NORTH Dakota Be Legendary. | Health & Human Services	**OSTEOGENIC BONE GROWTH STIMULATOR** Service Authorization Required - Yes CMN: No
DURABLE MEDICAL EQUIPMENT MANUAL	POLICY COVERAGE AND LIMITATION CRITERIA
EFFECTIVE: March 2007	REVISED: July 2024

OSTEOGENIC BONE GROWTH STIMULATOR

Indications and limitations of coverage and medical appropriateness:

Non-spinal Electrical Osteogenesis Stimulator:

- A non-spinal electrical osteogenesis stimulator (E0747) may be covered when any of the following criteria are met:
  - Non-union of a long bone fracture (defined as radiographic evidence that fracture healing has ceased for three or more months prior to starting treatment with the osteogenesis stimulator).
  - Failed fusion of a joint other than in the spine, where a minimum of nine months has elapsed since the last surgery.
  - Congenital pseudarthrosis.
  - Non-union of a long bone fracture must be documented by a minimum of two sets of radiographs obtained prior to starting treatment with the osteogenesis stimulator, separated by a minimum of 90 days, each including multiple views of the fracture site, and with a written interpretation by the treating physician stating that there has been no clinically significant evidence of fracture healing between the two sets of radiographs.
  - A long bone is limited to a clavicle, humerus, radius, ulna, femur, tibia, fibula, metacarpal, or metatarsal.

Spinal Electrical Osteogenesis Stimulator:

- A spinal electrical osteogenesis stimulator (E0748) may be covered when any of the following criteria are met:
  - Failed spinal fusion where a minimum of nine months has elapsed since the last surgery.
  - Following a multilevel spinal fusion surgery.
  - Following spinal fusion surgery where, there is a history of a previously failed spinal fusion at the same site.
  - A multilevel spinal fusion involves three or more vertebrae (e.g., L3-L5, L4S1, etc.).

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Ultrasonic Osteogenesis Stimulator:

- An ultrasonic osteogenesis stimulator (E0760) will be covered only when **all** the following criteria are met:
  - Ordered by a board-certified or board-eligible orthopedic surgeon.
  - Non-union of a fracture documented by a minimum of two sets of radiographs obtained prior to starting treatment with the osteogenic stimulator, each separated by a minimum of 90 days. Each radiograph must include multiple views of the fracture site accompanied by a written.
  - interpretation by the treating physician stating that there has been no clinically significant evidence of fracture healing between the two sets of radiographs and
  - The stimulator is intended for use prior to surgical intervention and with cast immobilization.

❖ *The above criteria are from Medicare as the department follows Medicare guidelines listed in policy for convenience. The provider should still reference Medicare for the most up-to-date coverage criteria (for the E0760).*

Documentation Requirements:

- Prescribing physician/practitioner note within 90 days of service authorization requested start date. Must address the clinical need.
- A prescription from the prescribing physician/practitioner.
- Copies of x-ray and operative reports.

The member's medical records must reflect the need for the stimulator requested. These records include, but are not limited to, the physician/practitioner's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals, and test/diagnostic reports.

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Non-covered:

- Non-covered uses for ultrasonic osteogenic stimulator.
- For non-union fractures of the skull or vertebrae.
- For tumor-related fractures.
- For the treatment of a fresh fracture or delayed union or
- When used concurrently with other noninvasive osteogenic devices.

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OSTEOGENIC BONE GROWTH STIMULATOR

Date Revised	Revisions
June 2017	Reviewed and reformatted. Medicare coverage criteria inserted for guidance (E0760).
March 11, 2022	Reviewed and reformatted. In the Documentation Requirements section, bullet 2 changed 60 to 90.
November 23, 2022	Reviewed and reformatted. Header logo updated with the new logo.
November 29, 2023	Reviewed and reformatted. No changes were made.
July 1, 2024	Reviewed the CMN required.