18.2.25 Electrical Stimulators

18.2.25.1 Osteogenic Bone Growth Stimulators

Osteogenic bone growth stimulators are used to augment bone repair associated with either a healing fracture or bone fusion. Medicaid coverage is limited to reimbursement for electrical and ultrasonic non-invasive types of bone growth stimulators. Medicaid will not provide reimbursement for invasive types of bone growth stimulators.

This item has not been approved by the U.S. Food and Drug Administration (FDA) for rental. Therefore, Medicaid will not approve payment for an osteogenic bone growth stimulator as a rental device.

Non-spinal Non-invasive Electrical Stimulators

Non-spinal non-invasive electrical bone growth stimulators may be considered under the following circumstances:

1. Failure of long bone fractures to heal. A period of six months from the initial date of treatment must elapse before failure is considered to have occurred;

2. Failure of long bone fusions (a period of nine months from the initial date of treatment must elapse before failure is considered to have occurred); or

3. Treatment of congenital pseudoarthroses. There is no minimal time requirement after the diagnosis.

Non-Spinal Non-Invasive Ultrasonic Stimulators

Non-Spinal non-invasive ultrasonic bone growth stimulators may be considered under the following circumstances:

1. Failure of a non-union fracture to heal. A period of 90 days following treatment has occurred;

2. Documentation consists of two sets of radiographs, one before treatment and the second occurring 90 days after treatment; and

3. Radiographs shall include multiple views and be accompanied by a written interpretation by a physician stating that there has been no clinically significant evidence of the fracture healing between the two sets of radiographs.

Spinal Non-Invasive Electrical Stimulators

Spinal non-invasive electrical bone growth stimulators may be considered:

1. When a minimum of nine months has elapsed since the beneficiary had fusion surgery which resulted in a failed spinal fusion;

2. When there is a history of a previously failed spinal fusion at the same site following spinal fusion surgery (meaning more than nine months has elapsed since fusion surgery was performed at the same level which is being fused again). As long as nine months has passed since the failed fusion surgery, this repeated fusion attempt requires no minimum passage of time for the application of the device; or

3. Following a multi-level spinal fusion (i.e., involving three or more contiguous vertebrae, such as L3-L5 or L4-S1). There is no minimum requirement for application after surgery.