



Related MLN Matters Article #: MM3836

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Related CR #: 3836

Coverage and Billing for Ultrasonic Stimulators for Nonunion Fracture Healing

Key Words

MM3836, CR3836, R41NCD, R597CP, MM4085, CR4085, ultrasonic, stimulators, nonunion, fracture

Provider Types Affected

Physicians, providers, and suppliers billing Medicare Carriers and Fiscal Intermediaries (FIs), including Regional Home Health Intermediaries (RHHIs) and Durable Medical Equipment Regional Carriers (DMERCs), for ultrasonic osteogenic stimulators

Key Points

Note: MM3836 was revised on July 30, 2007, to add a reference to CR4085, which changed some of the business requirements in CR3836 effective April 27, 2005. CR4085 may be found at <http://www.cms.hhs.gov/Transmittals/downloads/R816CP.pdf> on the Centers for Medicare and Medicaid Services (CMS) website. The related article (MM4085) may be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4085.pdf> on the CMS website

- The effective date for MM3836 is April 27, 2005.
- The implementation date is August 1, 2005.
- MM3836 was revised on July 15, 2005, to show that, effective for services performed on or after April 27, 2005 that meet the coverage criteria for Current Procedural Terminology (CPT) code 20979, payment will be made by Medicare carriers and RHHIs.
- Originally, the article incorrectly said carriers and *FIs*.
- CMS announced a Reconsideration of the National Coverage Determination (NCD) covering the use of ultrasonic osteogenic stimulators, effective April 27, 2005.
- Ultrasound stimulation for nonunion fracture healing will remain covered, with an additional expansion of coverage to patients without surgeries prior to the non-healing fracture.
- Ultrasonic osteogenic stimulators are covered as medically reasonable and necessary for the treatment of nonunion fractures when the following is demonstrated:
 - A minimum of two sets of radiographs must be obtained prior to starting treatment with the osteogenic stimulator, each separated by a minimum of 90 days; and

- Each radiograph 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 radiographs.
- Effective for services performed on or after April 27, 2005, Medicare will cover an osteogenic stimulator for beneficiaries who meet the criteria described above.
- Carriers and RHHs will allow payment for an osteogenic stimulator with the CPT Code of 20979 (Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)).
- DMERCs will allow payment for osteogenic stimulators with the following HCPCS Codes:
 - E0760 for low intensity ultrasound; or
 - E1399 for other ultrasound stimulation.
- For key billing information specific to RHHs, Home Health Agencies (HHAs), and hospitals, please refer to MM3836, page 2.
- The national noncoverage policy relating to ultrasonic osteogenic stimulators for fresh fractures and delayed unions remains in place. Additionally, nonunion fractures of the skull, vertebrae, and tumor-related fractures are excluded from coverage.

Important Links

MM3836: "Coverage and Billing for Ultrasonic Stimulators for Nonunion Fracture Healing" can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3836.pdf> on the CMS website.

CR3836, Transmittal #597: "Coverage and Billing for Ultrasonic Stimulators for Nonunion Fracture Healing" can be found at <http://www.cms.hhs.gov/Transmittals/downloads/R597CP.pdf> on the CMS website.

Medicare National Determinations Manual (Pub. 100-03), Section 160.11 (Osteogenic Stimulators), can be found at http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part2.pdf on the CMS website.

A complete list of current codes can be found at <http://www.wpc-edi.com/codes/Codes.asp> on the CMS website.