

Benefit Criteria for Bone Growth Stimulators to Change for the CSHCN Services Program

Effective for dates of service on or after November 1, 2008, benefit criteria for bone growth stimulators will change for the Children with Special Health Care Needs (CSHCN) Services Program.

Invasive electrical, noninvasive electrical, and ultrasound bone growth stimulators are benefits of the CSHCN Services Program.

Bone growth stimulators are a benefit for skeletally mature clients only, and all bone growth stimulator devices require prior authorization. See "Prior Authorization" below for documentation requirements to obtain prior authorization. Inpatient admissions require prior authorization. Ambulatory or day surgery requires authorization.

Invasive Electrical Bone Growth Stimulator

The invasive electrical bone growth stimulator device (procedure code 9-E0749) and its implantation (procedure code 2/F-20975) are benefits. Procedure code 9-E0749 may be reimbursed in the outpatient hospital setting by freestanding ambulatory surgical centers and hospital-based ambulatory surgical centers.

Noninvasive Electrical Bone Growth Stimulator

The noninvasive electrical bone growth stimulator device (procedure codes J-E0747 and J-E0748) and its application (procedure code 2-20974) are benefits.

Procedure code J-E0747 may be reimbursed in:

- The office setting to a medical supplier (durable medical equipment [DME]) or custom DME provider.
- The home setting to a home health DME, medical supplier (DME), or custom DME provider.

Procedure code 2-20974 will be denied if billed on the same date of service by the same provider as procedure code 2/F-20975.

Ultrasound Bone Growth Stimulator

The ultrasound bone growth stimulator device (procedure code J-E0760) and its application (procedure code 2-20979) are benefits.

Procedure code J-E0760 may be reimbursed at a "per treatment" rate. Providers must bill for the purchase of the device, even if it is returned to the manufacturer when the treatment is completed.

Procedure code 2-20979 may be reimbursed in the office, inpatient, or outpatient hospital setting to advanced practice nurses and physicians.

An ultrasound bone growth stimulator will not be reimbursed concurrently with other noninvasive stimulators.

Other Benefit Changes

Other benefit changes include:

- Procedure codes 2-20974 and 2-20975 are no longer diagnosis-restricted.
- Procedure codes 2-20979, J-E0747, J-E0748, 9/J-E0749, and J-E0760 are no longer age-restricted.
- Procedure codes J-E0748 and J-E0749 are no longer payable to a medical supply company in the office and home setting.
- The lease of a noninvasive electrical and ultrasound bone growth stimulator device is no longer a benefit.
- Assistant surgeons will no longer be reimbursed for the application of a noninvasive electrical bone growth stimulator.

Prior Authorization

Documentation of the following is required for prior authorization of procedure codes J-E0747:

- At least one of the following conditions:
 - There is no evidence of healing progression for three months or longer despite appropriate fracture care following a nonunion, failed fusion, or congenital pseudarthrosis.
 - The client has delayed unions of fractures or failed arthrodesis at high risk sites (e.g., open or segmental tibial fractures, carpal navicular fractures).
- At least one of the following criteria:
 - Serial radiographs have confirmed that no progressive signs of healing have occurred.
 - The fractured gap is 1 cm or less.
 - The individual can be adequately immobilized and is likely to comply with non-weight-bearing requirements.

Documentation of the following is required for prior authorization of procedure code J-E0748:

- The client has one or more failed fusions.
- The client has Grade II or higher spondylolisthesis.
- A multiple level fusion with extensive bone grafting is required.
- Other risk factors for fusion failure are present, including gross obesity, degenerative osteoarthritis, severe spondylolisthesis, current smoking, previous fusion surgery, previous disc surgery, or gross instability.

Documentation of the following is required for prior authorization of procedure code J-E0760:

- The client is skeletally mature and has a nonunion of a fracture other than the skull or vertebrae. Documentation must include a minimum of two sets of radiographs obtained before starting treatment with the bone growth stimulator. These radiographs must be separated by a minimum of 90 days each, including multiple views of the fracture site. This documentation must be accompanied by a written

interpretation by a physician stating that there has been no clinically significant evidence of fracture healing between the two set of radiographs.

- The fracture is not tumor-related.
- The client has one of the following types of fresh (i.e., less than seven days) fractures:
 - Closed or grade I open, tibial diaphyseal fracture
 - Closed fracture of the distal radius (Colles fracture)

For more information, call the TMHP-CSHCN Contact Center at 1-800-568-2413.