Subject: Bone Growth Stimulator*

Effective Date: January 27, 2004

Department(s): Utilization Management

Policy: The purchase of an electrical or ultrasonic bone growth stimulator is reimbursable under Plans administered by QualCare, Inc.

Objective: To ensure proper & consistent utilization.

Procedure: ONE of the following must be present for consideration of coverage of a bone growth stimulator in either A or B below:

A. Electrical bone growth stimulator (E0747 – 0749)

1. Non-union of a long bone or carpal/tarsal bone fracture at least three months after the fracture occurred (long bones include clavicle, humerus, radius, ulna, femur, tibia, fibula, metacarpal or metatarsal bone).
2. Congenital pseudoarthrosis with no evidence of progression of healing for at least three months despite appropriate management
3. Delayed union of fracture or failed arthrodesis at high risk site, including but not limited to scaphoid (carpal navicular) or open or segmental tibial fracture
4. Adjunct to surgical lumbar spinal fusion of two or more spinal segments
5. Any other condition in which, on medical review, it is determined that electrical stimulation is likely
to avoid the need for open reduction and/or bone graft
6. Failed lumbar spinal fusion at least six months after the original surgery, or high risk of fusion failure when ONE or more of the following criteria are met:
   a) One or more failed fusions
   b) Grade II or worse spondylolisthesis
   c) Other risk factors for fusion failure, including but not necessarily limited to:
      i. Morbid obesity
      ii. Degenerative osteoarthritis
      iii. Severe spondylolisthesis
      iv. Current smoking
      v. Prior fusion surgery
      vi. Prior disc surgery
      vii. Gross instability

Electrical bone growth stimulators are **not covered** for the treatment of fresh fractures, stress fractures, fractures with malalignment, synovial pseudoarthrosis, when the bone gap is greater than 1 cm or to enhance the healing of fractures at high risk for delayed healing or non-union.

**B. Ultrasound Bone Growth stimulator( HCPCS-E0760)**

1. Fresh fracture, fusion, or delayed union of open or segmental fracture of tibial shaft
2. Fresh fracture, fusion, or delayed union of scaphoid (carpal navicular) or distal radius
3. Fresh Jones fracture (5th metatarsal base)
4. Non-union of bones other than the skull and vertebrae: for a fracture at least three months after the fracture occurred documented by at least two sets of imaging studies a minimum of 90 days apart.
5. Congenital pseudoarthrosis with no evidence of progression of healing for at least three months despite appropriate management
6. Closed fractures with a comorbidity that increases the risk of delayed healing or non-union, such as smoking, diabetes, renal disease.

7. Non-union of a stress fracture after a minimum of 90 days of non-surgical management documented by at least two sets of imaging studies a minimum of 90 days apart.

Ultrasound bone growth stimulators are **not covered** in the acute treatment of a fracture requiring open reduction and internal fixation (ORIF), fresh fractures not listed in section B above, for a bone gap greater than 1 cm, or acute stress fractures.

References:


*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.*