



<b>CLINICAL MEDICAL POLICY</b>	
<b>Policy Name:</b>	Osteogenic Stimulators (150.2)
<b>Policy Number:</b>	MP-098-MC-PA
<b>Responsible Department(s):</b>	Medical Management
<b>Provider Notice/Issue Date:</b>	10/01/2023; 11/01/2022; 10/15/2021
<b>Effective Date:</b>	11/01/2023; 12/01/2022; 11/15/2021
<b>Next Annual Review:</b>	09/2024
<b>Revision Date:</b>	09/20/2023; 09/21/2022; 09/15/2021
<b>Products:</b>	Pennsylvania Medicare Assured
<b>Application:</b>	All participating and nonparticipating practitioners and facilities unless contractually precluded
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**Policy History**

<b>Date</b>	<b>Activity</b>
11/01/2023	Provider Effective date
09/20/2023	QI/UM Committee review
09/20/2023	Annual Review: No changes to clinical criteria. Updated CMS hyperlinks. Updated 'Reference Sources' section.
12/01/2022	Provider Effective date
09/21/2022	QI/UM Committee review
09/21/2022	Annual Review: No changes to clinical criteria. Updated CMS hyperlinks. Updated 'Reference Sources' section.
11/15/2021	Provider effective date
09/15/2021	QI/UM Committee review
09/15/2021	Initial policy developed

**Disclaimer**

Highmark Wholecare<sup>SM</sup> medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

## **Policy Statement**

Highmark Wholecare<sup>SM</sup> may provide coverage under the medical-surgical and DME benefits of the Company's Medicare products for medically necessary osteogenic stimulators. .

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

## **Procedures**

1. Please review the specific National Coverage Determination (NCD), Local Coverage Determination (LCD), and/or Local Coverage Article (LCA) information, as well as other CMS sources, using the links below.
2. Post-payment Audit Statement  
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare<sup>SM</sup> at any time pursuant to the terms of your provider agreement.
3. Place of Service  
The proper place of service for noninvasive electrical bone growth stimulators is in the outpatient setting.

## **Coverage Determination and Links**

Highmark Wholecare<sup>SM</sup> follows the coverage determinations made by CMS as outlined in either the NCD or state-specific LCD/LCA.

### CMS Link

- [CMS Website](#)

### NCD/LCD Links

- NCD: [Osteogenic Stimulators \(150.2\)](#)
- LCD: [Osteogenesis Stimulators \(L33796\)](#)

### Article Links

- LCA: [Osteogenesis Stimulators - Policy Article \(A52513\)](#)
- LCA: [Standard Documentation Requirements for All Claims Submitted to DME MACs \(A55426\)](#)

## **Reference Sources**

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) Osteogenic Stimulators (150.2). Effective Date April 27, 2005. Implementation Date August 1, 2005. Accessed on August 28, 2023.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) Osteogenesis Stimulators (L33796). Original Effective date October 1, 2015. Revision Effective date July 2, 2023. Accessed on August 28, 2023.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Article (LCA) Osteogenesis Stimulators - Policy Article (A52513). Original Effective date October 1, 2015. Revision Effective date July 2, 2023. Accessed on August 28, 2023.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Article (LCA) Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426). Original Effective date January 1, 2017. Revision Effective date January 1, 2023. Accessed on August 28, 2023.

## **Coding Requirements**

### **Equipment**

<b>HCPCS Code</b>	<b>Description</b>
E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications
E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive

### **Supplies**

<b>HCPCS Code</b>	<b>Description</b>
A4559	Coupling gel or paste, for use with ultrasound device, per oz

## **Reimbursement**

Participating facilities will be reimbursed per their Highmark Wholecare<sup>SM</sup> contract.