

Medical Necessity Guidelines

Bone Growth Stimulators

Policy Number: 009

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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.

Medicare Advantage

Prior Authorization Required	Yes ☒ No ☐
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Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for medical necessity 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 medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan's most recent policy review, Medicare offered the following coverage guidelines:**

- [NCD - Osteogenic Stimulators \(150.2\)](#)
- [LCD - Osteogenesis Stimulators \(L33796\)](#)
- [Article - Osteogenesis Stimulators - Policy Article \(A52513\)](#)

Mass General Brigham ACO

Prior Authorization Required	Yes ☒ No ☐
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Mass General Brigham Health Plan uses guidance from MassHealth for medical necessity determinations for its Mass General Brigham ACO members. When MassHealth does not have guidance available for specific DME, refer to the Medicare Advantage section for the relevant LCD. If no relevant LCD exists, refer to the Commercial and Qualified Health Plans section for medical necessity information. **At the time of Mass General Brigham**

Health Plan's most recent policy review, MassHealth did not offer any medical necessity guidelines for bone growth stimulators. Refer to the Medicare Variation above for medical necessity information.

One Care and Senior Care Options (SCO)

Prior Authorization Required	Yes ☒ No ☐
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Mass General Brigham Health Plan uses guidance from CMS for medical necessity determinations for its One Care and SCO plan members. NCDs, LCDs, LCAs, and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, or the member does not meet all of the medical necessity criteria for the requested service, Mass General Brigham Health Plan uses medical necessity guidelines from MassHealth. **See Medicare Advantage criteria and exclusions above. If Medicare Advantage criteria are not met, then MassHealth criteria are applied.**

Commercial and Qualified Health Plans

Prior Authorization Required	Yes ☒ No ☐
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Medical necessity for bone growth stimulators is determined through InterQual® criteria in CP:Durable Medical Equipment, Bone Growth Stimulators, Noninvasive; however, Mass General Brigham Health Plan also covers CPT codes 20974 and 20979 when the same criteria are met. 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.

Codes

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

Authorized Code	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 Dates

December 1, 2026: Ad hoc review. Updated ACO section.

August 1, 2026: Annual review. Added name of IQ subset.

July 1, 2026: Ad hoc review. Reformatted policy. Retired customized InterQual® subset.

January 2026: Ad hoc review. Updated prior authorization table and added variation for One Care and SCO members. Clarified MassHealth Variation.

August 2025: Annual review. Clarified MassHealth Variation. Fixed typos. Added links to CMS documents. Updated code disclaimer.

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

August 2024: Annual review.

August 2023: Annual review. Medicare Advantage added to table. Medicare Variation language added. References updated.



August 2022: Annual review. References updated.

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

August 2020: Annual review.

June 2019: Annual review. References updated.

June 2018: Annual review.

April 2018: Ad hoc review. Added codes.

February 2017: Annual review. Adopted InterQual® criteria.

October 2016: Annual review.

October 2015: Annual review. No substantial change in the literature.

October 2014: Annual review. No substantial changes in medically necessary indicators.

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

August 2012: Annual review. No changes.

August 2011: Effective date.

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