

ELECTRICAL AND ULTRASOUND BONE GROWTH STIMULATORS

Policy Number: 2019T0561L

Effective Date: April 1, 2019

[Instructions for Use](#) ⓘ

Table of Contents	Page
COVERAGE RATIONALE	1
APPLICABLE CODES	1
U.S. FOOD AND DRUG ADMINISTRATION	1
CENTERS FOR MEDICARE AND MEDICAID SERVICES	2
POLICY HISTORY/REVISION INFORMATION	2
INSTRUCTIONS FOR USE	2

Community Plan Policy

- [Electrical and Ultrasound Bone Growth Stimulators](#)

Medicare Advantage Coverage Summary

- [Stimulators: Osteogenic Stimulators](#)

COVERAGE RATIONALE

Electrical and electromagnetic bone growth stimulators are proven and medically necessary in certain circumstances.

For medical necessity clinical coverage criteria, see the following MCG™ Care Guidelines, 23rd edition, 2019:

- Bone Growth Stimulators, Electrical and Electromagnetic ACG: A-0565 (AC)
- Bone Growth Stimulators, Ultrasonic ACG: A-0414 (AC)

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Coverage Determination Guidelines may apply.

CPT Code	Description
20975	Electrical stimulation to aid bone healing; invasive (operative)
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)

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HCPCS Code	Description
E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications
E0749	Osteogenesis stimulator, electrical, surgically implanted
E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive

U.S. FOOD AND DRUG ADMINISTRATION (FDA)

The FDA regards bone growth stimulators as significant-risk (Class III) devices. Because the list of products used for bone growth stimulation is extensive, see the following website for more information and search by product name in device name section: <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>. (Accessed December 26, 2018)

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Medicare covers electrical and electromagnetic bone growth stimulators when criteria are met. Refer to the National Coverage Determination (NCD) for [Osteogenic Stimulators \(150.2\)](#). Local coverage determinations (LCDs) exist; see the LCDs for [Osteogenesis Stimulators](#). (Accessed December 27, 2018)

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
04/01/2019	<ul style="list-style-type: none">• Reorganized policy template:<ul style="list-style-type: none">○ Simplified and relocated <i>Instructions for Use</i>○ Removed <i>Benefit Considerations</i> section• Revised coverage rationale:<ul style="list-style-type: none">○ Replaced reference to "MCG™ Care Guidelines, 22nd edition, 2018" with "MCG™ Care Guidelines, 23rd edition, 2019"; refer to 23rd edition for complete details on applicable updates to the MCG™ Care Guidelines• Archived previous policy version 2018T0561K

INSTRUCTIONS FOR USE

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

This Medical Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.