



# Medical Policy

Policy: **200104-IQ** Initial Effective Date: **02/18/2014**

Code(s): **CPT 20974 and 20979**  
**HCPCS E0747, E0748 and E0760** Annual Review Date:  
**ICD-9-CM Surgical Procedure 99.86**

SUBJECT: **Bone Growth Stimulation** Last Revised Date:  
- **Noninvasive Electrical, Spinal and Non-spinal**  
- **Noninvasive Low Intensity Ultrasound, Non-spinal**

*Invasive and semi-invasive electrical bone growth stimulation is addressed in Corporate Medical Policy 201402: Bone Growth Stimulation, Invasive Electrical, Spinal and Non-spinal & Semi-invasive Electrical, Spinal and Non-spinal.*

**Prior approval is required for some or all procedure codes listed in this Corporate Medical Policy.**

**Medical Necessity:** Medical Mutual has adopted a modified version of InterQual® Procedures: Bone Growth Stimulation - Noninvasive as medical necessity guidelines. The criteria for this procedure are available via ReviewLink.

## Accessing Criteria via ReviewLink

To access the Criteria select the ReviewLink option from the Quick Links sidebar located at Provider.MedMutual.com (If you are not a ReviewLink Registered Provider, please click on the '[Click here to Register for ReviewLink](#)' link and follow instructions).

- The 'ReviewLink – HIPAA Acknowledgement' page will appear. Click 'Accept'.
- Enter Username and Password and hit 'Enter' or click 'Submit'.
- Choose the *Criteria* link.
- The 'McKesson InterQual® Statement of Disclosure' box will appear. Click 'Accept'.
- The user will be asked to enter their 9-digit provider number and click 'Continue'.
- The 'Criteria file' list will then appear.

## Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

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