



Related MLN Matters Article #: MM4085

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Coverage and Billing for Ultrasound Stimulation for Nonunion Fracture Healing

Key Words

MM4085, CR4085, R816CP, Ultrasound, Fracture

Provider Types Affected

Physicians, suppliers, and providers billing Medicare Carriers, Fiscal Intermediaries (FIs), including Regional Home Health Intermediaries (RHHIs) and Durable Medical Equipment Regional Carriers (DMERCs), for Ultrasound Stimulation for Nonunion Fracture Healing

Key Points

- The effective date of the instruction is April 27, 2005.
- The implementation date is April 3, 2006.
- Change Request (CR) 4085 supplements CR3836 - Coverage and Billing Requirements for Ultrasound Stimulation for Nonunion Fracture Healing.
- Some of the differences between CR3836 and the new CR4085 include the following:
 - A modifier is not needed when billing code 20979 to a carrier as a result of CR4085.
 - Modifier "KF" is to be used when billing code E0760 or code E1399 to a DMERC or RHHI.
- The Centers for Medicare & Medicaid Services (CMS) has determined that evidence is adequate to conclude that it is reasonable and necessary to use non-invasive ultrasound stimulation for the treatment of nonunion bone fractures prior to surgical intervention.
- Effective for services performed on or after April 27, 2005, ultrasonic osteogenic stimulators are covered as medically reasonable and necessary for the treatment of nonunion bone fractures prior to surgery.
- Ultrasonic osteogenic stimulators are not to be used concurrently with other non-invasive osteogenic devices.

Coverage Requirements

- In demonstrating nonunion fractures, CMS expects a minimum of **two** sets of radiographs, obtained prior to starting treatment with the osteogenic stimulator, separated by a minimum of 90 days.
- Each radiograph set must include multiple views of the fracture site, accompanied with a written interpretation by a physician stating that there has been no clinically significant evidence of fracture healing between the two sets of radiographs.
- Hospitals should note that there are no covered services for ultrasonic osteogenic stimulation for which hospitals can be paid by the FI. Therefore, hospitals cannot bill for ultrasonic osteogenic stimulators.
- For further coverage information, please refer to the Medicare *National Coverage Determinations Manual* (Pub. 100-03), Chapter 1, §150.2, which can be found at http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part2.pdf on the CMS website.

Bill Types When Billing RHHIs

- When billed to RHHIs, ultrasonic osteogenic stimulators must be billed on type of bill (TOB) 32X, 33X, or 34X.
- They are payable under the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule.
- Ultrasonic osteogenic stimulators must be in the patient's home health plan of care if billed on TOBs 32X or 33X.

Billing Instructions When Billing Medicare Carriers

- Effective for dates of service on or after April 27, 2005, carriers will allow payment for ultrasonic osteogenic stimulators with current procedural terminology (CPT) code **20979** – Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative).

Billing Instructions for Durable Medical Equipment Regional Carriers (DMERCs) and Regional Home Health Intermediaries (RHHIs)

Effective for dates of service on or after April 27, 2005:

- DMERCs and RHHIs will allow payment for ultrasonic osteogenic stimulators with the following HCPCS codes:
 - **E0760** for low-intensity ultrasound (include modifier "KF") or
 - **E1399** for other ultrasound stimulation (include modifier "KF").
- RHHIs will:
 - Pay for ultrasonic osteogenic stimulators only when services are submitted on type of bills (TOBs) 32X, 33X, or 34X.
 - Pay HHAs on TOBs 32X, 33X, and 34X for ultrasonic osteogenic stimulators on the DMEPOS fee schedule.

Note: Medicare carriers, FIs, and RHHIs will adjust claims with dates of service on and after April 27, 2005, if brought to their attention.

Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4085.pdf>

For complete details, affected providers may view the official instruction issued to their carrier/DMERC/FI/RHHI regarding this change. That instruction may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R816CP.pdf> on the CMS website.

If providers have any questions, they can refer to their carrier/DMERC/FI/RHHI at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.