

Medical Necessity Guidelines: Bone Growth Stimulators

Effective: September 9, 2015

Clinical Documentation and Prior Authorization Required	√	Coverage Guideline, No Prior Authorization	
Applies to:			
<input checked="" type="checkbox"/> Tufts Health Plan Commercial Plans products; Fax: 617.972.9409 <input checked="" type="checkbox"/> Tufts Health Public Plans products <input checked="" type="checkbox"/> Tufts Health Direct – Health Connector; Fax: 888.415.9055 <input checked="" type="checkbox"/> Tufts Health Together – A MassHealth Plan; Fax: 888.415.9055 <input type="checkbox"/> Tufts Health Unify – OneCare Plan; Fax: 781.393.2607 <input checked="" type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409			
To obtain InterQual® SmartSheets™:			
<ul style="list-style-type: none"> • Tufts Health Plan Commercial Plan products and Tufts Health Freedom Plan products: If you are a registered Tufts Health Plan provider click here to access the Provider website. If you are not a Tufts Health Plan provider please click on the Provider Log-in and follow instructions to register on the Provider website or call Provider Services at 888.884.2404. • Tufts Health Public Plans products: InterQual SmartSheet(s) available as part of the prior authorization process. 			

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

Tufts Health Plan requires prior authorization for certain Bone Growth Stimulators when used in the home.

In order to obtain prior authorization for this piece of durable medical equipment, an InterQual SmartSheet for **Bone Growth Stimulator** must be completed and faxed to the appropriate fax number listed above according to Plan.

The following individual InterQual SmartSheets are to be used when requesting prior authorization:

- **Bone Growth Stimulator, Electrical, Noninvasive, Not Spinal Applications**
- **Bone Growth Stimulator, Electrical, Noninvasive, Spinal Applications**
- **Bone Growth Stimulator, Low Intensity Ultrasound, Noninvasive**

CODES

Durable Medical Equipment REQUIRING PRIOR AUTHORIZATION:

Tufts Health Plan will be using InterQual SmartSheet(s) for the following equipment and associated HCPCS code(s).

BONE GROWTH STIMULATOR, ELECTRICAL, NONINVASIVE, NOT SPINAL APPLICATIONS

The following HCPCS codes require prior authorization:

Code	Description
E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)

BONE GROWTH STIMULATOR, ELECTRICAL, NONINVASIVE, SPINAL APPLICATIONS

The following HCPCS codes require prior authorization:

Code	Description
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)

BONE GROWTH STIMULATOR, LOW INTENSITY ULTRASOUND, NONINVASIVE

The following HCPCS codes require prior authorization:

Code	Description
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)

APPROVAL HISTORY

November 19, 2014: Reviewed by Integrated Medical Policy Advisory Committee (IMPAC). Effective April 1, 2015 Bone Growth Stimulators will require an InterQual[®] SmartSheet(s)[™] for each code listed. Former Medical Necessity Guidelines for Electric and Ultrasound Bone Growth Simulators are combined into this one guideline. CPT code E0749 removed.

Subsequent Endorsement Date(s) and Changes Made:

- January 1, 2015: Instructions for Tufts Health Plan – Network Health products included in this document.
- September 9, 2015: Reviewed by IMPAC, renewed without changes
- September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016.

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

Medical Necessity Guidelines apply to the fully insured Commercial and Medicaid products when Tufts Health Plan conducts utilization review unless otherwise noted in these guidelines or in the Member's benefit document. These guidelines do not apply to Tufts Medicare Preferred HMO, Tufts Health Plan Senior Care Options or Tufts Health Unify or to certain delegated service arrangements. For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. Applicable state or federal mandates or other requirements will take precedence. For CareLinkSM Members, CIGNA conducts utilization review so CIGNA's medical necessity guidelines, rather than these guidelines, will apply.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of these guidelines is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.

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