

## ELECTRICAL STIMULATION OF BONE

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### I. PROCEDURE CODE RANGE

20974-20975, 20670, 20680

### II. DESCRIPTION

A. Electrical stimulation to augment bone repair can be accomplished through one of the following methods:

1. A totally invasive method in which electrodes and power pack are surgically implanted within the extremity;
2. A semi-invasive method in which electrodes penetrate the fracture and the power pack is externally placed and the leads are connected to the inserted electrodes.
3. A totally noninvasive method in which the electrodes are placed over the cast surface and are connected to an external power pack.

### III. POLICY

A. Use of the invasive and semi-invasive types of devices are covered for nonunion of long bone fractures.

B. Use of the noninvasive type of device is covered for the following procedures:

1. Nonunion of long bone fractures
2. Failed fusion
3. Congenital pseudo-arthrooses

C. Use of the invasive or noninvasive type of device is covered as an adjunct to spinal fusions to increase the probability of fusion success for:

1. Patients at high risk for pseudo-arthritis, including those patients with:

- a. One or more failed fusions;
  - b. Grade 2 or 3 spondylolisthesis;
  - c. Fusions at more than one level, or
2. Fusions performed on patients considered to be at high risk (i.e., smokers, obese, etc.).
- D. Nonunion, for all types of devices, should be considered to exist only after six or more months (from date of fracture) have elapsed without healing of the fracture.
- E. When determined to be medically necessary, the electrical bone stimulator may be rented following the durable medical equipment reimbursement procedures outlined in [Chapter 13, Section 3.2](#).
- F. When determined to be medically necessary, repairs, adjustments and accessories necessary for the effective functioning of the device, and removal and replacement of the covered device, as well as associated surgical costs may also be considered for cost-sharing.

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