

## Medical Policy

### Bone Growth Stimulators

**Medical Policy: 09**

	Commercial and Qualified Health Plans	MassHealth
Authorization required	X	X
No notification or authorization		

**Overview**

The purpose of this document is to describe the guidelines Mass General Brigham Health Plan utilizes to determine medical appropriateness for bone growth stimulation. Coverage for the use of bone growth stimulation requires prior authorization. Mass General Brigham Health Plan does not cover invasive electrical bone growth stimulators.

**Coverage Guidelines**

Medical necessity for bone growth stimulators is determined through InterQual® criteria. To access the InterQual® Criteria Lookup Tool, log in to Mass General Brigham Health Plan's Provider website at [MassGeneralBrighamHealthPlan.org](http://MassGeneralBrighamHealthPlan.org). Mass General Brigham Health Plan covers certain types of bone growth stimulation when recommended by the member's primary care provider or referring specialist and when the request meets medical necessity criteria.

**Codes**

Authorized CPT/HCPCS Codes	Code Description
20974	Electrical stimulation to aid bone healing; <b>noninvasive (nonoperative)</b>
20979	Low intensity ultrasound stimulation to aid bone healing, <b>noninvasive (nonoperative)</b>
E0747	Osteogenesis stimulator, electrical, <b>noninvasive</b> , other than spinal applications
E0748	Osteogenesis stimulator, electrical, <b>noninvasive</b> , spinal applications
E0760	Osteogenesis stimulator, low intensity ultrasound, <b>noninvasive</b>

**Effective**

August 2022: Annual update. References updated.

September 2021: Annual update. Revised coverage guidelines section. Removed the Exclusions and Definitions sections.

August 2020: Annual update.

June 2019: Annual update. References updated.

June 2018: Annual Update.

April 2018: Added codes.

February 2017: Adopted InterQual® criteria.

October 2016: Annual update.

October 2015: Annual review, no substantial change in the literature.

October 2014: Annual review without substantial changes in medically necessary indicators.

August 2013: Annual update, added invasive bone growth stimulators to exclusions after literature and independent practitioner review.

August 2012: Annual update, no changes.

August 2011: Effective date

## References

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