

Blue Cross Blue Shield of Massechusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Medical Policy Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions

Table of Contents

- Policy: Commercial
- Policy: Medicare
- <u>Authorization Information</u>
- Description

Coding Information

Policy History

Policy Number: 081

BCBSA Reference Number: 2.01.40

Related Policies

- Ultrasound Accelerated Fracture Healing Device, #497
- Electrical Bone Growth Stimulation of the Appendicular Skeleton, #499

•

Bone Morphogenetic Protein, #097

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Extracorporeal shock wave therapy(ESWT), using either a high or low-dose protocol or radial ESWT, is **INVESTIGATIONAL** for the following conditions:

- Musculoskeletal conditions, including but not limited to plantar fasciitis
- Tendinopathies, including
 - o tendinitis of the shoulder,
 - o tendinitis of the elbow (epicondylitis, tennis elbow)
- Stress fractures, delayed union and non-union of fractures, and
- Avascular necrosis of the femoral head.

Prior Authorization Information

Commercial Members: Managed Care (HMO and POS)

This is **NOT** a covered service.

Commercial Members: PPO, and Indemnity

This is **NOT** a covered service.

Medicare Members: HMO BlueSM

This is **NOT** a covered service.

- Information Pertaining to All Policies
- <u>References</u>

Medicare Members: PPO BlueSM

This is **NOT** a covered service.

CPT Codes / HCPCS Codes / ICD-9 Codes

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT codes:	Code Description
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 therapy; involving musculoskeletal system, not otherwise
	specified; low energy
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified,
	high energy
0102T	Extracorporeal shock wave therapy; high energy, performed by a physician, requiring
	anesthesia other than local, involving lateral humeral epicondyle

ICD-9 Diagnosis Codes

Investigational for all diagnoses.

Description

Extracorporeal shockwave treatment (ESWT), also known as orthotripsy, has been available since the early 1980s. Its use has been used primarily for renal stones, but has also been investigated as a treatment methodology for orthopedic conditions such as plantar fasciitis, shoulder tendonitis, and lateral epicondylitis. For renal stones, it is theorized that the small solid masses are broken up enough by the vibration of the sound waves that the body can then breakdown, liquefy, and absorb or resorb the fragments.

The mechanism by which ESWT might have an effect on musculoskeletal conditions is not well defined. The following hypotheses are suggested:

- Disruption by shock waves of calcific deposits present in chronic conditions may loosen adjacent structures and promote resorption of calcium, thereby decreasing pain and improving function
- Activation of endogenous pain control systems by shock waves may "reset" the endogenous pain receptors thus lessening pain and improving function
- Damage to endothelial tissue may result in increased vessel wall permeability, causing increased diffusion of cytokines, which may in turn promote healing
- Microtrauma may promote angiogenesis and thus aid in healing, or
- Stimulation of osteogenesis and promotion callous formation in animals, which is the rationale for trials of ESWT in delayed union or non-union of bone fractures.

Two specific musculoskeletal conditions that may be considered for this type treatment are:

• Plantar fasciitis, which is an inflammation of the thick tissue known as the plantar fascia on the bottom of the foot. It connects the heel bone to the toes and creates the arch of the foot. Plantar Fasciitis is characterized by deep pain in the plantar aspect of the heel, particularly on arising from bed. The exact etiology of plantar fasciitis is unclear, although repetitive injury is suspected. Conservative

therapy such as aspirin, rest, and wearing good support shoes is successful in the vast majority of cases, and

• Lateral epicondylitis, which is the most common form of tendinitis of the elbow and results in lateral elbow pain and functional limitations. The disorder is caused by overuse or injury of the tendons that attach the arm muscles to the elbow, usually from activities that involve repetitive extension of the wrist. Overuse of the extensor muscles leads to microtears at their insertion point, which incites an inflammatory response. Repetitive cycles of injury and inflammation lead to tendinosis, degeneration of the tendon structures, and disorganized healing.

Examples of ESWT devices for orthopedic conditions are the OssaTron® device from HealthTronics, the Epos[™] Ultra from Dornier, and the Orbasone[™] Pain Relief System from Orthometrix. All ESWT devices for the treatment of orthopedic conditions are considered investigational regardless of the commercial name, the manufacturer or FDA approval status.

