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MEDICAL POLICY – 2.01.40

Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions

BCBSA Ref. Policy:	2.01.40	
Effective Date:	Aug. 1, 2018	RELATED MEDICAL POLICIES:
Last Revised:	July 25, 2018	1.01.05 Ultrasound Accelerated Fracture Healing Device
Replaces:	2.01.109	

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∞ Clicking this icon returns you to the hyperlinks menu above.

Introduction

Extracorporeal is a term that means outside of the body. Extracorporeal shockwave therapy uses shock waves to try to treat conditions affecting bone and tissues. There are two forms of this treatment, low-energy and high-energy. It's believed that the shock waves create small amounts of damage to the tissues being treated. The body then responds by creating new blood vessels and sending more nutrients to the area. This natural healing response is thought to affect the condition being treated. The low-energy treatments might need no or only mild anesthesia. The high-energy shock wave treatments often require general anesthesia or a block to stop the pain in a particular area. The effectiveness of this treatment is in question. More medical studies are needed to determine if shock wave therapy is effective.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Therapy	Investigational
Extracorporeal shock wave therapy (ESWT)	**Extracorporeal shock wave therapy (ESWT), using either a high- or low-dose protocol or radial ESWT, is considered investigational as a treatment of musculoskeletal conditions, including but not limited to:** • Achilles tendinitis • Avascular necrosis of the femoral head • Delayed union and nonunion of fractures • Patellar tendinitis • Plantar fasciitis • Spasticity • Stress fractures • Tendinitis of the elbow (lateral epicondylitis) • Tendinopathies including tendinitis of the shoulder

Coding

Code	Description
CPT	
0101T	Extracorporeal shock wave therapy; involving musculoskeletal system, not otherwise specified; high energy
0102T	Extracorporeal shock wave therapy; high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle
20999	Unlisted procedure, musculoskeletal system, general
28890	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia

Note: High-energy ESWT requires the use of anesthesia and is performed in a hospital or ambulatory surgery center. Low-energy ESWT is usually used in the office without anesthesia.

Related Information

Benefit Application

Extracorporeal shock wave treatment for plantar fasciitis may be performed by podiatrists, orthopedic surgeons, and primary care physicians.

Evidence Review

Description

Extracorporeal shock wave therapy (ESWT) is a noninvasive method used to treat pain with shock or sound waves directed from outside the body onto the area to be treated, (eg, the heel in the case of plantar fasciitis). Shock waves are generated at high- or low-energy intensity, and treatment protocols can include more than 1 treatment. ESWT has been investigated for use in a variety of musculoskeletal conditions.

Background

Chronic Musculoskeletal Conditions

Chronic musculoskeletal conditions (eg, tendinitis) can be associated with a substantial degree of scarring and calcium deposition. Calcium deposits may restrict motion and encroach on other structures, such as nerves and blood vessels, causing pain and decreased function. One hypothesis is that disruption of calcific deposits by shock waves may loosen adjacent structures and promote resorption of calcium, thereby decreasing pain and improving function.

Plantar Fasciitis

Plantar fasciitis is a common ailment characterized by deep pain in the plantar aspect of the heel, particularly on arising from bed. While the pain may subside with activity, in some patients the pain persists, interrupting activities of daily living. On physical examination, firm pressure will

elicit a tender spot over the medial tubercle of the calcaneus. The exact etiology of plantar fasciitis is unclear, although repetitive injury is suspected. Heel spurs are often an associated finding, although it is unproven that heel spurs actually cause the pain. Asymptomatic heel spurs can be found in up to 10% of the population.

Tendinitis and Tendinopathies

Common tendinitis and tendinopathy syndromes are summarized in **Table 1**. Many tendinitis and tendinopathy syndromes are related to overuse injury.

Table 1: Tendinitis and Tendinopathy Syndromes

Disorder	Location	Symptoms	Conservative Therapy	Other Therapies
Lateral epicondylitis (elbow tendinitis/ "tennis elbow")	Lateral elbow (insertion of wrist extensors)	Tenderness over lateral epicondyle and proximal wrist extensor muscle mass; pain with resisted wrist extension with the elbow in full extension; pain with passive terminal wrist flexion with the elbow in full extension	• Rest • Activity modification • NSAIDs • Physical therapy • Orthotic devices	Corticosteroid injections; joint débridement (open or laparoscopic)
Shoulder tendinopathy	Rotator cuff muscle tendons, most commonly supraspinatus	Pain with overhead activity	• Rest • Ice • NSAIDs • Physical therapy	Corticosteroid injections
Achilles tendinopathy	Achilles tendon	Pain or stiffness 2-6 cm above the posterior calcaneus	• Avoidance of aggravating activities • Ice when symptomatic • NSAIDs • Heel lift	Surgical repair for tendon rupture
Patellar tendinopathy ("jumper's knee")	Proximal tendon at lower pole of the patella	Pain over anterior knee and patellar tendon; may progress to tendon calcification and/or tear	• Ice • Supportive taping • Patellar tendon straps • NSAIDs	

NSAIDs: nonsteroidal anti-inflammatory drugs

Fracture Nonunion and Delayed Union

The definition of a fracture nonunion remains controversial, particularly the duration necessary to define nonunion. One proposed definition is a failure of progression of fracture healing for at least 3 consecutive months (and at least 6 months after the fracture) accompanied by clinical symptoms of delayed/nonunion (pain, difficulty weight bearing). The following criteria to define nonunion were used to inform this policy:

- At least 3 months since the date of fracture;
- Serial radiographs have confirmed that no progressive signs of healing have occurred;
- The fracture gap is 1 cm or less; and
- The patient can be adequately immobilized and is of an age likely to comply with non-weight bearing.

The delayed union can be defined as a decelerating healing process, as determined by serial radiographs, together with a lack of clinical and radiologic evidence of union, bony continuity, or bone reaction at the fracture site for no less than 3 months from the index injury or the most recent intervention. (In contrast, nonunion serial radiographs show no evidence of healing.)

Other Musculoskeletal and Neurologic Conditions

Other musculoskeletal conditions include medial tibial stress syndrome, osteonecrosis (avascular necrosis) of the femoral head, coccydynia, and painful stump neuromas, and spasticity. Neurologic conditions include spasticity, which refers to a motor disorder characterized by increased velocity-dependent stretch reflexes. It is a characteristic of upper motor neuron dysfunction, which may be due to a variety of pathologies.

