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## SHP Low-Intensity Therapeutic Ultrasound (LITUS) Devices

AUTH: SHP Durable Medical Equipment 55 v3 (AC)

**MCG Health**  
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### Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

### Application to Products

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- Policy is applicable to all products.

### Authorization Requirements

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Pre-certification by the Plan is required.

### Description of Item or Service

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Low-Intensity Therapeutic Ultrasound (LITUS) Devices is a non-invasive, wearable device to deliver therapeutic ultrasound with long duration, low intensity waves to deep tissues for home use.

### Exceptions and Limitations

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There is insufficient scientific evidence to support the medical necessity of this service as it is not shown to improve health outcomes upon technology review.

### Clinical Indications for Procedure

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- N/A

### Document History

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- Revised Dates:
- Reviewed Dates:
  - 2023: March
  - 2022: March
  - 2021: March
- Effective Date: March 2020

### Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
  - None
- CPT/HCPCS codes considered not medically necessary per this Policy:
  - HCPCS E1399 - Durable medical equipment, miscellaneous

### References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee. (2020, Feb). Retrieved Dec 29, 2022, from American College of Rheumatology/Arthritis Foundation: <https://www.rheumatology.org/Portals/0/Files/Osteoarthritis-Guideline-Early-View-2019.pdf>

(2022). Retrieved Dec 29, 2022, from HAYES: <https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522LITUS%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%2522:%255B%2522>

Code of Federal Regulations Title 21 890.5300 Ultrasonic diathermy. (2022, Nov 29). Retrieved Dec 29, 2022, from FDA: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm?ID=K211513>

DME Manual - Appendix B. (2022). Retrieved Dec 29, 2022, from DMAS DME: <https://www.ecm.viriniamedicaid.dmas.virginia.gov/WorkplaceXT/getContent?impersonate=true&id={70DF587A-0000-CD19-9DA4-40F87C9CFC81}&vsld={BA20E884-FDDC-4BC0-8010-E14AAEE3F502}&objectType=document&objectStoreName=VAPRODOS1>

Innovative Soft Tissue Healing Treatments Now Available for Chronic Pain Sufferers in Virginia and Mid-Atlantic Region. (2022, Dec 14). Retrieved Dec 29, 2022, from GlobeNewswire: <https://www.globenewswire.com/news-release/2022/12/14/2573945/0/en/Innovative-Soft-Tissue-Healing-Treatments-Now-Available-for-Chronic-Pain-Sufferers-in-Virginia-and-Mid-Atlantic-Region.html>

National Coverage Determination (NCD) Heat Treatment, Including the Use of DIATHERMY and Ultra-Sound for Pulmonary Conditions. (Longstanding). Retrieved Dec 29, 2022, from Centers for Medicare & Medicaid Services NCD: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=4&ncdver=1&keyword=Diathermy&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

NCD Heat Treatment, Including the Use of Diathermy and Ultra-Sound for Pulmonary Conditions (240.3) Version 1 (N2403v1). (2022). Retrieved Dec 29, 2022, from MCG 26th Edition: <https://careweb.careguidelines.com/ed26/index.html>

NCD: DURABLE Medical Equipment Reference List - 280.1. (2005, May 5). Retrieved May 25, 2022, from CMS NCD: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=364&ncdver=1&keyword=Lung%20cancer%25>

Subacute and chronic low back pain: Nonpharmacologic and pharmacologic treatment. (2022, Aug 2). Retrieved Dec 29, 2022, from UpToDate: [https://www.uptodate.com/contents/subacute-and-chronic-low-back-pain-nonpharmacologic-and-pharmacologic-treatment?search=ultrasonic%20diathermy&source=search\\_result&selectedTitle=6~125&usage\\_type=default&display\\_rank=6](https://www.uptodate.com/contents/subacute-and-chronic-low-back-pain-nonpharmacologic-and-pharmacologic-treatment?search=ultrasonic%20diathermy&source=search_result&selectedTitle=6~125&usage_type=default&display_rank=6)

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## Codes

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**HCPCS: E1399**

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