Summary

Extracorporeal shock wave therapy (ESWT) has been investigated for use in a variety of musculoskeletal conditions. Data as to the effectiveness (impact on net health outcome) of ESWT in the treatment of musculoskeletal conditions remains inconclusive, including in the FDA-approved indications for plantar fasciitis and lateral epicondylitis. Therefore, the use of this technology in the treatment of musculoskeletal condition, including plantar fasciitis, lateral epicondylitis, patellar tendonitis, and tendonitis of the shoulder remains investigational. The use of ESWT is also investigational for the treatment or prevention of fracture nonunion or in the treatment of osteonecrosis of the femoral head.

Date	Action
5/2014	New references added from BCBSA National medical policy.
4/2013	New references from BCBSA National medical policy.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
6/2011	Reviewed - Medical Policy Group - Orthopedics, Rehabilitation and Rheumatology. No changes to policy statements.
7/2010	Reviewed - Medical Policy Group - Orthopedics, Rehabilitation and Rheumatology. No changes to policy statements.
7/2009	Reviewed - Medical Policy Group - Orthopedics, Rehabilitation and Rheumatology. No changes to policy statements.
3/2009	BCBS Association National Policy Review Radial ESWT added to non- coverage statement.
11/2008	Medical Policy 081 effective 11/2008 describing ongoing non-coverage.

Policy History

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

Medical Policy Terms of Use Managed Care Guidelines Indemnity/PPO Guidelines Clinical Exception Process Medical Technology Assessment Guidelines

References

- 1. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). Extracorporeal shockwave treatment for musculoskeletal indications. TEC Assessments 2001; Volume 16, Tab 20.
- 2. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). Extracorporeal shock wave treatment for musculoskeletal indications TEC Assessments 2003; Volume 18, Tab 5.

