Low-Energy Ultrasound Therapy using MIST Therapy System

Origination: 01/24/13	**Revised:**	**Annual Review:** 11/11/24

Purpose:

The Medical Technology Assessment Committee will review published scientific literature and information from appropriate government regulatory bodies (when available) related to *Low-Energy Ultrasound Therapy using MIST Therapy System* in order to determine inclusion in the benefit plan.

Compliance Status:

- Food and Drug Administration (FDA)

Recommendation:

A recommendation was made by the MTAC following discussion by committee members based on current literature:

- *Low-Energy Ultrasound Therapy using MIST Therapy System* is considered investigational and therefore, not a covered benefit.

Disclaimer Information:

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed to determine coverage for AvMed's benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed makes coverage decisions using these guidelines, along with the Member's benefit document. The use of this guideline is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed for selected therapeutic or diagnostic services found to be safe, but proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the AvMed Health Plans service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations.

Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change.