



Shoulder - Calcific Tendonitis Treatment

LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington
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Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions, in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Calcific tendonitis is a condition caused by calcium deposits building up in a person's muscles or tendons. If calcium builds up in an area, a person may feel pain and discomfort.

Barbotage is an ultrasound-guided lavage technique that involves breaking up and then aspirating, or removing, pieces of the calcium deposit. This approach can be used for chronic and acute, painful cases of calcific tendinopathy. Barbotage is performed on an outpatient setting under local anesthesia, often in combination with a glucocorticoid injection. This combination of interventions removes part or all of the calcification and treats the resulting inflammation. The amount of calcium that is removed does not affect the outcome, and a decrease in the size of the deposit over time is seen as beneficial regardless of how much calcium is aspirated.

Criteria

Prior authorization is required

I. Calcific Tendonitis of the Shoulder Treatment

PacificSource considers the Ultrasound-guided Percutaneous Barbotage Procedure medically necessary to treat calcific tendonitis of the shoulder when **ALL** of the following criteria is met:

- A.** Imaging confirms diagnosis of calcific tendonitis of the shoulder (e.g., x ray, ultrasound, or MRI)

B. Failure of 6 weeks conservative management, including NSAIDs and **ONE** of the following:

1. Documented rest or immobilization
2. Physical Therapy
3. Prescription strength analgesics or steroids injections

Medicaid

PacificSource Community Solutions (PCS) follows Oregon Administrative Rules (OARs) 410-141-3820 through 3830 and the OHP Prioritized List of Health Services for coverage of treatments for calcific tendinitis of the shoulder(s). Additionally, for members under the age of 21, PacificSource Community Solutions (PCS) follows OARs 410-151-0000 through 0003 for coverage of services.

Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS guidelines and criteria, PacificSource Medicare will follow internal policy for determination of coverage and medical necessity.

Experimental/ Investigational/Unproven:

PacificSource considers Ultrasound-guided Percutaneous Barbotage Procedure to be experimental, investigational, or unproven for all other indications.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

23929 Unlisted procedure, shoulder

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HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

Related Policies

New and Emerging Technologies – Coverage Status

References

Chianca, V., Pietto, F. D., Albano, D., Corvino, A., & Del Grande, F. (2022). Ultrasound-guided percutaneous irrigation of rotator cuff calcific tendinosis. What radiologist should know. *Polish journal of radiology*, 87, e87–e92. <https://doi.org/10.5114/pjr.2022.113491>

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Appendix

Policy Number:

Effective: 10/1/2023

Next review: 11/1/2025

Policy type: Enterprise

Author(s):

Depts.: Health Services

Applicable regulation(s): OARs 410-141-3820 through 3830, 410-151-0000 through 0003.

Commercial OPs: 10/2024

Government OPs: 10/2024