

# Low-Intensity Therapeutic Ultrasound (LITUS) Devices

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**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual’s benefit plan for details [\\*](#).**

### Purpose:

This policy addresses Low-Intensity Therapeutic Ultrasound (LITUS) Devices.

### Description & Definitions:

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.

### Criteria:

Low-Intensity Therapeutic Ultrasound (LITUS) Devices **does not meet the definition of medical necessity.**

### Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
E1399	Durable medical equipment, miscellaneous

### Document History:

Revised Dates:

Reviewed Dates:

- 2024: March
- 2023: March
- 2022: March
- 2021: March

Effective Date:

- March 2020

## References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Sustained acoustic medicine for Soft-Tissue Injuries. (2024). Retrieved Feb 2024, from sam treatment:

<https://samrecover.com/>

## Special Notes: \*

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

MUST SEE MEMBER BENEFIT FOR DETERMINATION.

We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

**Keywords:**

SHP Low-Intensity Therapeutic Ultrasound (LITUS) Devices, SHP Durable Medical Equipment 55, ZetrOZ Systems, SAM Pro 2.0, tissue healing, therapeutic ultrasound, sustained acoustic medicine, LITUS, sam Sport, Ultrasonic therapy