



Subject: Extracorporeal Shock Wave Therapy (ESWT, Orthotripsy [podiatric/orthopedic applications])*

Effective Date: July 29, 2003

Department(s): Utilization Management

Policy: Extracorporeal shock wave therapy (ESWT) for podiatric or orthopedic applications is not reimbursable under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement, and to exclude coverage of an unproven therapeutic intervention.

Procedure:

- Requests for coverage of ESWT (CPT codes 28890, 0019T, 0101T, and 0102T) for osteoarticular conditions will be denied, as this therapeutic intervention has either been shown not to be effective (upper extremities) or has not yet been proven to be effective or sufficiently safe (plantar fasciitis and heel pain) to warrant coverage. This modality is thus deemed by QualCare to be experimental, investigational, or unproven.
- Requesting providers who support their request by indicating that ESWT is FDA-approved for heel pain will be informed that the FDA's approval is contingent on a "study to further evaluate the problems of neurological symptoms and plantar fascial ruptures."
- *For those clients who wish to cover ESWT for their members as part of their individual plan designs, pre-certification is required and the following criteria must be met:
 1. Heel pain and/or plantar fasciitis must have been present for at least six months.

2. There must have been ongoing conservative management of this heel pain for at least three months, including, but not limited to:
 - a. Physical therapy and/or stretching exercises
 - b. In-shoe orthotics
 - c. Analgesics (*e.g.*, acetaminophen, aspirin, NSAIDs)
 - d. Corticosteroid injection
3. Individual clients may have further requirements for the coverage of ESWT, such as limitation to inner circle facilities and providers.

References

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.