

EFFECTIVE DATE: 10|10|2015

POLICY LAST UPDATED: 12|06|2016

OVERVIEW

In the appendicular skeleton, electrical stimulation (with either implantable electrodes or noninvasive surface stimulators) has been investigated for the treatment of delayed union, nonunion, and fresh fractures. This policy addresses only implantable and semi-invasive devices.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare

The implantable electric bone growth stimulator is covered as the Centers for Medicare and Medicaid Services (CMS) has determined that it is medically necessary.

Note: Medicare policy is developed separately from BCBSRI policy. Medicare policy incorporates consideration of governmental regulations from CMS, such as national coverage determinations or local coverage determinations. In addition to benefit differences, CMS may reach different conclusions regarding the scientific evidence than does BCBSRI. Medicare and BCBSRI policies may differ. However, BlueCHiP for Medicare members must be offered, at least, the same services that Medicare offers.

Commercial Products

Implantable electrical bone growth stimulator is considered not medically necessary as there is insufficient peer-reviewed scientific literature that demonstrates that the procedure/service is effective.

BlueCHiP for Medicare and Commercial Products

The semi-invasive electrical bone growth stimulator is not covered as there are devices with U.S. Food and Drug Administration (FDA) approval or clearance.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable not medically necessary benefits/coverage.

BACKGROUND

In the appendicular skeleton, electrical stimulation has been primarily used to treat tibial fractures, and thus this technique has often been thought of as a treatment of the long bones. According to orthopedic anatomy, the skeleton consists of long bones, short bones, flat bones, and irregular bones. Long bones act as levers to facilitate motion, while short bones function to dissipate concussive forces. Short bones include those composing the carpus and tarsus. Flat bones, such as the scapula or pelvis, provide a broad surface area for attachment of muscles. Despite their anatomic classification, all bones are composed of a combination of cortical and trabecular (also called cancellous) bone. Each bone, depending on its physiologic function, has a different proportion of cancellous to trabecular bone. At a cellular level, however, both bone types are composed of lamellar bone and cannot be distinguished microscopically.

Electrical and electromagnetic fields can be generated and applied to bones through the following methods:

- Surgical implantation of a cathode at the fracture site with the production of direct current electrical stimulation. Invasive devices require surgical implantation of a current generator in an intramuscular or subcutaneous space, while an electrode is implanted within the fragments of bone graft at the fusion site. The implantable device typically remains functional for 6 to 9 months after implantation, and, although the current generator is removed in a second surgical procedure when stimulation is completed, the electrode may or may not be removed. Implantable electrodes provide constant stimulation at the nonunion or fracture site but carry increased risks associated with implantable leads.
- Semi-invasive (semi-implantable) stimulators use percutaneous electrodes and an external power supply obviating the need for a surgical procedure to remove the generator when treatment is finished. No semi-invasive electrical bone growth stimulator devices with FDA approval or clearance were identified.

The literature for implantable bone stimulators of the appendicular skeleton consists of a small number of case series. In addition, no semi-invasive devices have FDA clearance or approval. The use of invasive or semi-invasive electrical bone growth stimulators is considered not medically necessary.

BlueCHiP for Medicare

CMS has a National Coverage Determination (NCD) which states that the invasive stimulator device is covered only for the following indications:

- Nonunion of long bone fractures;
- Effective July 1, 1996, as an adjunct to spinal fusion surgery for patients at high risk of pseudarthrosis due to previously failed spinal fusion at the same site or for those undergoing multiple level fusion. A multiple level fusion involves 3 or more vertebrae (e.g., L3-L5, L4-S1, etc).
- Effective September 15, 1980, nonunion of long bone fractures is considered to exist only after 6 or more months have elapsed without healing of the fracture.
- Effective April 1, 2000, nonunion of long bone fractures is considered to exist only when serial radiographs have confirmed that fracture healing has ceased for 3 or more months prior to starting treatment with the electrical osteogenic stimulator. Serial radiographs must include a minimum of 2 sets of radiographs, each including multiple views of the fracture site, separated by a minimum of 90 days.

Based on this coverage determination, the invasive(implantable) stimulator will be covered.

CODING

The following code is covered for BlueCHiP for Medicare and not medically necessary for commercial products:

20975 Electrical stimulation to aid bone healing; invasive (operative)

E0749 Osteogenesis stimulator, electrical, surgically implanted

RELATED POLICIES

Preauthorization via Web-Based Tool for Durable Medical Equipment (DME)

PUBLISHED

Provider Update, January 2017

Provider Update, August 2015

REFERENCES

1. Bhandari M, Fong K, Sprague S, et al. Variability in the definition and perceived causes of delayed unions and nonunions: a cross-sectional, multinational survey of orthopaedic surgeons. *J Bone Joint Surg Am.* Aug 1 2012;94(15):e1091-1096. PMID 22854998

