Subject: Bone Growth Stimulator*

Effective Date: January 27, 2004

Department(s): Utilization Management

Policy: The purchase of an electrical or ultrasonic bone growth stimulator is reimbursable under Plans administered by QualCare, Inc.

Objective: To ensure proper & consistent utilization.

Procedure: ONE of the following must be present for consideration of coverage of a bone growth stimulator in either A or B below:

**A. Electrical bone growth stimulator (E0747 – 0749)**

1. Non-union of a fracture at least three months after the fracture occurred
2. Congenital pseudoarthrosis with no evidence of progression of healing for at least three months despite appropriate management
3. Delayed union of fracture or failed arthrodesis at high risk site, including but not limited to scaphoid (carpal navicular) or open or segmental tibial fracture
4. Adjunct to surgical spinal fusion of two or more spinal segments
5. Any other condition in which, on medical review, it is determined that electrical stimulation is likely to avoid the need for open reduction and/or bone graft
6. Failed spinal fusion at least six months after the original surgery, or high risk of fusion failure when ONE or more of the following criteria are met:
   a) One or more failed fusions
   b) Grade II or worse spondylolisthesis
   c) Other risk factors for fusion failure, including but not necessarily limited to:
      i. Morbid obesity
ii. Degenerative osteoarthritis  
iii. Severe spondylolisthesis  
iv. Current smoking  
v. Prior fusion surgery  
vi. Prior disc surgery  
vii. Gross instability  

B. Sonic Accelerated Fracture Healing System (E0760)  

1. Fresh fracture, fusion, or delayed union of open or segmental fracture of tibial shaft  
2. Fresh fracture, fusion, or delayed union of scaphoid (carpal navicular) or distal radius  
3. Non-union of a fracture at least three months after the fracture occurred  
4. Congenital pseudoarthrosis with no evidence of progression of healing for at least three months despite appropriate management  

References:  


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Approved By/Date: QM Committee 01/27/04
Revised By/Date: B. Fisher, MD 10/30/07
Approved By/Date: QM Committee 12/11/07
Revised By/Date: B. Fisher, MD 04/30/09
Approved By/Date: QM Committee 05/26/09
Revised By/Date: M. McNeil, MD 07/08/11
Approved By/Date: QM Committee 07/26/11

*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.*