

## Extracorporeal Shock Wave Treatment (ESWT)

<b>Policy Number</b>	ESW06082011RP	<b>Approved By</b>	UnitedHealthcare Medicare Reimbursement Policy Committee	<b>Current Approval Date</b>	02/26/2014
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### IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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### Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the

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### Summary

#### Overview

ESWT uses technology similar to lithotripsy in an attempt to relieve musculoskeletal symptoms of the specified affected area. The exact mechanism by which ESWT works is not known. There are two theories on the therapeutic effects of the shock waves. One theory is that the shock waves alleviate pain by increasing blood flow and decreasing inflammation in the affected area. Another theory is that the shock waves damage cell membranes thus interfering with the transmission of pain signals.

#### Reimbursement Guidelines

Experience with ESWT in the treatment of musculoskeletal conditions is limited. This treatment method appears to offer benefit in some published case series, but has not been confirmed in random case controlled studies. ESWT is considered not medically necessary for all conditions and are considered not covered.

### CPT/HCPCS Codes

Code	Description
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
0019T	Extracorporeal Shock Wave Involving Musculoskeletal System, Not Otherwise Specified, Low Energy
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
0300T	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)

### References Included (but not limited to):

#### CMS LCD(s)

Numerous LCDs

#### UnitedHealthcare Medicare Advantage Coverage Summaries

Orthopedic Procedures, Devices and Products

#### UnitedHealthcare Medical Policies

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### History

Date	Revisions
02/26/2014	<ul style="list-style-type: none"> <li>Re-review presented to MRPC for approval</li> <li>RP expanded to address all non-covered ESWT services (0299T and 0300T inserted)</li> </ul>
04/03/2013	Administrative updates

**Extracorporeal Shock Wave Treatment (ESWT)**

03/27/2013	Policy re-review presented to MRPC for approval
08/06/2012	Policy re-reviewed with no changes
08/17/2011	Administrative updates
06/08/2011	Policy developed and approved with effective date of 06/08/2011