Wyoming Workers Compensation Division
Bone Growth Stimulation (BGS)

Based on review of current literature, there is evidence that bone growth stimulation is effective in specific situations. **For BGS used as an adjunct to another treatment, the primary treatment must be a covered service.**

The following represents the specific situations that will be approved by the Division:

- **Electrical non-invasive and invasive stimulators are covered only for the following indications:**
  - Non-union of long bone fractures (3 or more months ceased healing, minimum of 2 radiographs separated by a minimum of 90 days prior to the start of the treatment);
  - Failed fusion, where a minimum of 9 months has elapsed since the last surgery; or adjunct to fusion for patients with a previously failed fusion and high risk of pseudarthrosis at the same site or for multiple level fusion involving 3 or more levels; and
  - Congenital pseudarthrosis (non-invasive only).

- **Ultrasonic stimulator indications:**
  - Non-union fractures confirmed by 2 sets of radiographs minimum of 90 days apart prior to the start of the treatment with written physician interpretation of no clinically significant evidence of fracture healing.
  - Fresh fractures in patients at high risk of delayed healing or non-union. Examples of high risk comorbidities may include: diabetes, smoking, obesity, or osteoporosis.

- **Non-covered indications include:**
  - Non-union of skull, vertebrae or tumor related;
  - Ultrasonic stimulators may not be used concurrently with other non-invasive osteogenic devices;
  - Ultrasonic stimulators for delayed fractures

**Definition of delayed union:** fracture that does not achieve union within the anticipated timeframe for a given type of fracture. Generally, fractures that do not heal within 3 to 9 months are considered delayed unions.

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