PROVIDER BULLETIN

TOPIC: 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.

• Electrical non-invasive and invasive stimulators are covered only for the following indications:
  o 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);
  o 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 vertebrae (e.g. L3-L5, L4-S1); and
  o Congenital pseudarthrosis (non-invasive only).

• Ultrasonic stimulator indications:
  o 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.
  o 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.
  o As medically indicated per physician notes

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