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Implementation Date: April 3, 2006

## Coverage and Billing for Ultrasound Stimulation for Nonunion Fracture Healing

**Note:** This article was updated on October 23, 2012, to reflect current Web addresses. All other information remains unchanged.

### Provider Types Affected

Physicians, suppliers, and providers billing Medicare fiscal intermediaries (FIs), including regional home health intermediaries (RHHIs) for Ultrasound Stimulation for Nonunion Fracture Healing.

### Provider Action Needed



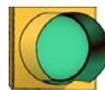
#### STOP – Impact to You

This article is based on Change Request (CR) 4085, which supplements CR3836 - Coverage and Billing Requirements for Ultrasound Stimulation for Nonunion Fracture Healing.



#### CAUTION – What You Need to Know

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. Please note that there have been changes made to CR3836 business requirements. These changes are discussed in the *Additional Information* section of this article. All other material and information remain the same as in the original CR3836.



#### GO – What You Need to Do

See the *Background* section of this article for further details regarding this change.

#### Disclaimer

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## Background

The Centers for Medicare & Medicaid Services (CMS) 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.

Therefore, 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.

### ***Coverage and Billing for Ultrasound Stimulation for Nonunion Fracture Healing***

An ultrasonic osteogenic stimulator is a non-invasive device that emits low-intensity, pulsed ultrasound. This device is applied to the surface of the skin at the fracture site and ultrasound waves are emitted via a conductive coupling gel to stimulate fracture healing.

Ultrasonic osteogenic stimulators are not to be used concurrently with other non-invasive osteogenic devices.

### **Coverage Requirements**

Effective for dates of service on and after April 27, 2005, ultrasonic osteogenic stimulators are covered as medically reasonable and necessary for the treatment of nonunion bone fractures prior to surgical intervention. 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.

For further coverage information, please refer to the Medicare *National Coverage Determinations Manual* (Pub.100-03), Chapter 1, Section 150.2, which can be found at [http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1\\_Part2.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part2.pdf) on the CMS website.

**Note:** Hospitals should note that there are no covered services for Ultrasonic Osteogenic Stimulation for which hospitals can be paid by the FI. Thus, hospitals can not bill for Ultrasonic Osteogenic Stimulators.

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**Bill Types When Billing RHHIs**

When billed to RHHIs, Ultrasonic Osteogenic Stimulators must be billed on type of bill 32X, 33X, 34X, and is payable under the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule.

**Note:** 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 the following 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.

## Implementation

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The implementation date for the instruction is April 3, 2006.

## Additional Information

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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.

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- Modifier “KF” is now to be used when billing code E0760 or code E1399 to a DMERC or RHHI.

For complete details, please see the official instruction issued to your carrier/DMERC/FI/RHHI regarding this change. That instruction may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R816CP.pdf> on the CMS website.

If you have any questions, please contact your carrier/DMERC/FI/RHHI at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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