- 3. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). Extracorporeal shock wave treatment for chronic plantar fasciitis. TEC Assessments 2004; Volume 19, Tab 18.
- 4. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). Extracorporeal shock wave treatment for chronic tendonitis of the elbow TEC Assessments 2004; Volume 19, Tab 16.
- 5. Dizon JN, Gonzalez-Suarez C, Zamora MT et al. Effectiveness of extracorporeal shock wave therapy in chronic plantar fasciitis: a meta-analysis. Am J Phys Med Rehabil 2013; 92(7):606-20.
- 6. Aqil A, Siddiqui MR, Solan M et al. Extracorporeal shock wave therapy is effective in treating chronic plantar fasciitis: a meta-analysis of RCTs. Clin Orthop Relat Res 2013; 471(11):3645-52.
- 7. Zhiyun L, Tao J, Zengwu S. Meta-analysis of high-energy extracorporeal shock wave therapy in recalcitrant plantar fasciitis. Swiss Med Wkly 2013; 143:w13825.
- U.S. Food and Drug Administration. Orbasone summary of safety and effectiveness. 2005. Available online at: http://www.accessdata.fda.gov/cdrh_docs/pdf4/P040039b.pdf. Last accessed January, 2014.
- 9. U.S. Food and Drug Administration. Orthospec summary of safety and effectiveness data. 2005. Available online at: http://www.accessdata.fda.gov/cdrh_docs/pdf4/P040026b.pdf. Last accessed January, 2014.
- 10. Gerdesmeyer L, Frey C, Vester J et al. Radial extracorporeal shock wave therapy is safe and effective in the treatment of chronic recalcitrant plantar fasciitis: results of a confirmatory randomized placebo-controlled multicenter study. Am J Sports Med 2008; 36(11):2100-9.
- Gollwitzer H, Diehl P, von Korff A et al. Extracorporeal shock wave therapy for chronic painful heel syndrome: a prospective, double blind, randomized trial assessing the efficacy of a new electromagnetic shock wave device. J Foot Ankle Surg 2007; 46(5):348-57.
- 12. Greve JM, Grecco MV, Santos-Silva PR. Comparison of radial shockwaves and conventional physiotherapy for treating plantar fasciitis. Clinics (Sao Paulo) 2009; 64(2):97-103.
- 13. Ibrahim MI, Donatelli RA, Schmitz C et al. Chronic plantar fasciitis treated with two sessions of radial extracorporeal shock wave therapy. Foot Ankle Int 2010; 31(5):391-7.
- 14. Radwan YA, Mansour AM, Badawy WS. Resistant plantar fasciopathy: shock wave versus endoscopic plantar fascial release. Int Orthop 2012; 36(10):2147-56.
- 15. U.S. Food and Drug Administration. SONOCUR summary of safety and effectiveness. 2002. Available online at: http://www.accessdata.fda.gov/cdrh_docs/pdf/P010039b.pdf. Last accessed January, 2014.
- 16. Rompe JD, Decking J, Schoellner C et al. Repetitive low-energy shock wave treatment for chronic lateral epicondylitis in tennis players. Am J Sports Med 2004; 32(3):734-43.
- 17. U.S. Food and Drug Administration. OssaTron summary of safety and effectiveness. 2000. Available online at: http://www.accessdata.fda.gov/cdrh_docs/pdf/P990086b.pdf. Last accessed January, 2014.
- 18. Haake M, Konig IR, Decker T et al. Extracorporeal shock wave therapy in the treatment of lateral epicondylitis : a randomized multicenter trial. J Bone Joint Surg Am 2002; 84-A(11):1982-91.
- 19. Pettrone FA, McCall BR. Extracorporeal shock wave therapy without local anesthesia for chronic lateral epicondylitis. J Bone Joint Surg Am 2005; 87(6):1297-304.
- 20. Buchbinder R, Green SE, Youd JM et al. Shock wave therapy for lateral elbow pain. Cochrane Database Syst Rev 2005; (4):CD003524.
- 21. Staples MP, Forbes A, Ptasznik R et al. A randomized controlled trial of extracorporeal shock wave therapy for lateral epicondylitis (tennis elbow). J Rheumatol 2008; 35(10):2038-46.
- 22. Jeon JH, Jung YJ, Lee JY et al. The effect of extracorporeal shock wave therapy on myofascial pain syndrome. Ann Rehabil Med 2012; 36(5):665-74.
- 23. Gunduz R, Malas FU, Borman P et al. Physical therapy, corticosteroid injection, and extracorporeal shock wave treatment in lateral epicondylitis. Clinical and ultrasonographical comparison. Clin Rheumatol 2012; 31(5):807-12.
- 24. Dingemanse R, Randsdorp M, Koes BW et al. Evidence for the effectiveness of electrophysical modalities for treatment of medial and lateral epicondylitis: a systematic review. Br J Sports Med 2013.
- 25. loppolo F, Tattoli M, Di Sante L et al. Clinical improvement and resorption of calcifications in calcific tendinitis of the shoulder after shock wave therapy at 6 months' follow-up: a systematic review and meta-analysis. Arch Phys Med Rehabil 2013; 94(9):1699-706.

