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Extracorporeal Shock Wave Therapy (ESWT)

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IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member, including care that may be both medically reasonable and necessary.

The Medicare Advantage medical policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and Centers of Medicare and Medicaid Services (CMS) policies and manuals, along with general CMS rules and regulations. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of a specific CMS coverage determination for a requested service, item or procedure, the health plan may apply CMS regulations, as well as their Medical Policy Manual or other applicable utilization management vendor criteria developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Some services or items may appear to be medically indicated for an individual but they may also be a direct exclusion of Medicare or the member's benefit plan. Medicare and member EOCs exclude from coverage, among other things, services or procedures considered to be investigational (experimental) or cosmetic, as well as services or items considered not medically reasonable and necessary under Title XVIII of the Social Security Act, §1862(a)(1)(A). In some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services. Members, their appointed representative, or a treating provider can request coverage of a service or item by submitting a pre-service organization determination prior to services being rendered.

DESCRIPTION

Extracorporeal shock wave therapy (ESWT) uses shock waves directed at areas of pain; however, the mechanism by which ESWT might have an effect on musculoskeletal and soft tissue conditions is not well defined.

MEDICARE ADVANTAGE POLICY CRITERIA

CMS Coverage Manuals

None

National Coverage Determinations (NCDs)

For Medicare Coverage Determinations and Articles, see the [Medicare Coverage Database](#)

None

Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles

For Medicare Coverage Determinations and Articles, see the [Medicare Coverage Database](#)

None

Medical Policy Manual

Medicare coverage guidance is not available for ESWT for musculoskeletal conditions. Therefore, the health plan's medical policy is applicable.

Extracorporeal Shock Wave Therapy (ESWT), Medicine, [Policy No. 90](#) (see "NOTE" below)

NOTE: If a procedure or device lacks scientific evidence regarding safety and efficacy because it is investigational or experimental, the service is noncovered as not reasonable and necessary to treat illness or injury. ([Medicare IOM Pub. No. 100-04, Ch. 23, §30 A](#)). According to Title XVIII of the Social Security Act, §1862(a)(1)(A), only medically reasonable and necessary services are covered by Medicare. In the absence of a NCD, LCD, or other coverage guideline, CMS guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an **objective, evidence-based process, based on authoritative evidence**. ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)). The Medicare Advantage Medical Policy - Medicine Policy No. M-149 - provides further details regarding the plan's evidence-assessment process (see Cross References).

POLICY GUIDELINES

REGULATORY STATUS

ESWT devices approved by the U.S. Food and Drug Administration (FDA) include the following:

DEVICE	TYPE
OssaTron® device (HealthTronics)	High-dose - Electrohydraulic delivery system
Epos™ Ultra (Dornier)	High-dose - Electromagnetic delivery system
SONOCUR® Basic (Seimens)	Low-dose - Electromagnetic delivery system
Orthospec™ Extracorporeal Shock Wave Therapy Device (Medispec Ltd.,)	High-energy – Electrohydraulic/Spark Gap
Orbasone™ Pain Relief System (Orthometrix)	High-energy – sonic wave
Dolorclast® (EMS - Electro Medical Systems)	Radial ESWT (rESWT)
Duolith® SD1 Shock Wave Therapy Device (Storz Medical AG)	Electromagnetic delivery
Dermapace System (SANUWAVE Health, Inc.)	High-energy electro-hydraulic delivery

Note, the fact a new service or procedure has been issued a CPT/HCPCS code or is FDA approved for a specific indication does not, in itself, make the procedure medically reasonable and necessary. The FDA determines safety and effectiveness of a device or drug, but does not establish medical necessity. While Medicare may adopt FDA determinations regarding safety and effectiveness, Medicare or Medicare contractors evaluate whether or not the drug or device is reasonable and necessary for the Medicare population under §1862(a)(1)(A).

CROSS REFERENCES

1. [Investigational \(Experimental\) Services, New and Emerging Medical Technologies and Procedures, and Other Non-Covered Services](#), Medicine, Policy No. M-149

REFERENCES

None

CODING

Codes	Number	Description
CPT	0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified (For extracorporeal shock wave therapy involving integumentary system not otherwise specified, see 0512T-0513T) (Do not report 0101T in conjunction with 0512T, 0513T, when treating the same area)
	0102T	Extracorporeal shock wave performed by a physician, requiring anesthesia other than local, and involving the lateral humeral epicondyle
	0512T	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; initial wound
	0513T	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; each additional wound
	0864T	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy
	20999	Unlisted procedure, musculoskeletal system, general
	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
	55899	Unlisted procedure, male genital system [when specified as ESWT (for example for ED or Peyronie's disease)]
HCPCS	None	