Treatment

Most cases of plantar fasciitis are treated with conservative therapy, including rest or minimization of running and jumping, heel cups, and nonsteroidal-anti-inflammatory drugs. Local steroid injection may also be used. Improvement may take up to 1 year in some cases.

For tendinitis and tendinopathy syndromes, conservative treatment often involves rest, activity modifications, physical therapy, and anti-inflammatory medications (see **Table 1**).

Extracorporeal Shock Wave Therapy

Also known as orthotripsy, extracorporeal shock wave therapy (ESWT) has been available since the early 1980s for the treatment of renal stones and has been widely investigated for the treatment of biliary stones. ESWT uses externally applied shock waves to create a transient pressure disturbance, which disrupts solid structures, breaking them into smaller fragments, thus allowing spontaneous passage and/or removal of the stones. The mechanism by which ESWT might have an effect on musculoskeletal conditions is not well-defined.

Other mechanisms are also thought to be involved in ESWT. Physical stimuli are known to activate endogenous pain control systems, and activation by shock waves may "reset" the endogenous pain receptors. Damage to endothelial tissue from ESWT may result in increased vessel wall permeability, causing increased diffusion of cytokines, which may, in turn, promote healing. Microtrauma induced by ESWT may promote angiogenesis and thus aid healing. Finally, shock waves have been shown to stimulate osteogenesis and promote callous formation in animals, which is the basis for trials of ESWT in delayed union or nonunion of bone fractures.

There are 2 types of ESWT: focused and radial. Focused ESWT sends medium- to high-energy shockwaves of single pressure pulses lasting microseconds, directed on a specific target using ultrasound or radiographic guidance. Radial ESWT (RSW) transmits low- to medium-energy shockwaves radially over a larger surface area. Food and Drug Administration (FDA) approval was first granted in 2002 for focused ESWT devices and in 2007 for RSW devices.

Summary of Evidence

For individuals who have plantar fasciitis who receive ESWT, the evidence includes 2 recent systematic reviews, each containing 9 RCTs each (8 overlapping RCTs). Relevant outcomes are symptoms, functional outcomes, quality of life, medication use, and treatment-related morbidity. While most of the same trials are included in both meta-analyses, pooled results were inconsistent. One meta-analysis reported that ESWT was beneficial in reducing pain, while the other reported nonsignificant findings in pain reduction. Reasons for the differing results include lack of uniformity in the definitions of outcomes, and heterogeneity in ESWT protocols (focused vs radial, number and duration of shocks per treatment, the number of treatments). The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have lateral epicondylitis who receive ESWT, the evidence includes small RCTs. Relevant outcomes are symptoms, functional outcomes, quality of life, medication use, and treatment-related morbidity. Overall, although some RCTs have demonstrated benefits in pain and functional outcomes associated with ESWT, the limited amount of high-quality RCT

evidence precludes conclusions about the efficacy of ESWT for lateral epicondylitis. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have shoulder tendinopathy who receive ESWT, the evidence includes 2 network meta-analyses as well as several systematic reviews and meta-analyses of RCTs. Relevant outcomes are symptoms, functional outcomes, quality of life, medication use, and treatment-related morbidity. The network meta-analyses focused on 3 outcomes: pain reduction, functional assessment, and change in calcific deposits. One network meta-analysis separated trials using high-energy focused ESWT (H-FSW), low-energy ESWT, and radial ESWT (RSW). This analysis reported the most effective treatment for pain reduction was ultrasound-guided needling, followed by RSW and H-FSW. The only treatment showing a benefit in functional outcomes was H-FSW. For the largest change in calcific deposits, the most effective treatment was ultrasound-guided needling, followed by RSW, then H-FSW. Many of the RCTs were judged to be of poor quality. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have Achilles tendinopathy who receive ESWT, the evidence includes systematic reviews of RCTs, an RCT published after the systematic review, and nonrandomized studies. Relevant outcomes are symptoms, functional outcomes, quality of life, medication use, and treatment-related morbidity. In the most recent systematic review, a pooled analysis reported that ESWT reduced both short- and long-term pain compared with nonoperative treatments, although reviewers warned that results were inconsistent across the RCTs and that there was heterogeneity across studies (eg, patient populations, treatment protocols). An RCT published after the systematic review compared ESWT with hyaluronan injections and reported improvements in both treatment groups, although the improvements were significantly higher in the injection group. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have patellar tendinopathy who receive ESWT, the evidence includes systematic reviews of small studies, an RCT published after the systematic review, and a nonrandomized study. Relevant outcomes are symptoms, functional outcomes, quality of life, medication use, and treatment-related morbidity. The studies reported inconsistent results. Many had methodologic deficiencies such as small numbers, short follow-up periods, and heterogeneous treatment protocols. Results from a nonrandomized study suggested that the location of the patellar tendinopathy might impact the response to ESWT (patients with retropatellar fat extension did not respond to RSW compared with patients with tendon involvement). The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have medial tibial stress syndrome who receive ESWT, the evidence includes a small RCT and a small nonrandomized cohort study. Relevant outcomes are symptoms, functional outcomes, quality of life, medication use, and treatment-related morbidity. The RCT reported no difference in self-reported pain between study groups. The cohort study reported improvements with ESWT, although selection bias impacts the strength of the conclusions. The available evidence is limited and inconsistent; it does not permit conclusions about the benefits of ESWT for medial tibial stress syndrome. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have osteonecrosis of the femoral head who receive ESWT, the evidence includes 2 systematic reviews of small, mostly nonrandomized studies. Relevant outcomes are symptoms, functional outcomes, quality of life, medication use, and treatment-related morbidity. While many of the studies have suggested that ESWT might be effective in improving motor function and reducing pain, particularly in patients with early-stage osteonecrosis, the studies were judged of low quality based on lack of blinding, lack of comparators, small ample sizes, short follow-up, and variations in treatment protocols. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have nonunion or delayed union who receive ESWT, the evidence includes a systematic review of a RCT and several case series, as well as 2 RCTs published after the systematic review. Relevant outcomes are symptoms, functional outcomes, quality of life, medication use, and treatment-related morbidity. Reviewers concluded that the evidence was inconsistent and of poor quality. Data pooling was not possible due to the heterogeneity of outcome definitions and treatment protocols. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have spasticity who receive ESWT, the evidence includes RCTs and systematic reviews. Relevant outcomes are symptoms, functional outcomes, quality of life, medication use, and treatment-related morbidity. As a treatment for spasticity, several small studies have demonstrated ESWT provides short-term improvements in Modified Ashworth Scale scores, but direct evidence on the effect of ESWT on more clinically meaningful measures (eg, pain, function) are lacking. Differences in treatment parameters among studies, including energy dosage, method of generating and directing shock waves, and use or absence of anesthesia, limit generalizations about the evidence base. The evidence is insufficient to determine the effects of the technology on health outcomes.

