



PARAMOUNT

ADVANTAGE | ELITE | HMO
INDIVIDUAL MARKETPLACE |
PROMEDICA MEDICARE
PLAN | PPO

Extracorporeal Shock Wave Therapy (non-renal)

Policy Number: PG0004
Last Review: 10/25/2018

GUIDELINES

This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE

Professional
 Facility

DESCRIPTION

Extracorporeal Shock Wave Therapy (ESWT) is a non-surgical treatment that involves the delivery of shock waves to musculoskeletal areas of the body (commonly the epicondyle, shoulder, or heel), with the goal of reducing pain and promoting healing of the affected soft tissue. The use of shock waves is theorized to reduce inflammation, break up scar tissue, and stimulate tissue healing. The shock waves for orthopedic indications are the same as those used to break up kidney stones, but have 10 times less energy. ESWT is performed on an outpatient basis and may utilize local anesthesia to numb the area targeted for treatment. ESWT is intended as a noninvasive alternative to surgical treatment in selected patients who have failed conventional medical therapy.

POLICY

Extracorporeal Shock Wave Therapy (28890) for plantar fasciitis requires prior authorization.

Extracorporeal Shock Wave Therapy (0101T, 0102T, 0299T, 0300T) for any other musculoskeletal indication or for soft tissue wounds is non-covered. (Deleted codes 0299T, 0300T effective 12/31/17)

COVERAGE CRITERIA

HMO, PPO, Individual Marketplace, Advantage, Elite/ProMedica Medicare Plan

Extracorporeal Shock Wave Therapy (28890) for plantar fasciitis may be covered with prior authorization. Paramount utilizes InterQual® criteria sets for medical necessity determinations.

Extracorporeal Shock Wave Therapy (0101T, 0102T, 0299T, 0300T) for any other musculoskeletal indication or for soft tissue wounds is considered experimental and investigational and therefore non-covered because there is insufficient evidence in the peer-reviewed medical literature of the effectiveness of this procedure.

CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

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

0299T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound (Deleted code effective 12/31/17)
0300T	Each additional wound (List separately in addition to code for primary procedure) (Deleted code effective 12/31/17)
28890	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia

REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 07/29/2005

01/01/06: Added new CPT 28890 and deleted 0020T, G0279, G0280 according to 2006 code changes. Reimbursement guidelines were not changed and are still considered investigational.

12/01/06: Revised codes

Effective 1/1/2007, procedure codes G0279 and G0280 are no longer active. In addition, procedure code 0020T has been replaced with procedure code 28890, but still remains an investigational service and will be denied "22" (experimental services and/or drugs not covered – no patient liability).

01/01/08: No change

11/01/08: Revised references

03/15/10: Updated

04/01/11: Updated

02/14/14: Extracorporeal Shock Wave Therapy (non-renal) for plantar fasciitis (28890) may now be covered with prior authorization for Advantage members per The Ohio Department of Medicaid and for Elite members following CMS guidelines. Added codes 0299T & 0300T. Policy reviewed by The Technology Assessment Working Group (TAWG) and updated to reflect most current clinical evidence.

04/23/15: Extracorporeal Shock Wave Therapy (non-renal) for plantar fasciitis (28890) may now be covered with prior authorization for all product lines following InterQual criteria. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

01/22/16: Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

01/27/17: Removed deleted code 0019T effective 12/31/16. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

12/15/17: Effective 12/31/17 deleted codes 0299T & 0300T. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

10/25/18: Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

12/14/2020: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
 American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services
 Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
 Industry Standard Review
 Hayes, Inc.