Medica Coverage Policy

Policy Name: Electrothermal Therapy for Treatment of Joint Instability or Laxity of Ligaments
Effective Date: 5/1/2017

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare, Medicaid and MinnesotaCare members, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy
Electrothermal therapy for treatment of glenohumeral instability is investigative and therefore NOT COVERED.

Electrothermal therapy for shrinkage of the tendons and ligaments of the knee is investigative and therefore NOT COVERED.

Electrothermal therapy for treatment of instability or laxity of ligaments in other joints is investigative and therefore NOT COVERED. These joints include, but are not limited to, the ankle, elbow, hip, and wrist.

Note: This policy is no longer scheduled for routine review of the scientific literature.

Description
Joint instability or laxity of ligaments may occur due to repetitive microtrauma to a joint, such as repetitive motion or overextension, and traumatic injury. Treatments include medical management, physical rehabilitation, and arthroscopic or open repair of the ligaments, capsule, or other segments of the joint.

Electrothermal therapy, also referred to as thermal capsulorrhaphy or thermal shrinkage, uses nonablative heat (65-90 degrees centigrade) delivered to the capsule or ligament of a joint via a thermal catheter using radiofrequency or laser energy. After arthroscopic or percutaneous placement of the probe, it is moved along the periphery of the ligament or capsule. The goal of treatment is to re-stabilize the joint by shrinking and shortening stretched collagen fibers. It may be done as a stand-alone procedure or in conjunction with other surgery. Following electrothermal therapy, a rehabilitation period of three to six months is generally required. During rehabilitation, the joint is immobilized followed by a program of exercises.

Electrothermal therapy has been investigated to treat laxity in a number of joints including the knee, ankle, wrist, elbow, and hip. Use of this technology to improve stability of the glenohumeral joint of the shoulder has been the most widely researched.
FDA Approval
Electrothermal therapy is a procedure, and therefore is not regulated through the FDA approval process. The FDA has approved thermal probe systems for arthroscopic and general surgical use, including resection, ablation, excision of soft tissue, hemostasis of blood vessels, and coagulation of soft tissue.

Prior Authorization
Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

HCPC Code:
S2300 - Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy

CPT Code:
29999 – unlisted procedure; arthroscopy

Original Effective Date: 10/1/2005

Re-Review Date(s): 6/24/2008
12/20/2010
2/19/2014
5/1/2017