Ongoing and Unpublished Clinical Trials

Some currently unpublished trials that might influence this policy are listed in **Table 2**.

Table 2. Summary of Key Trials

NCT No.	Trial Name	Planned Enrollment	Completion Date
Ongoing			
NCT03131791	Radial Extracorporeal Shock Wave Therapy versus Botulism Toxin A in the Treatment of Post-Stroke Upper Limb Spasticity: a Randomized Non-inferiority Trial	42	Jul 2017 (ongoing)
NCT02424084	Effects of Extracorporeal Shock Wave Therapy in Bone Microcirculation	80	Dec 2017 (ongoing)
NCT02757664	Shock Wave Therapy, Associated to Eccentric Strengthening Versus Isolated Eccentric Strengthening for Treating Insertional Achilles Tendinopathy: Double Blinded Randomized Clinical Trial	93	Sep 2018
NCT02668510	A Randomized Controlled Trial Comparing Extracorporeal Shock Wave Therapy with Platelet Rich Plasma versus Extracorporeal Shock Wave Therapy in a High Demand Cohort with Resistant Plantar Fasciitis	30	Dec 2018
NCT02546128	LEICSTES=LEICeSter Tendon Extracorporeal Shock Wave Studies Assessing the Benefits of the Addition of Extracorporeal Shock Wave Treatment to a Home-Rehabilitation Programme for Patients with Tendinopathy	300	Jun 2020
NCT03472989	The Effectiveness of Radial Extracorporeal Shockwave Therapy (rESWT), Sham-rESWT, Standardized Exercise Program or Usual Care for Patients With Plantar Fasciopathy. Study Protocol for a Double-blind, Randomized Sham-Controlled Trial	200	Feb 2021
Unpublished			
NCT02613455	Prospective Randomized Trial Comparing Corticosteroid Injection to High Energy Extracorporeal Shock Wave Therapy for Lateral Epicondylitis	80	Dec 2016 (ongoing)

NCT: national clinical trial.

Practice Guidelines and Position Statements

American College of Foot and Ankle Surgeons

Thomas et al (2010) revised guidelines on the treatment of heel pain on behalf of the American College of Foot and Ankle Surgeons.[80] The guidelines identified extracorporeal shock wave therapy (ESWT) as a third tier treatment modality in patients who have failed other interventions, including steroid injection. The guidelines recommended ESWT as a reasonable alternative to surgery.

National Institute for Health and Care Excellence

The National Institute for Clinical Excellence has published guidance on ESWT for a number of applications.

- A guidance issued in 2003 stated that current evidence on safety and efficacy for treatment of calcific tendonitis of the shoulder "appears adequate to support the use of the procedure."[81]
- The 2 guidance documents issued in 2009 stated that current evidence on the efficacy of ESWT for refractory tennis elbow and plantar fasciitis "is inconsistent."[82,83]
- A guidance issued in 2011 stated that evidence on the efficacy and safety of ESWT for refractory greater trochanteric pain syndrome "is limited in quality and quantity."[84]
- A guidance issued in 2016 stated that current evidence on the efficacy of ESWT for Achilles tendinopathy "is inconsistent and limited in quality and quantity."[85]

Canadian Agency for Drugs and Technologies in Health

A 2007 summary by the Canadian Agency for Drugs and Technologies in Health (CADTH) noted that results from randomized trials of ESWT for plantar fasciitis have been conflicting.[86] The report noted that the "lack of convergent findings from randomized trials of ESWT for chronic plantar fasciitis suggests uncertainty about its effectiveness. The evidence reviewed … does not support the use of this technology for this condition."

Similarly, a 2007 report by CADTH on ESWT for chronic lateral epicondylitis noted conflicting results from randomized trials (RCTs), with half showing no benefit over placebo for any

outcome measures.[87] The report noted that "the lack of convincing evidence regarding its effectiveness does not support the use of ESWT for CLE [chronic lateral epicondylitis]."

A third 2007 summary by CADTH concluded that "the current evidence supports the use of high-energy ESWT for chronic calcific rotator cuff tendonitis that is recalcitrant to conventional conservative treatment, although more high-quality RCTs with larger sample sizes are required to provide more convincing evidence."[88]

A 2016 update from CADTH addressed the use of shockwave therapy for pain associated with upper- extremity orthopedic disorders.[89] Based on results from 7 systematic reviews (with overlapping randomized controlled trials), the Agency concluded the following (see **Table 3**).

Table 3. Conclusions on the Use of ESWT for Upper-Extremity Pain

Condition	Evidence	Comparator	Conclusions
Shoulder			
Calcific tendonitis	Systematic reviews	Placebo	Effective in reducing pain
Noncalcific tendonitis	Systematic reviews	Placebo or other treatments	No significant benefit
Tendonitis	Single RCTs	Exercise or radiotherapy	No significant benefit
Tendonitis	1 RCT	Transcutaneous electric nerve stimulation	Effective in reducing pain
Elbow			
Lateral epicondylitis	Systematic reviews	Placebo	Inconclusive
Lateral epicondylitis	Single RCTs	Physical therapy or percutaneous tenotomy	No significant benefit
Lateral epicondylitis	Single RCTs	Corticosteroid injections	Inconclusive

ESWT: extracorporeal shockwave treatment; RCT: randomized controlled trial

Medicare National Coverage

There is no national coverage determination. In the absence of a national coverage determination, coverage decisions are left to the discretion of local Medicare carriers.

Regulatory Status

Currently, 6 focused ESWT devices have been approved by the FDA through the premarket approval process for orthopedic use (see **Table 4**). FDA product code: NBN.

