

**References: L33796, A52513, NCD 150.2**

## **Osteogenesis Stimulators (E0747, E0748, E0760)**

- Face-to-Face Examination (F2F)
  - Date stamp indicating supplier's date of receipt of F2F on or before date of delivery
- Written Order Prior to Delivery (WOPD)
  - Date stamp indicating supplier's date of receipt of WOPD on or before date of delivery
- Certificate of Medical Necessity (CMN) (CMS 847 CMN)
- Beneficiary Authorization
- Proof of Delivery (POD)
  - Method 1 - Direct Delivery to the Beneficiary by the Supplier  
**The date the beneficiary/designee signs for the equipment is to be the date of service of the claim.**
  - Method 2 - Delivery via Shipping or Delivery Service  
**The shipping date is to be the date of service of the claim.**
- Continued Need
- Continued Use

## **Medical Records**

- Nonspinal 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**

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- 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 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.

## Billing Reminders

- E0747, E0748, E0760 are Class III Devices which must be submitted with KF modifier.
- For osteogenesis stimulators provided prior to October 1, 2015, the ICD-9 code (see L11490 for the ICD-9 code list) that supports medical necessity must be included on the claim.
- For osteogenesis stimulators provided on/after October 1, 2015, a diagnosis code is not used to determine reimbursement, however, the processing system requires an ICD-10 code on all claims. For osteogenesis stimulators the claim should be submitted with the ICD-10 code that is applicable to the particular beneficiary's medical condition.

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[Go Back to Front Page](#)