Shoulder - Calcific Tendonitis Treatment

Lines of Business	*Document Type*
Commercial, Medicaid, Medicare	Policy
Who This Applies To	***States***
Health Services	Idaho, Montana, Oregon, Washington

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.

Criteria

Commercial

Prior authorization is required.

I. Calcific Tendonitis of the Shoulder Treatment

A. 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:

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

2. Failure of a trial of at least 6 weeks of conservative management, and **ONE** or more of the following:
    a. Documented rest or activity modification/immobilization
    b. Physical Therapy or a physician-directed home exercise program
    c. Prescription strength analgesics, or corticosteroids injection

Medicaid

PacificSource Community Solutions (PCS) follows the general coverage, limitations, and exclusions outlined in OARs 410-141-3820, 410-141-3825, and 410-120-1200. Relevant coverage guidance from the Health Evidence Review Commission (HERC) Prioritized List of Health Services; as well as any applicable Oregon Administrative Rules (OARs) may be used to determine coverage of shoulder calcific tendonitis treatment.

PacificSource Community Solutions (PCS) follows the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage requirements in OAR 410-151-0000 through 410-151-0003 for EPSDT beneficiaries. Relevant coverage guidance, including but not limited to Guideline Note 94 and Ancillary Guideline A1, may be used to assist in informing a determination of medical necessity and medical appropriateness during the individual case review. A case-by-case review for EPSDT Medical Necessity and EPSDT Medical Appropriateness as defined in OAR 410-151-0001 is required prior to denying. Refer to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) policy for details.

Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS guidelines and criteria, PacificSource Medicare will follow the above commercial criteria for determination of coverage and medical necessity of shoulder-calcific tendonitis treatment.

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

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Werry, W. D., Hedeman, M., Sharma, A., Samuelsen, B., Kasparyan, G., & Lemos, M. (2024). Determining the efficacy of barbotage for pain relief in calcific tendinitis. JSES International, 8(5), 1039–1044. https://doi.org/10.1016/j.jseint.2024.05.008

Appendix A. Document Control – *to update appendix fields, go to Properties Wizard*

Version 2 **of Doc #** 627

Policy Number: N/A

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Owner:

Business Owner: Health Services

Applicable regulation(s):

- OAR 410-120-1200 Excluded Services and Limitations
- OAR 410-141-3820 Covered Services
- OAR 410-141-3825 Excluded Services and Limitations
- OAR 410-151-0000 Early and Periodic Screening, Diagnostic and Treatment Program
- OAR 410-151-0001 Definitions
- OAR 410-151-0002 Coverage Requirements
- OAR 410-151-0003 Utilization Management Requirements

Policy Function: Posted to PacificSource.com - Clinical Policy

External entities affected: N/A

LOBO Committee Review completed: Committee Approval Date: 09/17/2026