Table 4: FDA-Approved Extracorporeal Shock Wave Therapy Devices

Device Name	Approval Date	Delivery System Type	Indication
OssaTron® device (HealthTronics)	2000	Electrohydraulic delivery system	Chronic proximal plantar fasciitis, ie, pain persisting >6 mo and not responding to conservative management Lateral epicondylitis
Epos™ Ultra (Dornier)	2002	Electromagnetic delivery system	Plantar fasciitis
SONOCUR® Basic (Siemens)	2002	Electromagnetic delivery system	Chronic lateral epicondylitis (unresponsive to conservative therapy for >6 mo)
Orthospec™ Orthopedic ESWT (Medispec)	2005	Electrohydraulic spark-gap system	Chronic proximal plantar fasciitis in patients ≥18 y
Orbasone™ Pain Relief System (Orthometrix)	2005	High-energy sonic wave system	Chronic proximal plantar fasciitis in patients ≥18 y
Duolith® SDl Shock Wave Therapy Device (Storz Medical AG)	2016	Electromagnetic delivery system	Chronic proximal plantar fasciitis in patients ≥18 y with a history of failed alternative conservative therapies >6 mo

FDA: Food and Drug Administration

Both high-dose and low-dose protocols have been investigated. A high-dose protocol consists of a single treatment of high-energy shock waves (1300 mJ/mm^2). This painful procedure requires anesthesia. A low-dose protocol consists of multiple treatments, spaced 1 week to 1 month apart, in which a lower dose of shock waves are applied. This protocol does not require anesthesia. The FDA-labeled indication for the OssaTron® and Epos™ Ultra device specifically describes a high-dose protocol, while the labeled indication for the Sonocur® device describes a low-dose protocol.

In 2007, Dolorclast® (EMS Electro Medical Systems), a radial ESWT, was approved by FDA through the premarket approval process. Radial ESWT is generated ballistically by accelerating a

bullet to hit an applicator, which transforms the kinetic energy into radially expanding shock waves. Radial ESWT is described as an alternative to focused ESWT and is said to address larger treatment areas, thus providing potential advantages in superficial applications like tendinopathies. The FDA-approved indication is for the treatment of patients 18 years and older with chronic proximal plantar fasciitis and a history of unsuccessful conservative therapy. FDA product code: NBN.

References

1. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). Extracorporeal shockwave treatment for musculoskeletal indications. TEC Assessments. 2001;Volume 16:Tab 20.
2. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). Extracorporeal shock wave treatment for musculoskeletal indications TEC Assessments. 2003;Volume 18:Tab 5.
3. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). Extracorporeal shock wave treatment for chronic plantar fasciitis. TEC Assessments. 2004;Volume 19:Tab 18.
4. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). Extracorporeal shock wave treatment for chronic tendonitis of the elbow TEC Assessments. 2004;Volume 19:Tab 16.
5. Sun J, Gao F, Wang Y, et al. Extracorporeal shock wave therapy is effective in treating chronic plantar fasciitis: A meta-analysis of RCTs. Medicine (Baltimore). Apr 2017;96(15):e6621. PMID 28403111
6. Lou J, Wang S, Liu S, et al. Effectiveness of extracorporeal shock wave therapy without local anesthesia in patients with recalcitrant plantar fasciitis: a meta-analysis of randomized controlled trials. Am J Phys Med Rehabil. Aug 2017;96(8):529-534. PMID 27977431
7. Yin MC, Ye J, Yao M, et al. Is extracorporeal shock wave therapy clinical efficacy for relief of chronic, recalcitrant plantar fasciitis? A systematic review and meta-analysis of randomized placebo or active-treatment controlled trials. Arch Phys Med Rehabil. Aug 2014;95(8):1585-1593. PMID 24662810
8. Dizon JN, Gonzalez-Suarez C, Zamora MT, et al. Effectiveness of extracorporeal shock wave therapy in chronic plantar fasciitis: a meta-analysis. Am J Phys Med Rehabil. Jul 2013;92(7):606-620. PMID 23552334
9. Aqil A, Siddiqui MR, Solan M, et al. Extracorporeal shock wave therapy is effective in treating chronic plantar fasciitis: a meta-analysis of RCTs. Clin Orthop Relat Res. Nov 2013;471(11):3645-3652. PMID 23813184
10. Zhiyun L, Tao J, Zengwu S. Meta-analysis of high-energy extracorporeal shock wave therapy in recalcitrant plantar fasciitis. Swiss Med Wkly. Jul 07 2013;143:w13825. PMID 23832373
11. Gollwitzer H, Saxena A, DiDomenico LA, et al. Clinically relevant effectiveness of focused extracorporeal shock wave therapy in the treatment of chronic plantar fasciitis: a randomized, controlled multicenter study. J Bone Joint Surg Am. May 6 2015;97(9):701-708. PMID 25948515
12. Food and Drug Administration. Summary of safety and effectiveness: Orbasone Pain Relief System. 2005; **https://www.accessdata.fda.gov/cdrh_docs/pdf4/P040039b.pdf**. Accessed July 2018.
13. Food and Drug Administration. Summary of safety and effectiveness data: Orthospec™ Orthopedic ESWT. 2005; **https://www.accessdata.fda.gov/cdrh_docs/pdf4/P040026b.pdf**. Accessed July 2018.

14. Gerdesmeyer L, Frey C, Vester J, et al. Radial extracorporeal shock wave therapy is safe and effective in the treatment of chronic recalcitrant plantar fasciitis: results of a confirmatory randomized placebo-controlled multicenter study. Am J Sports Med. Nov 2008;36(11):2100-2109. PMID 18832341

15. Gollwitzer H, Diehl P, von Korff A, et al. Extracorporeal shock wave therapy for chronic painful heel syndrome: a prospective, double blind, randomized trial assessing the efficacy of a new electromagnetic shock wave device. J Foot Ankle Surg. Sep-Oct 2007;46(5):348-357. PMID 17761319

16. Greve JM, Grecco MV, Santos-Silva PR. Comparison of radial shockwaves and conventional physiotherapy for treating plantar fasciitis. Clinics (Sao Paulo). Feb 2009;64(2):97-103. PMID 19219314

17. Ibrahim MI, Donatelli RA, Schmitz C, et al. Chronic plantar fasciitis treated with two sessions of radial extracorporeal shock wave therapy. Foot Ankle Int. May 2010;31(5):391-397. PMID 20460065

18. Ibrahim MI, Donatelli RA, Hellman M, et al. Long-term results of radial extracorporeal shock wave treatment for chronic plantar fasciopathy: A prospective, randomized, placebo-controlled trial with two years follow-up. J Orthop Res. Jul 2017;35(7):1532-1538. PMID 27567022

19. Radwan YA, Mansour AM, Badawy WS. Resistant plantar fasciopathy: shock wave versus endoscopic plantar fascial release. Int Orthop. Oct 2012;36(10):2147-2156. PMID 22782376

20. Eslamian F, Shakouri SK, Jahanjoo F, et al. Extra corporeal shock wave therapy versus local corticosteroid injection in the treatment of chronic plantar fasciitis, a single blinded randomized clinical trial. Pain Med. Sep 2016;17(9):1722-1731. PMID 27282594

