

**Policy References:** [Local Coverage Determination Osteogenesis Stimulators \(L33796\)](#) and [Policy Article \(A52513\)](#)

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

**The supplier must be able to provide all of these items on request:**

- [Standard Written Order \(SWO\)](#)
- [Beneficiary Authorization](#)
- [Proof of Delivery \(POD\)](#)
- [Continued Need](#)
- [Continued Use](#)
- [Certificate of Medical Necessity \(CMN\) CMS-847](#)
- Medical records from treating practitioner as noted below

**Medical Records should contain:**

**Non-spinal Electrical Osteogenesis Stimulator (OS) (E0747) is only covered if any of the following criteria are met:**

- Nonunion of a long bone (clavicle, humerus, radius, ulna, femur, tibia, fibula, metacarpal, or metatarsal) fracture defined as x-ray 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
- Nonunion of a long bone fracture must be documented by a minimum of two sets of x-rays obtained prior to starting treatment, separated by a minimum of 90 days, each including multiple views of the fracture site, and with a written interpretation by a physician stating there has been NO clinically significant evidence of fracture healing between the two sets of x-rays

**Spinal Electrical OS (E0748) is 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 (three or more vertebrae) spinal fusion surgery; **or**
- Following spinal fusion surgery, there is a history of a previously failed spinal fusion at the same site

The content of this document was prepared as an educational tool and is not intended to grant rights or impose obligations. Use of this document is not intended to take the place of either written law or regulations. Suppliers are reminded to review the Local Coverage Determination and Policy Article for specific documentation guidelines.

**Ultrasonic OS (E0760) is covered only if all of the following criteria are met:**

- Nonunion of a fracture documented by a minimum of two sets of x-rays obtained prior to starting treatment with the OS, separated by a minimum of 90 days. Each x-ray set must include multiple views of the fracture site accompanied by a written interpretation by a physician stating that there has been NO clinically significant evidence of fracture healing between the two sets of x-rays; **and**
- Fracture is not of the skull or vertebrae; **and**
- Fracture is not tumor related.