



# Policy Key: High Energy Extracorporeal Shock Wave Therapy

TriWest Clinical Operations – TRICARE West

## SCOPE

This Policy Key provides criteria to use during medical necessity review of High Energy Extracorporeal Shock Wave Therapy (HE ESWT) for plantar fasciitis treatment.

## NOT COVERED

The use of HE ESWT for indications not listed in the coverage criteria.[1]

## COVERAGE CRITERIA

- **Initial Level of Review** may approve if meets the following conditions: [1]
  - Chronic plantar fasciitis of at least 6 months duration
  - Failure of 6 months appropriate conservative therapy

## DEFINITIONS

**HE ESWT** is defined as Energy Flux Density (EFD) greater than 0.12 millijoules per square millimeter (mJ/mm<sup>2</sup>).[1]

## CODES

CPT 28890

## REFERENCES

[1] TRICARE Policy Manual 6010.63-M, April 2021, Change 19 (September 30, 2024) Chapter 4, Section 6.1, Musculoskeletal System, Retrieved September, 01, 2025,

[https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-30/AsOf/TPT5/C4S6\\_1.html](https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-30/AsOf/TPT5/C4S6_1.html)

On a Mission to Serve®