21. Lai TW, Ma HL, Lee MS, et al. Ultrasonography and clinical outcome comparison of extracorporeal shock wave therapy and corticosteroid injections for chronic plantar fasciitis: A randomized controlled trial. J Musculoskelet Neuronal Interact. Mar 1 2018;18(1):47-54. PMID 29504578

22. Cinar E, Saxena S, Uygur F. Combination therapy versus exercise and orthotic support in the management of pain in plantar fasciitis: a randomized controlled trial. Foot Ankle Int. Apr 2018;39(4):406-414. PMID 29327602

23. Park JW, Yoon K, Chun KS, et al. Long-term outcome of low-energy extracorporeal shock wave therapy for plantar fasciitis: comparative analysis according to ultrasonographic findings. Ann Rehabil Med. Aug 2014;38(4):534-540. PMID 25229032

24. Food and Drug Administration. Summary of safety and effectiveness: SONOCUR® Basic. 2002; **https://www.accessdata.fda.gov/cdrh_docs/pdf/P010039b.pdf**. Accessed July 2018.

25. Rompe JD, Decking J, Schoellner C, et al. Repetitive low-energy shock wave treatment for chronic lateral epicondylitis in tennis players. Am J Sports Med. Apr-May 2004;32(3):734-743. PMID 15090392

26. Food and Drug Administration. Summary of safety and effectiveness: HealthTronics™ OssaTron 2000; **https://www.accessdata.fda.gov/cdrh_docs/pdf/P990086b.pdf**. Accessed July 2018.

27. Haake M, Konig IR, Decker T, et al. Extracorporeal shock wave therapy in the treatment of lateral epicondylitis : a randomized multicenter trial. J Bone Joint Surg Am. Nov 2002;84-A(11):1982-1991. PMID 12429759

28. Buchbinder R, Green SE, Youd JM, et al. Shock wave therapy for lateral elbow pain. Cochrane Database Syst Rev. Oct 19 2005(4):CD003524. PMID 16235324

29. Dingemanse R, Randsdorp M, Koes BW, et al. Evidence for the effectiveness of electrophysical modalities for treatment of medial and lateral epicondylitis: a systematic review. Br J Sports Med. Jun 2014;48(12):957-965. PMID 23335238

30. Yang TH, Huang YC, Lau YC, et al. Efficacy of radial extracorporeal shock wave therapy on lateral epicondylosis, and changes in the common extensor tendon stiffness with pretherapy and posttherapy in real-time sonoelastography: a randomized controlled study. Am J Phys Med Rehabil. Feb 2017;96(2):93-100. PMID 27323324

31. Capan N, Esmaeilzadeh S, Oral A, et al. Radial extracorporeal shock wave therapy is not more effective than placebo in the management of lateral epicondylitis: a double-blind, randomized, placebo-controlled trial. Am J Phys Med Rehabil. Jul 2016;95(7):495-506. PMID 26544854

32. Lizis P. Analgesic effect of extracorporeal shock wave therapy versus ultrasound therapy in chronic tennis elbow. J Phys Ther Sci. Aug 2015;27(8):2563-2567. PMID 26357440

33. Gunduz R, Malas FU, Borman P, et al. Physical therapy, corticosteroid injection, and extracorporeal shock wave treatment in lateral epicondylitis. Clinical and ultrasonographical comparison. Clin Rheumatol. May 2012;31(5):807-812. PMID 22278162

34. Staples MP, Forbes A, Ptasznik R, et al. A randomized controlled trial of extracorporeal shock wave therapy for lateral epicondylitis (tennis elbow). J Rheumatol. Oct 2008;35(10):2038-2046. PMID 18792997

35. Pettrone FA, McCall BR. Extracorporeal shock wave therapy without local anesthesia for chronic lateral epicondylitis. J Bone Joint Surg Am. Jun 2005;87(6):1297-1304. PMID 15930540

36. Notarnicola A, Quagliarella L, Sasanelli N, et al. Effects of extracorporeal shock wave therapy on functional and strength recovery of handgrip in patients affected by epicondylitis. Ultrasound Med Biol. Dec 2014;40(12):2830-2840. PMID 25308950

37. Alessio-Mazzola M, Repetto I, Biti B, et al. Autologous US-guided PRP injection versus US-guided focal extracorporeal shock wave therapy for chronic lateral epicondylitis: A minimum of 2-year follow-up retrospective comparative study. J Orthop Surg (Hong Kong). Jan-Apr 2018;26(1):2309499017749986. PMID 29320964

38. Wu YC, Tsai WC, Tu YK, et al. Comparative effectiveness of non-operative treatments for chronic calcific tendinitis of the shoulder: A systematic review and network meta-analysis of randomized-controlled trials. Arch Phys Med Rehabil. Aug 2017;98(8):1678-1692 e1676. PMID 28400182

39. Arirachakaran A, Boonard M, Yamaphai S, et al. Extracorporeal shock wave therapy, ultrasound-guided percutaneous lavage, corticosteroid injection and combined treatment for the treatment of rotator cuff calcific tendinopathy: a network meta-analysis of RCTs. Eur J Orthop Surg Traumatol. Apr 2017;27(3):381-390. PMID 27554465

40. Yu H, Cote P, Shearer HM, et al. Effectiveness of passive physical modalities for shoulder pain: systematic review by the Ontario protocol for traffic injury management collaboration. Phys Ther. Mar 2015;95(3):306-318. PMID 25394425

41. Bannuru RR, Flavin NE, Vaysbrot E, et al. High-energy extracorporeal shock-wave therapy for treating chronic calcific tendinitis of the shoulder: a systematic review. Ann Intern Med. Apr 15 2014;160(8):542-549. PMID 24733195

42. Verstraelen FU, In den Kleef NJ, Jansen L, et al. High-energy versus low-energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder: which is superior? A meta-analysis. Clin Orthop Relat Res. Sep 2014;472(9):2816-2825. PMID 24872197

43. Ioppolo F, Tattoli M, Di Sante L, et al. Clinical improvement and resorption of calcifications in calcific tendinitis of the shoulder after shock wave therapy at 6 months' follow-up: a systematic review and meta-analysis. Arch Phys Med Rehabil. Sep 2013;94(9):1699-1706. PMID 23499780

44. Huisstede BM, Gebremariam L, van der Sande R, et al. Evidence for effectiveness of Extracorporal Shock-Wave Therapy (ESWT) to treat calcific and non-calcific rotator cuff tendinosis--a systematic review. Man Ther. Oct 2011;16(5):419-433. PMID 21396877

