatment of musculoskeletal conditions and therefore not covered. These conditions include, but are not limited to, calcific tendinopathy of the shoulder, elbow tendinopathy (lateral/medial epicondylitis), carpal tunnel syndrome (CTS), greater trochanteric pain syndrome (GTPS), fractures and delayed unions/nonunions, osteonecrosis of the femoral head (ONFH), and patellar tendinopathy (PT).

For Extracorporeal Shock Wave Lithotripsy (ESWL) treatment of renal stones (CPT 50590), please see NCD ([230.1](#)) for Treatment of Kidney Stones.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT Codes	Description- Non-covered CPT codes
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 lateral humeral epicondyle
0512T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound
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)
28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia

Reviewed by / Approval Signatures

Clinical Quality & Utilization Mgmt. Committee: [Gray Clarke MD](#)

Senior Medical Director: [David Yu MD](#)

Date Approved: 11-16-2022

References

1. MCG, 26th Edition, Extracorporeal Shock Wave Therapy, Musculoskeletal, ACG: A-0223, Last Update, 08/31/2022. [Cited 10/18/2022]
2. Hayes, Health Technology Assessment, Radial Extracorporeal Shock Wave Therapy for Chronic Plantar Fasciitis, Health Technology Assessment, Nov 10, 2016, Annual Review: Mar 23, 2021. Archived Dec 10, 2021 [Cited 10/18/2021]
3. Hayes, Focused Extracorporeal Shock Wave Therapy for Chronic Plantar Fasciitis, Health Technology Assessment, Oct 6, 2016, Annual Review: Mar 23, 2021. Archived Oct 08, 2021 [Cited 10/18/2022]
4. Hayes, Health Technology Assessment, Extracorporeal Shock Wave Therapy for Calcific Tendonitis of the Shoulder, Aug 05, 2022, [Cited 10/18/2022]
5. CMS, Palmetto, Local Coverage Determination (LCD): Extracorporeal Shock Wave Therapy (ESWT) (L38775), Updated on: 12/21/2020, Effective date: 02/14/2021. Not for New Mexico. [Cited 10/20/2022]
6. CMS, Palmetto, Billing and Coding (LCA): Extracorporeal Shock Wave Therapy (ESWT) (A58367), Original effective date 02/14/2021, Effective Date: 01/01/2022, R1. (Not for New Mexico) [Cited 10/20/2022]

Publication History

06-01-01:	Benefit/Technology Alert, original effective date
03-23-16:	Annual Review. MCG A-0223 last updated 1/28/16. No change.
09-27-17:	Annual Review. MCG A-0223 accessed. No change. Last updated 2/2/17.
07-31-19:	Annual Review. Update reference with LCD L35095 criteria and removed MCG A-0223. LCD L35095 considers ESWT services not reasonable and necessary. Updated CPT codes.
11-18-20	Annual Review. Reviewed by PHP Medical Policy Committee on 10-28-2020. No change. The policy remains investigational for Medicare, Centennial and Commercial since the review of literature does not show clear evidence of clinical efficacy. Removed CMS retired LCD L35094. Add CPT codes 0512T and 0513T. The following codes will be set to not be covered: 28890, 0101T, 0102T, 0512T, 0513T for all LOBs.
11-17-21	Annual review. Reviewed by PHP Medical Policy Committee on 10/13/2021. No change to criteria. PHP will now follow LCD, Extracorporeal Shock Wave Therapy (ESWT) (L38775) and continue to consider the use of ESWT (high energy) not reasonable and necessary for the treatment of musculoskeletal conditions non-covered for Medicare, Centennial and Commercial. Keep policy active do not retire or put in the Investigation MPM 36.0 since it can be used for other areas of the body or conditions. Continue previous configuration set in 2020 for codes 28890, 0101T, 0102T, 0512T, 0513T as investigational for all LOBs.
11-16-22	Annual review. Reviewed by PHP Medical Policy Committee on 10/21/2022. No change-continue non-coverage for Medicare, Medicaid, and Commercial. Continue to follow LCD, Extracorporeal Shock Wave Therapy (ESWT) (L38775) which considers the use of ESWT (high energy) not reasonable and necessary for the treatment of musculoskeletal conditions. Continue previous configuration set in 2020 for codes 28890, 0101T, 0102T, 0512T, 0513T as investigational for all LOBs.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.