

DOCUMENTATION CHECKLIST FOR OSTEOGENESIS STIMULATORS

Policy References:

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

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

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

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

[Face-to-Face and Written Order Prior to Delivery \(WOPD\)](#) - HCPCS code E0748 - Effective for date of service (DOS) April 13, 2022, and after ([CMS Required Face-to-Face Encounter and Written Order Prior to Delivery List](#))

[Beneficiary Authorization](#)

[Proof of Delivery \(POD\)](#)

[Continued Need](#)

[Continued Use](#)

[Certificate of Medical Necessity \(CMN 847\)](#) ([Required for dates of service prior to January 1, 2023](#))

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 fracture (clavicle, humerus, radius, ulna, femur, tibia, fibula, metacarpal, or metatarsal) defined as radiographic evidence that fracture healing has ceased for three or more months prior to starting treatment with the osteogenesis stimulator; **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 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 treating practitioner stating there has been NO clinically significant evidence of fracture healing between the two sets of radiographs.

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.

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 radiographs obtained prior to starting treatment with the osteogenesis stimulator, separated by a minimum of 90 days.

Each radiograph set must include multiple views of the fracture site accompanied by a written interpretation by a treating practitioner stating that there has been NO clinically significant evidence of fracture healing between the two sets of radiographs; **and**

Fracture is not of the skull or vertebrae; **and**

Fracture is not tumor related