45. Kvalvaag E, Roe C, Engebretsen KB, et al. One year results of a randomized controlled trial on radial Extracorporeal Shock Wave Treatment, with predictors of pain, disability and return to work in patients with subacromial pain syndrome. Eur J Phys Rehabil Med. Jun 27 2017. PMID 28655271

46. Kvalvaag E, Brox JI, Engebretsen KB, et al. Effectiveness of radial extracorporeal shock wave therapy (rESWT) when combined with supervised exercises in patients with subacromial shoulder pain: a double-masked, randomized, sham-controlled trial. Am J Sports Med. Sep 2017;45(11):2547-2554. PMID 28586628

47. Kim EK, Kwak KI. Effect of extracorporeal shock wave therapy on the shoulder joint functional status of patients with calcific tendinitis. J Phys Ther Sci. Sep 2016;28(9):2522-2524. PMID 27799684

48. Kim YS, Lee HJ, Kim YV, et al. Which method is more effective in treatment of calcific tendinitis in the shoulder? Prospective randomized comparison between ultrasound-guided needling and extracorporeal shock wave therapy. J Shoulder Elbow Surg. Nov 2014;23(11):1640-1646. PMID 25219475

49. Schofer MD, Hinrichs F, Peterlein CD, et al. High- versus low-energy extracorporeal shock wave therapy of rotator cuff tendinopathy: a prospective, randomised, controlled study. Acta Orthop Belg. Aug 2009;75(4):452-458. PMID 19774810

50. Liu S, Zhai L, Shi Z, et al. Radial extracorporeal pressure pulse therapy for the primary long bicipital tenosynovitis a prospective randomized controlled study. Ultrasound Med Biol. May 2012;38(5):727-735. PMID 22425375

51. Mani-Babu S, Morrissey D, Waugh C, et al. The effectiveness of extracorporeal shock wave therapy in lower limb tendinopathy: a systematic review. Am J Sports Med. Mar 2015;43(3):752-761. PMID 24817008

52. Al-Abbad H, Simon JV. The effectiveness of extracorporeal shock wave therapy on chronic achilles tendinopathy: a systematic review. Foot Ankle Int. Jan 2013;34(1):33-41. PMID 23386759

53. Costa ML, Shepstone L, Donell ST, et al. Shock wave therapy for chronic Achilles tendon pain: a randomized placebo-controlled trial. Clin Orthop Relat Res. Nov 2005;440:199-204. PMID 16239807

54. Rasmussen S, Christensen M, Mathiesen I, et al. Shockwave therapy for chronic Achilles tendinopathy: a double-blind, randomized clinical trial of efficacy. Acta Orthop. Apr 2008;79(2):249-256. PMID 18484252

55. Lynen N, De Vroey T, Spiegel I, et al. Comparison of peritendinous hyaluronan injections versus extracorporeal shock wave therapy in the treatment of painful Achilles' tendinopathy: a randomized clinical efficacy and safety study. Arch Phys Med Rehabil. Jan 2017;98(1):64-71. PMID 27639439

56. Lee JY, Yoon K, Yi Y, et al. Long-term outcome and factors affecting prognosis of extracorporeal shockwave therapy for chronic refractory Achilles tendinopathy. Ann Rehabil Med. Feb 2017;41(1):42-50. PMID 28289634

57. Wu Z, Yao W, Chen S, et al. Outcome of extracorporeal shock wave therapy for insertional Achilles tendinopathy with and without Haglund's deformity. Biomed Res Int. Nov 2016;2016:6315846. PMID 28042570

58. van Leeuwen MT, Zwerver J, van den Akker-Scheek I. Extracorporeal shockwave therapy for patellar tendinopathy: a review of the literature. Br J Sports Med. Mar 2009;43(3):163-168. PMID 18718975

59. Thijs KM, Zwerver J, Backx FJ, et al. Effectiveness of shockwave treatment combined with eccentric training for patellar tendinopathy: a double-blinded randomized study. Clin J Sport Med. Mar 2017;27(2):89-96. PMID 27347857

60. Smith J, Sellon JL. Comparing PRP injections With ESWT for athletes with chronic patellar tendinopathy. Clin J Sport Med. Jan 2014;24(1):88-89. PMID 24366015

61. Williams H, Jones SA, Lyons C, et al. Refractory patella tendinopathy with failed conservative treatment-shock wave or arthroscopy? J Orthop Surg (Hong Kong). Jan 2017;25(1):2309499016684700. PMID 28118806

62. Newman P, Waddington G, Adams R. Shockwave treatment for medial tibial stress syndrome: A randomized double blind sham-controlled pilot trial. J Sci Med Sport. Mar 2017;20(3):220-224. PMID 27640922

63. Rompe JD, Cacchio A, Furia JP, et al. Low-energy extracorporeal shock wave therapy as a treatment for medial tibial stress syndrome. Am J Sports Med. Jan 2010;38(1):125-132. PMID 19776340

64. Barnes M. Letter to the editor. "Low-energy extracorporeal shock wave therapy as a treatment for medial tibial stress syndrome". Am J Sports Med. Nov 2010;38(11):NP1; author reply NP1-2. PMID 20971968

65. Zhang Q, Liu L, Sun W, et al. Extracorporeal shockwave therapy in osteonecrosis of femoral head: A systematic review of now available clinical evidences. Medicine (Baltimore). Jan 2017;96(4):e5897. PMID 28121934

66. Alves EM, Angrisani AT, Santiago MB. The use of extracorporeal shock waves in the treatment of osteonecrosis of the femoral head: a systematic review. Clin Rheumatol. Nov 2009;28(11):1247-1251. PMID 19609482

67. Chen JM, Hsu SL, Wong T, et al. Functional outcomes of bilateral hip necrosis: total hip arthroplasty versus extracorporeal shockwave. Arch Orthop Trauma Surg. Jun 2009;129(6):837-841. PMID 19165494

68. Han Y, Lee JK, Lee BY, et al. Effectiveness of lower energy density extracorporeal shock wave therapy in the early stage of avascular necrosis of the femoral head. Ann Rehabil Med. Oct 2016;40(5):871-877. PMID 27847717

69. Zelle BA, Gollwitzer H, Zlowodzki M, et al. Extracorporeal shock wave therapy: current evidence. J Orthop Trauma. Mar 2010;24(Suppl 1):S66-70. PMID 20182240