2. Ahl T, Andersson G, Herberts P, et al. Electrical treatment of non-united fractures. *Acta Orthop Scand*. Dec 1984;55(6):585-588. PMID 6335345
3. Connolly JF. Selection, evaluation and indications for electrical stimulation of ununited fractures. *Clin Orthop Relat Res*. Nov-Dec 1981(161):39-53. PMID 6975690
4. Connolly JF. Electrical treatment of nonunions. Its use and abuse in 100 consecutive fractures. *Orthop Clin North Am*. Jan 1984;15(1):89-106. PMID 6607443
5. de Haas WG, Beaupre A, Cameron H, et al. The Canadian experience with pulsed magnetic fields in the treatment of ununited tibial fractures. *Clin Orthop Relat Res*. Jul 1986(208):55-58. PMID 3720140
6. Sharrard WJ, Sutcliffe ML, Robson MJ, et al. The treatment of fibrous non-union of fractures by pulsing electromagnetic stimulation. *J Bone Joint Surg Br*. 1982;64(2):189-193. PMID 6978339
7. Griffin XL, Warner F, Costa M. The role of electromagnetic stimulation in the management of established nonunion of long bone fractures: what is the evidence? *Injury*. Apr 2008;39(4):419-429. PMID 18321512
8. Scott G, King JB. A prospective, double-blind trial of electrical capacitive coupling in the treatment of non-union of long bones. *J Bone Joint Surg Am*. Jun 1994;76(6):820-826. PMID 8200888
9. Simonis RB, Parnell EJ, Ray PS, et al. Electrical treatment of tibial non-union: a prospective, randomised, double-blind trial. *Injury*. May 2003;34(5):357-362. PMID 12719164
10. Shi HF, Xiong J, Chen YX, et al. Early application of pulsed electromagnetic field in the treatment of postoperative delayed union of long-bone fractures: a prospective randomized controlled study. *BMC Musculoskelet Disord*. 2013;14:35. PMID 23331333
11. Sharrard WJ. A double-blind trial of pulsed electromagnetic fields for delayed union of tibial fractures. *J Bone Joint Surg Br*. May 1990;72(3):347-355. PMID 2187877
12. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). Electrical bone growth stimulation for delayed union or nonunion of fractures. *TEC Assessment*. 1992;Volume 7:332-351. PMID 21491410
13. Griffin XL, Costa ML, Parsons N, et al. Electromagnetic field stimulation for treating delayed union or non-union of long bone fractures in adults. *Cochrane Database Syst Rev*. 2011(4):CD008471. PMID 21491410
14. Barker AT, Dixon RA, Sharrard WJ, et al. Pulsed magnetic field therapy for tibial non-union. Interim results of a double-blind trial. *Lancet*. May 5 1984;1(8384):994-996. PMID 6143970
15. Borsalino G, Bagnacani M, Bettati E, et al. Electrical stimulation of human femoral intertrochanteric osteotomies. Double-blind study. *Clin Orthop Relat Res*. Dec 1988(237):256-263. PMID 3191636
16. Dhawan SK, Conti SF, Towers J, et al. The effect of pulsed electromagnetic fields on hindfoot arthrodesis: a prospective study. *J Foot Ankle Surg*. Mar-Apr 2004;43(2):93-96. PMID 15057855
17. Adie S, Harris IA, Naylor JM, et al. Pulsed electromagnetic field stimulation for acute tibial shaft fractures: a multicenter, double-blind, randomized trial. *J Bone Joint Surg Am*. Sep 7 2011;93(17):1569-1576. PMID 21915570
18. Hannemann PF, van Wezenbeek MR, Kolkman KA, et al. CT scan-evaluated outcome of pulsed electromagnetic fields in the treatment of acute scaphoid fractures: a randomised, multicentre, double-blind, placebo-controlled trial. *Bone Joint J*. Aug 2014;96-B(8):1070-1076. PMID 25086123

19. Beck BR, Matheson GO, Bergman G, et al. Do capacitively coupled electric fields accelerate tibial stress fracture healing? A randomized controlled trial. *Am J Sports Med.* Mar 2008;36(3):545-553. PMID 18055921
20. Petrisor B, Lau JT. Electrical bone stimulation: an overview and its use in high risk and Charcot foot and ankle reconstructions. *Foot Ankle Clin.* Dec 2005;10(4):609-620, vii-viii. PMID 16297822
21. Lau JT, Stamatis ED, Myerson MS, et al. Implantable direct-current bone stimulators in high-risk and revision foot and ankle surgery: a retrospective analysis with outcome assessment. *Am J Orthop (Belle Mead NJ).* Jul 2007;36(7):354-357. PMID 17694182
22. Saxena A, DiDomenico LA, Widtfeldt A, et al. Implantable electrical bone stimulation for arthrodeses of the foot and ankle in high-risk patients: a multicenter study. *J Foot Ankle Surg.* Nov-Dec 2005;44(6):450-454. PMID 16257674
23. Centers for Medicare and Medicaid Services. National Coverage Determination for Osteogenic Stimulators (150.2). 2005; <https://www.cms.gov/medicare-coverage-database/search/document-id-searchres>

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