

Ablation Techniques and Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Wounds



INDEPENDENT CARE HEALTH PLAN

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Medicare Advantage Medical Coverage Policy

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Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

Related Medicare Advantage Medical/Pharmacy Coverage Policies

None

Related Documents

Please refer to [CMS website](#) for the most current applicable CMS Online Manual System (IOMs)/National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/ Transmittals.

Type	Title	ID Number	Jurisdiction Medicare	Applicable States/Territories
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			Administrative Contractors (MACs)	
LCD	Extracorporeal Shock Wave Therapy (ESWT)	<u>L38775</u>	JJ - Palmetto GBA (Part A/B MAC)	AL, GA, TN
LCA	Billing and Coding: Extracorporeal Shock Wave Therapy (ESWT)	<u>A58367</u>	JM - Palmetto GBA (Part A/B MAC)	NC, SC, VA, WV

Description

Coblation is a patented process which causes molecules in body fluids to become highly energized and converted into a gas at low temperatures, purportedly minimizing damage to surrounding tissues. This process is used in surgical instrumentation to destruct small segments of a tendon or connective tissue supposedly to stimulate blood vessel development and healing of damaged tissue. Examples of US Food & Drug Administration (FDA) approved coblation surgical instruments include, but may not be limited to, the **Topaz MicroDebrider** and the **Werewolf Coblation System**.

Extracorporeal shock wave therapy (ESWT) is a nonsurgical treatment that involves the delivery of acoustic shock waves to musculoskeletal areas of the body (commonly the epicondyle, shoulder or heel) with the goal of reducing pain and promoting healing of the affected soft tissue. The acoustic waves are theorized to reduce inflammation, break up scar tissue and stimulate tissue healing. ESWT is performed on an outpatient basis and may utilize local anesthesia to numb the area targeted for treatment. ESWT is intended as a noninvasive alternative to surgical treatment in a selected individual who has failed conventional medical therapy.

Additional types of ESWT include:

- **Extracorporeal pulse activation therapy (EPAT)** or radial wave therapy is another type of ESWT that uses waves of pressure to transform kinetic energy into radially expanding shock waves. It is purported to be an alternative to focused ESWT and can address larger treatment areas.
- **Pulse Acoustic Cellular Expression therapy (PACE)** is a proprietary type of ESWT for use as an adjunct to standard wound care in an adult with a diabetic foot ulcer lasting longer than 30 days. An example of a FDA-approved PACE device is the **dermaPACE**.

Percutaneous ultrasonic ablation combines the use of ultrasound imaging and a minimally invasive pen-like surgical instrument that uses ultrasonic energy to visualize, cut and remove diseased or damaged tissue in an individual with chronic tendinopathies. An example of a FDA-approved ultrasonic ablation surgical instrument is the **Tenex Health TX system**. This procedure is frequently referred to as percutaneous needle tenotomy, percutaneous tenotomy or percutaneous fasciotomy.

Coverage Determination

iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.

Please refer to the above CMS guidance for **ESWT**.

In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria:

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The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.

Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
20999	Unlisted procedure, musculoskeletal system, general	
29999	Unlisted procedure, arthroscopy	
CPT® Category III Code(s)	Description	Comments
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy	

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0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle	
0512T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	
0513T	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)	
HCPCS Code(s)	Description	Comments
No code(s) identified		

References

- Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Extracorporeal shockwave therapy (ESWT) (150.11). <https://www.cms.gov>. Published February 14, 2021. Accessed November 1, 2023.

Change Summary

- 01/01/2024 New Policy.
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