70. Wang CJ, Liu HC, Fu TH. The effects of extracorporeal shockwave on acute high-energy long bone fractures of the lower extremity. Arch Orthop Trauma Surg. Feb 2007;127(2):137-142. PMID 17053946

71. Cacchio A, Giordano L, Colafarina O, et al. Extracorporeal shock-wave therapy compared with surgery for hypertrophic long-bone nonunions. J Bone Joint Surg Am. Nov 2009;91(11):2589-2597. PMID 19884432

72. Zhai L, Ma XL, Jiang C, et al. Human autologous mesenchymal stem cells with extracorporeal shock wave therapy for nonunion of long bones. Indian J Orthop. Sep 2016;50(5):543-550. PMID 27746499

73. Lee JY, Kim SN, Lee IS, et al. Effects of extracorporeal shock wave therapy on spasticity in patients after brain injury: a meta-analysis. J Phys Ther Sci. Oct 2014;26(10):1641-1647. PMID 25364134

74. Vidal X, Morral A, Costa L, et al. Radial extracorporeal shock wave therapy (rESWT) in the treatment of spasticity in cerebral palsy: A randomized, placebo-controlled clinical trial. NeuroRehabilitation. Jan 1 2011;29(4):413-419. PMID 22207070

75. Daliri SS, Forogh B, Emami Razavi SZ, et al. A single blind, clinical trial to investigate the effects of a single session extracorporeal shock wave therapy on wrist flexor spasticity after stroke. NeuroRehabilitation. Dec 29 2015;36(1):67-72. PMID 25547767

76. Santamato A, Micello MF, Panza F, et al. Extracorporeal shock wave therapy for the treatment of poststroke plantar-flexor muscles spasticity: a prospective open-label study. Top Stroke Rehabil. 2014;21(Suppl 1):S17-24. PMID 24722040

77. Marwan Y, Husain W, Alhajii W, et al. Extracorporeal shock wave therapy relieved pain in patients with coccydynia: a report of two cases. Spine J. Jan 2014;14(1):e1-4. PMID 24094989

78. Jung YJ, Park WY, Jeon JH, et al. Outcomes of ultrasound-guided extracorporeal shock wave therapy for painful stump neuroma. Ann Rehabil Med. Aug 2014;38(4):523-533. PMID 25229031

79. Furia JP, Rompe JD, Maffulli N, et al. Radial extracorporeal shock wave therapy is effective and safe in chronic distal biceps tendinopathy. Clin J Sport Med. Sep 2017;27(5):430-437. PMID 27893487

80. Thomas JL, Christensen JC, Kravitz SR, et al. The diagnosis and treatment of heel pain: a clinical practice guideline-revision 2010. J Foot Ankle Surg. May-Jun 2010;49(3 Suppl):S1-19. PMID 20439021

81. National Institute for Health and Care Excellence (NICE). Extracorporeal shockwave lithotripsy for calcific tendonitis (tendonopathy) of the shoulder [IPG21]. 2003; **https://www.nice.org.uk/guidance/ipg21**. Accessed July 2018.

82. National Institute for Health and Care Excellence (NICE). Extracorporeal shockwave therapy for refractory tennis elbow [IPG313]. 2009; **https://www.nice.org.uk/guidance/ipg313**. Accessed July 2018.

83. National Institute for Health and Care Excellence (NICE). Extracorporeal shockwave therapy for refractory plantar fasciitis: guidance [IPG311]. 2009; **https://www.nice.org.uk/guidance/ipg311**. Accessed July 2018.

84. National Institute for Health and Care Excellence (NICE). Extracorporeal shockwave therapy for refractory greater trochanteric pain syndrome [IPG376]. 2011; **https://www.nice.org.uk/guidance/ipg376**. Accessed July 2018.

85. National Institute for Health and Care Excellence (NICE). Extracorporeal shockwave therapy for Achilles tendinopathy [IPG571]. 2016; **https://www.nice.org.uk/guidance/ipg571**. Accessed July 2018.

86. Ho C. Extracorporeal shock wave treatment for chronic plantar fasciitis (heel pain). Issues Emerg Health Technol. Jan 2007(96 part 1):1-4. PMID 17302019

87. Ho C. Extracorporeal shock wave treatment for chronic lateral epicondylitis (tennis elbow). Issues Emerg Health Technol. Jan 2007(96 part 2):1-4. PMID 17302021

88. Ho C. Extracorporeal shock wave treatment for chronic rotator cuff tendonitis (shoulder pain). Issues Emerg Health Technol. Jan 2007(96 part 3):1-4. PMID 17302022

89. Canadian Agency for Drugs and Technologies in Health (CADTH). Rapid Response Report: Shockwave Therapy for Pain Associated with Upper Extremity Orthopedic Disorders: A Review of the Clinical and Cost-Effectiveness. 2016; **https://www.cadth.ca/sites/default/files/pdf/htis/2016/RC0808-ShockwaveTx-Final.pdf**. Accessed July 2018

History

Date	Comments
06/19/01	Add to Medicine Section - New Policy
01/08/02	Replace policy - Patient criteria updated to include patient criteria, Policy statement changed to "may be considered medically necessary." Name changed to include "and Other Musculoskeletal Conditions". Policy replaces CP.MP.BC.2.01.40.
03/12/02	Replace policy - Policy updated with TEC assessments. Policy replaces CP.MP.BC.2.01.109.
08/12/03	Replace Policy - Policy replaces CP.MP.BC.2.01.40. No change to policy statement.
02/10/04	Replace Policy - Policy replaces CP.MP.PR.2.01.109. Policy updated with additional references for treatment of plantar fasciitis; policy statement is changed to investigational. Effective July 15, 2004 due to notification process.
01/11/05	Replace Policy - Policy updated with October 2004 TEC Assessments; endonitis of the elbow added to investigational status in the policy statement.
07/12/05	Replace Policy - Policy updated with CPT codes effective 7/1/05.
02/06/06	Codes updated - No other changes.
03/14/06	Replace Policy - Policy updated with additional references and information on newly approved ESWT devices; no change to policy statement.
06/16/06	Update Scope and Disclaimer - No other changes.
03/19/07	Cross Reference Update - No other changes.
10/9/07	Replace Policy - Policy updated with literature search through April 2007; no change in policy statement. References added.
02/10/09	Replace Policy - Policy updated with literature search. Policy statement updated to include radial ESWT to the investigational criteria. References added.
11/10/09	Cross Reference Update - No other changes.
02/09/10	Replace policy - Policy updated with literature search; no change to the policy statement. References added.
05/10/11	Replace Policy - Policy updated with literature search; reference numbers 37-44 added; references 13,14,16,17 and 45-48 updated. No change in policy statement. ICD-10 codes added.
04/25/12	Replace policy. Policy updated with literature search through December 2011; references 25 and 36 added and references reordered; some references removed. No change in policy statement.
08/27/12	Update Coding Section – ICD-10 codes are now effective 10/01/2014.