- 26. Huisstede BM, Gebremariam L, van der Sande R et al. Evidence for effectiveness of Extracorporal Shock-Wave Therapy (ESWT) to treat calcific and non-calcific rotator cuff tendinosis--a systematic review. Man Ther 2011; 16(5):419-33.
- 27. Hsu CJ, Wang DY, Tseng KF et al. Extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. J Shoulder Elbow Surg 2008; 17(1):55-9.
- 28. Schofer MD, Hinrichs F, Peterlein CD et al. High- versus low-energy extracorporeal shock wave therapy of rotator cuff tendinopathy: a prospective, randomised, controlled study. Acta Orthop Belg 2009; 75(4):452-8.
- 29. Liu S, Zhai L, Shi Z et al. Radial extracorporeal pressure pulse therapy for the primary long bicipital tenosynovitis a prospective randomized controlled study. Ultrasound Med Biol 2012; 38(5):727-35.
- 30. Al-Abbad H, Simon JV. The effectiveness of extracorporeal shock wave therapy on chronic achilles tendinopathy: a systematic review. Foot Ankle Int 2013; 34(1):33-41.
- 31. Costa ML, Shepstone L, Donell ST et al. Shock wave therapy for chronic Achilles tendon pain: a randomized placebo-controlled trial. Clin Orthop Relat Res 2005; 440:199-204.
- 32. Rasmussen S, Christensen M, Mathiesen I et al. Shockwave therapy for chronic Achilles tendinopathy: a double-blind, randomized clinical trial of efficacy. Acta Orthop 2008; 79(2):249-56.
- 33. van Leeuwen MT, Zwerver J, van den Akker-Scheek I. Extracorporeal shockwave therapy for patellar tendinopathy: a review of the literature. Br J Sports Med 2009; 43(3):163-8.
- 34. Smith J, Sellon JL. Comparing PRP Injections With ESWT for Athletes With Chronic Patellar Tendinopathy. Clin J Sport Med 2014; 24(1):88-9.
- 35. Rompe JD, Cacchio A, Furia JP et al. Low-energy extracorporeal shock wave therapy as a treatment for medial tibial stress syndrome. Am J Sports Med 2010; 38(1):125-32.
- 36. Barnes M. Letter to the editor. "Low-energy extracorporeal shock wave therapy as a treatment for medial tibial stress syndrome". Am J Sports Med 2010; 38(11):NP1; author reply NP1-2.
- 37. Vidal X, Morral A, Costa L et al. Radial extracorporeal shock wave therapy (rESWT) in the treatment of spasticity in cerebral palsy: A randomized, placebo-controlled clinical trial. NeuroRehabilitation 2011; 29(4):413-9.
- 38. Alves EM, Angrisani AT, Santiago MB. The use of extracorporeal shock waves in the treatment of osteonecrosis of the femoral head: a systematic review. Clin Rheumatol 2009; 28(11):1247-51.
- 39. Chen JM, Hsu SL, Wong T et al. Functional outcomes of bilateral hip necrosis: total hip arthroplasty versus extracorporeal shockwave. Arch Orthop Trauma Surg 2009; 129(6):837-41.
- 40. Zelle BA, Gollwitzer H, Zlowodzki M et al. Extracorporeal shock wave therapy: current evidence. J Orthop Trauma 2010; 24 Suppl 1:S66-70.
- 41. Wang CJ, Liu HC, Fu TH. The effects of extracorporeal shockwave on acute high-energy long bone fractures of the lower extremity. Arch Orthop Trauma Surg 2007; 127(2):137-42.
- 42. Cacchio A, Giordano L, Colafarina O et al. Extracorporeal shock-wave therapy compared with surgery for hypertrophic long-bone nonunions. J Bone Joint Surg Am 2009; 91(11):2589-97.
- 43. Thomas JL, Christensen JC, Kravitz SR et al. The diagnosis and treatment of heel pain: a clinical practice guideline-revision 2010. J Foot Ankle Surg 2010; 49(3 Suppl):S1-19.
- 44. National Institute of Health and Clinical Excellence (NICE). Extracorporeal shockwave lithotripsy for calcific tendonitis (tendonopathy) of the shoulder: guidance. 2003. Available online at: http://www.nice.org.uk/nicemedia/live/11093/30992/30992.pdf. Last accessed January, 2014.
- 45. National Institute for Health and Clinical Excellence (NICE). Extracorporeal shockwave therapy for refractory tennis elbow: guidance. 2009. Available online at: http://www.nice.org.uk/nicemedia/live/12124/45249/45249.pdf. Last accessed January, 2014.
- 46. National Institute for Health and Clinical Excellence (NICE). Extracorporeal shockwave therapy for refractory Achilles tendonopathy: guidance. 2009. Available online at: http://www.nice.org.uk/nicemedia/live/12123/45245/45245.pdf. Last accessed January, 2014.
- 47. National Institute of Health and Clinical Excellence (NICE). Extracorporeal shockwave therapy for refractory plantar fasciitis: guidance. 2009. Available online at: http://www.nice.org.uk/nicemedia/live/11187/45188/45188.pdf. Last accessed January, 2014.
- National Institute for Health and Clinical Excellence (NICE). Extracorporeal shockwave therapy for refractory greater trochanteric pain syndrome. 2011. Available online at: http://www.nice.org.uk/nicemedia/live/12975/52604/52604.pdf. Last accessed January, 2014.
- 49. Ho C. Extracorporeal shock wave treatment for chronic plantar fasciitis (heel pain). Issues Emerg Health Technol 2007; (96 (part 1)):1-4.

- 50. Ho C. Extracorporeal shock wave treatment for chronic lateral epicondylitis (tennis elbow). Issues Emerg Health Technol 2007; (96 (part 2)):1-4. 51. Ho C. Extracorporeal shock wave treatment for chronic rotator cuff tendonitis (shoulder pain). Issues
- Emerg Health Technol 2007; (96 (part 3)):1-4.