

Medical Policy

Bone Growth Stimulators

Medical Policy: 09

	Commercial and Qualified Health Plans	MassHealth	Medicare Advantage
Authorization required	X	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, which Mass General Brigham Health Plan has customized by adding CPT codes 20974 and 20979. To access the InterQual® Criteria Lookup Tool, log into Mass General Brigham Health Plan’s Provider website at 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.

MassHealth Variation

Mass General Brigham Health Plan uses guidance from MassHealth for coverage determinations for its MassHealth ACO members. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan’s medical policies are used for coverage determinations. At the time of Mass General Brigham Health Plan’s most recent policy review, **MassHealth had no medical necessity guidelines for bone growth stimulators.**

Medicare Variation

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan’s medical policies are used for coverage determinations. At the time of Mass General Brigham Health Plan’s most recent policy review, Medicare includes coverage guidelines for the following:

- NCD: Osteogenic Stimulators (150.2)
- LCD: Osteogenesis Stimulators (L33796)
- Local Coverage Article: (A52513)

Codes

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

This list of codes applies to commercial and MassHealth plans only.

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

Effective

December 2024: Ad hoc update. Added customized InterQual criteria. Added MassHealth Variation.

August 2024: Annual update.

August 2023: Annual update. Medicare Advantage added to table. Medicare Variation language added.

References updated.

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

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