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### CHAPTER THIRTY-NINE

**EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY (ESWL)**

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Chapter 39. Extracorporeal Shock Wave Lithotripsy (ESWL)

Rule No. 560-X-39-.01. General
(1) ESWL is a covered benefit for treatment of kidney stones in the renal pelvis, uretero-pelvic junction, and the upper one-third of the ureter.

(2) ESWL is not a covered service for urinary stones of the bladder and the lower two-thirds of the ureter.


Rule No. 560-X-39-.02. Facility Services
(1) In order for the Alabama Medicaid Agency to reimburse the facility for ESWL treatment, the facility must have a signed ESWL Contract with the Agency.

(2) For ESWL treatment to both kidneys during the same treatment period, Medicaid will pay the facility one-and-a-half times the regular reimbursement rate for this procedure.

(3) Repeat ESWL treatments on the same recipient within a ninety-day period will be reimbursed at half the regular reimbursement rate for this procedure.

(4) The ESWL reimbursement rate is an all-inclusive rate for each encounter and all services rendered in conjunction with the treatment (with the exception of the physician's and the anesthesiologist's) are included in the rate, such as lab, x-ray, and observation.


Rule No. 560-X-39-.03. Physician Services
(1) For ESWL treatment to both kidneys during the same treatment period, Medicaid will pay the surgeon one-and-a-half times the regular reimbursement rate for the surgical procedure.

(2) For repeat ESWL treatments on the same recipient within a ninety-day period, Medicaid will reimburse the surgeon at half the regular reimbursement rate for the surgical procedure.

Rule No. 560-X-39-.04. Anesthesiologist Services
   (1) Anesthesiologist services are not included in the facility's or
physician's reimbursement rate and therefore can be billed separately.

Authority: State Plan; Title XIX, Social Security Act; 42 C.F.R. Section 401

Rule No. 560-X-39-.05 Participation
   (1) In order to participate in the Title XIX Medicaid Program as an ESWL
provider, the following requirements must be met:
      (a) Submit written request for enrollment
      (b) Submit documentation that the lithotripsy machine is FDA
approved
      (c) Provide documentation to indicate the lithotripsy machine is
being operated under the authority of a valid Certificate of Need (CON).
Documentation can be a copy of the valid CON or a copy of the contract between
the provider of care and the holder of the CON.

Authority: State Plan Attachment 3.1-A, Page 1; Title XIX, Social Security Act;
42 C.F.R. Section 482.11, 482.12, 482.22, 482.54. Effective date of rule is
December 14, 1990.