Extracorporeal shock wave therapy (ESWT) devices are similar to the lithotripters used for breaking up kidney stones in urology. They produce low- or high-energy pulses arising from acoustic energy, called shock waves, which can be focused and then propagated through water within body tissues. When focused on a boundary between tissues of differing densities, the shock wave is altered and energy is emitted. The shock waves for orthopedic indications are the same as those used to break up kidney stones, but have 10 times less energy. Low energy defocused ESWT or soft focused acoustical wave pattern is used for wound healing.

Although the mechanism of therapeutic effect for ESWT has not been established, it has been proposed that shock waves may have a direct mechanical effect through the rapid buildup of positive pressure and/or a more indirect effect through the implosion of bubbles in the interstitial fluid. These forces may reduce transmission of pain signals from sensory nerves, cause calcium deposits to disintegrate, break down scar tissue, cause a transient inflammatory response, and/or stimulate tissue healing.

Guidelines
Extracorporeal shock wave therapy (ESWT), whether low energy, high energy or radial wave, is unproven and not medically necessary for any musculoskeletal or soft tissue indications due to insufficient evidence of efficacy.

Note: This policy does not address Extracorporeal Shock Wave Lithotripsy (ESWL) used for the treatment of:
- gallstones
- kidney stones
- pancreatic stones
- salivary stones

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>0101T</td>
<td>Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy</td>
</tr>
<tr>
<td>0102T</td>
<td>Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle</td>
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</tbody>
</table>
DEFINITIONS

ESWT: Extracorporeal Shock Wave Therapy

PURPOSE

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers’ submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

• Medicare coding or billing requirements, and/or
• Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as LCDs, NCDs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the References section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

REFERENCES

UnitedHealthcare Commercial Policy
Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Conditions and Soft Tissue Wounds

GUIDELINE HISTORY/REVISION INFORMATION

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

<table>
<thead>
<tr>
<th>Date</th>
<th>Policy Summary</th>
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</table>
| 08/12/2020 | **Overview**
  • Revised language to indicate:
    o Extracorporeal shock wave therapy (ESWT) devices are similar to the lithotripters used for breaking up kidney stones in urology
      ▪ They produce low- or high-energy pulses arising from acoustic energy, called shock waves, which can be focused and then propagated through water within body tissues
      ▪ When focused on a boundary between tissues of differing densities, the shock wave is altered, and energy is emitted
      ▪ The shock waves for orthopedic indications are the same as those used to break up kidney stones, but have 10 times less energy
      ▪ Low energy defocused ESWT or soft focused acoustical wave pattern is used for wound healing
    o Although the mechanism of therapeutic effect for ESWT has not been established, it has been proposed that shock waves may have a direct mechanical effect through the rapid buildup of positive pressure and/or a more indirect effect through the implosion of bubbles in the interstitial fluid; these forces may reduce transmission of pain signals from sensory nerves, cause calcium deposits to disintegrate, break down scar tissue, cause a
Extracorporeal Shock Wave Treatment (ESWT)

UnitedHealthcare Medicare Advantage Policy Guideline

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Date Action/Description

transient inflammatory response, and/or stimulate tissue healing

Guidelines

- Replaced language indicating "extracorporeal shock wave therapy (ESWT), whether low energy, high energy or radial wave, is unproven and not medically necessary for all indications due to insufficient evidence of efficacy" with "extracorporeal shock wave therapy (ESWT), whether low energy, high energy or radial wave, is unproven and not medically necessary for any musculoskeletal or soft tissue indications due to insufficient evidence of efficacy"
- Updated language to clarify this policy does not address Extracorporeal Shock Wave Lithotripsy (ESWL) used for the treatment of:
  - Gallstones
  - Kidney stones
  - Pancreatic stones
  - Salivary stones

Supporting Information

- Updated References section to reflect the most current information
- Archived previous policy version MPG112.05

TERMS AND CONDITIONS

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication, and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines 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 or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the Administrative Guide.