



## Extracorporeal Shock Wave Therapy for Musculoskeletal Conditions

Last Revision/Review Date: September 16, 2020

P&P # C.5.11

### Policy

The Medical Management Department reviews referral requests for authorization of extracorporeal shock-wave therapy for musculoskeletal conditions.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

### Procedure

#### I. Extracorporeal Shock Wave Therapy (ESWT)

##### A. Documentation Required

1. In order to facilitate the authorization process for Extracorporeal Shock Wave Therapy (ESWT) for the treatment of refractory rotator cuff calcific tendonitis, the referral requests must include the following:
  - a. Detailed history and physical exam documenting the diagnosis of calcific tendinitis of the shoulder;
  - b. Results of radiologic shoulder imaging documenting the presence and size of calcium deposits (e.g., plain radiography, ultrasound, MRI);
  - c. Detailed history of conservative therapies tried for rotator cuff tendonitis treatment and response to therapies.

##### B. Medical Necessity Criteria

1. High energy Extracorporeal Shock Wave Therapy (ESWT) is medically necessary for the treatment of **refractory rotator cuff calcific tendonitis** in adult patients when **ALL** of the following criteria are met:
  - a. Diagnosis exists for at least 6 months; **AND**
  - b. Documented calcium deposit measuring 1 cm or greater in the rotator cuff tendon; **AND**
  - c. Persistent daily shoulder pain or direct tendonitis function limitations that impact ability to perform activities of daily living; **AND**
  - d. Functional limitation persists despite conventional treatments including (i-ii):
    - i. Analgesic medications (e.g., non-steroidal anti-inflammatory medications) if not contraindicated; **AND**
    - ii. Trial of physical therapy for at least 3 months.

**Note: One ESWT treatment is approved per shoulder per lifetime.**

- C. **Extracorporeal Shock Wave Therapy (ESWT)** is considered experimental and investigational for treatment of **ANY** condition not listed above. These conditions include the following: (not all-inclusive)
1. Achilles tendonitis (tendinopathy);
  2. Lateral epicondylitis (tennis elbow);
  3. Medial epicondylitis (golfers elbow);
  4. Delayed and non-union of fractures;
  5. Osteonecrosis of the femoral head;
  6. Patellar tendinopathy;
  7. Wound healing including burn wounds, diabetic foot and venous leg ulcers;
  8. Other musculoskeletal indications (e.g., Calcaneal spur, hammer toe, tendosynovitis of the foot or ankle and tibialis tendinitis);
  9. Plantar fasciitis;
  10. Pregnant women;
  11. Patients with bleeding disorders or on anticoagulation therapy

#### **CPT Codes**

0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified; high energy
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#### **REFERENCES**

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