

Reimbursement for ESWT for the Musculoskeletal Disorders in the United States

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ECSWT for musculoskeletal disorders has been available in the United States since October of 2000. Since that time, three ESWT systems have been approved by the FDA. Two for plantar fasciitis, one for lateral epicondylitis, and one for both lateral epicondylitis and plantar fasciitis. Generally, reimbursement for ESWT has been limited and varies greatly between regions of the country. Reference will be made to Sonacor, Ossatron, and Dornier Epos Ultra systems experiences.

Difficulties in obtaining reimbursement result from the following:

- 1) Inconsistency in the medical literature regarding the effectiveness of ESWT.
- 2) The lack of quality prospective, randomized, multi-centered, double-blinded clinical studies using similar technology with standardized treatment protocols and comparable endpoint assessments.
- 3) Reluctance of insurance carriers to provided payment for treatment of common musculoskeletal disorders, many of which spontaneously resolve.
- 4) The availability of only Category III CPT codes at the present time.
- 5) Erroneous CMS initial pricing.
- 6) Confusion about the differences in technology.

These difficulties have resulted in generally poor non-uniform payments limited to specific geographic areas and carriers. Medicare has coverage policies for specifically approved devices in approximately 19 states, but payment rates are so low to rarely cover costs. Private insurance carriers have very variable rates of reimbursement, often varying greatly within the same region. Workman's compensation is inconsistent. Present reimbursement discourages physicians from prescribing ESWT even if they think it is indicated. This situation will improve only if the above difficulties are addressed in a unified fashion by clinicians and ESWT device manufacturers.