

## CLINICIAN CHECKLIST FOR OSTEOGENESIS STIMULATORS

### Policy References:

- [Local Coverage Determination \(LCD\) \(L33796\)](#)
- [Policy Article \(A52513\)](#)

**Documentation References:** [Standard Documentation Requirements Policy Article \(A55426\)](#)

The treating clinician must complete the following items:

#### [Standard Written Order \(SWO\)](#)

[Face-to-Face Evaluation](#) – Required for HCPCS code E0748

Required for HCPCS codes E0747, and E0760 – Effective for date of service (DOS) on or after August 12, 2024

[Written Order Prior to Delivery](#) – Required for HCPCS codes E0747, E0748, E0760 – Effective for DOS on or after August 12, 2024

Medical records as noted below

### Medical Documentation

*Non-union of a long bone or fracture must be documented by a minimum of two sets of radiographs obtained prior to starting treatment with the osteogenesis stimulator, separated by a minimum of 90 days, each including multiple views of the fracture site, and with a written interpretation by a physician stating that there has been no clinically significant evidence of fracture healing between the two sets of radiographs.*

### Non-Spinal Electrical Osteogenesis Stimulator (OS)

Covered if any of the following are met:

Nonunion of a long bone (clavicle, humerus, radius, ulna, femur, tibia, fibula, metacarpal, or metatarsal) fracture defined as radiographic evidence that fracture healing has ceased for three or more months prior to starting treatment with the OS; **or**

Failed fusion of a joint other than in the spine where a minimum of nine months has elapsed since the last surgery; **or**

Congenital pseudarthrosis.

### Spinal Electrical OS

Covered only if any of the following criteria are met:

Failed spinal fusion where a minimum of nine months has elapsed since the last surgery; **or**  
Following a multilevel spinal fusion surgery (see Appendices section); **or**  
Following spinal fusion surgery where there is a history of a previously failed spinal fusion at the same site.

## Ultrasonic OS

Covered only if all of the following criteria are met:

- There is nonunion of a fracture (defined above); **and**
- The fracture is not of the skull or vertebrae; **and**
- The fracture is not tumor related.