

# Electrical and Ultrasound Bone Growth Stimulators (for Ohio Only)

**Policy Number:** CS037OH.B  
**Effective Date:** February 1, 2024

[➔ Instructions for Use](#)

Table of Contents	Page
<a href="#">Application</a> .....	1
<a href="#">Coverage Rationale</a> .....	1
<a href="#">Applicable Codes</a> .....	1
<a href="#">U.S. Food and Drug Administration</a> .....	2
<a href="#">References</a> .....	2
<a href="#">Policy History/Revision Information</a> .....	2
<a href="#">Instructions for Use</a> .....	2

Related Policies
None

## Application

This Medical Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

## Coverage Rationale

**Note:** For general coverage and payment policies for durable medical equipment (DME), prosthesis, orthotic devices, medical/surgical supplies, and supplier services, refer to the [Ohio Administrative Code, Rule 5160-10-01, Durable medical equipment, prostheses, orthoses, and supplies \(DMEPOS\): general provisions](#).

For medical necessity clinical coverage criteria for electrical and ultrasound bone growth stimulators, refer to the [Ohio Administrative Code, Rule 5160-10-28, DMEPOS: osteogenesis stimulators](#).

For coverage limitations and exclusions, refer to the [Ohio Administrative Code, Rule 5160-10-01, Durable medical equipment, prostheses, orthoses, and supplies \(DMEPOS\): general provisions](#) and the [Ohio Administrative Code, Rule 5160-10-02, DMEPOS: repair](#).

## 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 federal, state, or contractual requirements 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 Guidelines may apply.

CPT Code	Description
<b>Electrical Bone Growth Stimulator: Non-Spinal (Invasive, Non-Invasive)</b>	
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)

CPT Code	Description
<b>Electrical Bone Growth Stimulator: Non-Spinal (Invasive, Non-Invasive)</b>	
20975	Electrical stimulation to aid bone healing; invasive (operative)
<b>Ultrasound Bone Growth Stimulator</b>	
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)

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**Coding Clarification:** Utilize HCPCS code E0748 when reporting bone growth stimulation for all anatomical levels of the spine.

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)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

The FDA regards bone growth stimulators as significant-risk (Class III) devices. Because the list of products used for bone growth stimulation is extensive, refer to the following website for more information and search by product name in the Device Name field on either the 510(k) page or on the Premarket Approvals page using Product Codes LOE (for stimulator, invasive bone growth), LOF (for stimulator, bone growth, non-invasive), or LPQ (for ultrasound bone growth stimulators):

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmnm.cfm>. (Accessed September 01, 2023)

## References

Ohio Administrative Code/5160/Chapter 5160-1-01. Medicaid medical necessity: definitions and principles. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-1-01>. Accessed September 1, 2023.

Ohio Administrative Code/5160/Chapter 5160-10-28. DMEPOS: osteogenesis stimulators. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-10-28>. Accessed September 1, 2023.

Ohio Administrative Code/5160/Chapter 5160-10-02. Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS): general provisions. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-10-02>. Accessed September 1, 2023.

## Policy History/Revision Information

Date	Summary of Changes
02/01/2024	<ul style="list-style-type: none"> <li>Routine review; no change to policy guidelines</li> <li>Archived previous policy version CS037OH.A – P</li> </ul>

## Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state (Ohio Administrative Code [OAC]) or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state (OAC) or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state (OAC) or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state (OAC) or contractual requirements for benefit plan coverage. 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.

UnitedHealthcare uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) for substance use, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and/or Utilization Review Guidelines that have been approved by the Ohio Department for Medicaid Services. The UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and Utilization Review Guidelines 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.