

Document ID#: 1037001
Subject: Electric Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions
Effective Date: October 2, 2006

Clinical Documentation and Prior Authorization Required		Type of Review - Case Management	
Not Covered	√	Type of Review – Clinical Review	
		Administrative Process (Internal Use Only)	

Overview

Plantar fasciitis, the most common cause of chronic heel pain, may be caused from a biomechanical imbalance that puts abnormal tension on the foot's connective tissue causing inflammation. The incidence and severity correlates strongly with obesity and occurs in more women than men. Conservative treatments such as physical therapy exercise programs, night splints, non-steroidal anti-inflammatory drugs and steroid injections are successful in most cases.

Extracorporeal Shock-wave Therapy (ESWT) is a noninvasive treatment that involves the delivery of 1000 to 3000 shock waves to the painful heel region, and has been proposed as an alternative to surgery for patients that have not responded to medical therapy. In addition to plantar fasciitis, extracorporeal shock wave therapy has been used to treat other musculoskeletal conditions, such as chronic epicondylitis of the elbow. Tufts Health Plan does not cover the application of this therapy for either condition.

Policy Statement

Tufts Health Plan does not cover Extracorporeal Shock-wave Treatment of Plantar Fasciitis and Other Musculoskeletal Conditions.

According to the Tufts Health Plan Evidence of Coverage (EOC), a treatment or procedure is considered experimental or investigative “if reliable evidence shows that prevailing opinion among experts regarding the treatment is that more studies or clinical trials are necessary to determine its safety, efficacy, toxicity, maximum tolerated dose, or its efficacy as compared with a standard means of treatment or diagnosis.”

Note: Reliable evidence, as used in this section, shall mean only published reports and articles in the authoritative peer-reviewed medical and scientific literature.

In accordance with the definition above, Tufts Health Plan considers the use of the Extracorporeal Shock-wave Therapy (ESWT) for Plantar Fasciitis and Other Musculoskeletal conditions to be experimental and investigative. Additional reviews of this treatment or procedure will be performed as new information becomes available.

This policy provides information on Tufts Health Plan claims adjudication processing guidelines. As every claim is unique, the use of this policy is not a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to Member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, adherence to plan policies and procedures and claims editing logic. This policy does not apply to Tufts Health Plan Medicare Preferred, Uniformed Services Family Health Plan or Private Health Care Systems (PHCS) network Members. Providers in the New Hampshire service area are subject to CIGNA HealthCare's provider arrangement for the purpose of CareLink members.

Codes

The following CPT procedure code(s) are considered investigational/not medically necessary:

Procedure Code	Description
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
28890	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving plantar fascia

Applicable Products

Medical technology coverage determinations apply to all fully insured Tufts Health Plans, unless a specific limitation or exception exists.

1. For self-insured plans, consult individual plan benefit descriptions. If a discrepancy exists between a medical technology coverage determination and a self-insured member's benefit document, the provisions of the benefit document will govern.
2. Applicable state or federal mandates will take precedence over either.

References

1. A. Hayes Report. Extracorporeal shock wave lithotripsy for chronic plantar Fasciitis. Winifred S. Hayes, Inc. April 2001.
2. U.S. Department of Health and Human Services, Food and Drug Administration, Center for Device Evaluation and Research. PMA for HealthTronics Ossatron. Orthopedics, and Rehabilitation Devices Advisory Committee Transcript. Gaithersburg, MD: FDA, July 20, 2000. Accessed on June 2, 2002.
3. Rompe, J., et al. Evaluation of low-energy extracorporeal shock-wave application for treatment of chronic plantar fasciitis. March 2002; 335-341.
4. Buchbinder, R., Ptasznik, R. Gordon, J. et al. Ultrasound-guided extracorporeal shock wave therapy for plantar fasciitis. Journal of American Medicine. 2002; 288(11): 1364-1372.
5. Hayes, Inc. Extracorporeal shock-wave therapy no better than sham therapy for heel pain. Hayes Alert. July 2003; 6(7).
6. Ogden, J., Cross, G., Williams, S. Bilateral chronic proximal plantar fasciopathy: treatment with electrohydraulic orthotripsy. Foot & Ankle International. 2004; 25(5): 298-302.
7. Theodore, G., Buch, M., Amendola, A., et al. Extracorporeal shock wave therapy for the treatment of plantar fasciitis. Foot & Ankle International. 2004; 25(5): 290-297.
8. Buchbinder, R. Clinical practice: plantar fasciitis. New England Journal of Medicine. 2004; 350(21): 2159-2166.

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Approval History

Reviewed by the Tufts Health Plan Medical Technology Committee:

- June 7, 2002
- July 19, 2002
- December 6, 2002
- May 14, 2004
- June 4, 2004
- February 13, 2006
- October 2, 2006

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