Date	Comments
04/16/13	Replace policy. Policy updated with literature review, references 11, 19, 20, 21, 24 added. No change to policy statements.
05/05/14	Annual Review. Policy updated with literature review through January 20, 2014. Moved details of high/low intensity therapy from the Regulatory section to the Description section. References 5-7, 24-25, 30, 34 added; others renumbered/removed. Policy statements unchanged. ICD-9 and ICD-10 diagnosis and procedure codes removed; they are not utilized in policy adjudication.
04/24/15	Annual Review. Policy updated with literature review through January 12, 2015. References 8, 15, 17, 28, 31, 34, 40, 45, 47-48, and 54-55 added. Editorial changes made for clarity to policy statements; intent of policy statements unchanged.
09/01/16	Annual Review, approved August 9, 2016. Policy updated with literature review through May 2, 2016; references 9, 28-29, and 31 added. Policy statements unchanged.
09/01/17	Annual Review, approved August 1, 2017. Policy moved into new format. Policy updated with literature review through April 25, 2017; references 5-6, 18, 27, 34-35, 41-43, 51-53, 56-58, 61, 64, and 68. Policy statement unchanged. Added CPT code 20999.
01/01/18	Coding update, removed CPT code 0019T as it was terminated 1/1/17, replaced with CPT 20999.
08/01/18	Annual Review, approved July 25, 2018. Policy updated with literature review through April 2018; references 18, 20-22, 37, 45-46, and 79 added. Policy statement unchanged.

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この通知には重要な情報が含まれています。この通知には、Premera Blue Cross の申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。800-722-1471 (TTY: 800-842-5357)までお電話ください。

한국어 (Korean):
본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357) 로 전화하십시오.

ລາວ (Lao):
ແຈ້ງການນີ້ມີຂໍ້ມູນສຳຄັນ. ແຈ້ງການນີ້ອາດຈະມີຂໍ້ມູນສຳຄັນກ່ຽວກັບຄຳຮ້ອງສະໝັກ ຫຼື ຄວາມຄຸ້ມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີສຳຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈຳເປັນຕ້ອງດຳເນີນການຕາມກຳນົດເວລາສະເພາະເພື່ອຮັກສາຄວາມຄຸ້ມຄອງປະກັນສຸຂະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເລື່ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄວ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໂທຫາ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):
សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរ៉ាប់រងរបស់អ្នកតាមរយៈ Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ចេញសមត្ថភាព ដល់កំណត់ថ្ងៃជាក់ច្បាស់នានា ដើម្បីនឹងរក្សាទុកការជានាវ៉ាប់រងសុខភាពរបស់អ្នក ឬប្រាក់ជំនួយចេញផ្លែ។ អ្នកមានសិទ្ធិទទួលព័ត៌មាននេះ និងជំនួយនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 800-722-1471 (TTY: 800-842-5357)។

ਪੰਜਾਬੀ (Punjabi):
ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ . ਇਸ ਨੋਜਿਸ ਜਵਚ ਖਾਸ ਤਾਰੀਖਾ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀ ਜਸਹਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਛੁੱਕ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ਼ ਤੋਂ ਪਹਿਲਾਂ ਕੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ ,ਤੁਹਾਨੂੰ ਮੁਫ਼ਤ ਵਿੱਚ ਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ ,ਕਾਲ 800-722-1471 (TTY: 800-842-5357).

فارسی (Farsi):
این اعلامیه حاوی اطلاعات مهم میباشد .این اعلامیه ممکن است حاوی اطلاعات مهم درباره فرم تقاضا و یا پوشش بیمه ای شما از طریق Premera Blue Cross باشد. به تاریخ های مهم در این اعلامیه توجه نمایید .شما ممکن است برای حفظ پوشش بیمه تان یا کمک در پرداخت هزینه های درمانی تان، به تاریخ های مشخصی برای انجام کارهای خاصی احتیاج داشته باشید .شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. برای کسب اطلاعات با شماره 800-722-1471 (کاربران TTY تماس باشماره 800-842-5357) تماس برقرار نمایید.

Polskie (Polish):
To ogłoszenie może zawierać ważne informacje. To ogłoszenie może zawierać ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez Premera Blue Cross. Prosimy zwrócic uwagę na kluczowe daty, które mogą być zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod 800-722-1471 (TTY: 800-842-5357).

Português (Portuguese):
Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir datas importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-722-1471 (TTY: 800-842-5357).

Română (Romanian):
Prezenta notificare conține informații importante. Această notificare poate conține informații importante privind cererea sau acoperirea asigurării dumneavoastre de sănătate prin Premera Blue Cross. Pot exista date cheie în această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența privitoare la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la 800-722-1471 (TTY: 800-842-5357).

Русский (Russian):
Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

Fa'asamoa (Samoan):
Atonu ua iai i lenei fa'asilasilaga ni fa'amatalaga e sili ona taua e tatau ona e malamalama i ai. O lenei fa'asilasilaga o se fesoasoani e fa'amatala atili i ai i le tulaga o le polokalame, Premera Blue Cross, ua e tau fia maua atu i ai. Fa'amolemole, ia e iloilo fa'alelei i aso fa'apitoa olo'o iai i lenei fa'asilasilaga taua. Masalo o le'a iai ni feau e tatau ona e faia ao le'i aulia le aso ua ta'ua i lenei fa'asilasilaga ina ia e iai pea ma maua fesoasoani mai ai i le polokalame a le Malo olo'o e iai i ai. Olo'o iai iate oe le aia tatau e maua atu i lenei fa'asilasilaga ma lenei fa'amatalaga i legagana e te malamalama i ai aunoa ma se togiga tupe. Vili atu i le telefoni 800-722-1471 (TTY: 800-842-5357).

Español (Spanish):
Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog):
Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).

ไทย (Thai):
ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับการการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน Premera Blue Cross และอาจมีกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือนี้ในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 800-722-1471 (TTY: 800-842-5357)

Український (Ukrainian):
Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страхувального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 800-722-1471 (TTY: 800-842-5357).

Tiếng Việt (Vietnamese):
Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-722-1471 (TTY: 800-842-5357).