MO HealthNet PA Criteria

Medical Procedure Class:	**DME Ultrasonic Osteogenesis Stimulator (E0760)**
Implementation Date:	**02/19/2008**
Prepared for:	**MO HealthNet**
Prepared by:	**Conduent Business Services, LLC**

☐ **New Criteria** ☒ **Revision of Existing Criteria**

Executive Summary

Purpose:	To allow a more consistent and streamlined process for authorization of Ultrasonic Osteogenesis Stimulator.

Why was this Issue Selected:	Senate Bill 577 passed by the 94th General Assembly directs MO HealthNet to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.
Procedures subject to Pre-Certification	E0760 NU – Osteogenesis stimulator, low intensity ultrasound, noninvasive

Setting & Population

All MO HealthNet fee for service participants

Procedure Group for review: E0760 – Osteogenesis stimulator, low intensity ultrasound, noninvasive

Approval Criteria

- Prescribing and requesting physician is an orthopedic surgeon or a podiatrist board certified in podiatric surgery; and
- Claim history absent dispensing of E0760; and
- Patient has one of the following fracture diagnoses: Rib, acetabulum, clavicle, scapula, coracoid process, humerus, ulna, radius, forearm, wrist, metacarpal, phalange, femur, patella, tibia, fibula, malleolus, ankle, calcaneus, astragalus, foot or metatarsal.
- Fracture is a non-union fracture; and
- The nonunion is radiographically and clinically documented by a minimum of 2 sets of radiographs obtained prior to starting treatment with the Ultrasonic Osteogenesis 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 2 sets of radiographs; and
- The radiologic documentation must indicate skeletal maturity based on epiphysial closure has been attained; and
- The medical record documents a consultation and written recommendation from an orthopedic surgeon or a podiatrist board certified in podiatric surgery which supports the Ultrasonic Osteogenesis Stimulator as an appropriate treatment for the patient's non-union fracture.

Approval Diagnosis Codes: See Appendix A

Denial Criteria

- Prescribing and requesting physician is not an orthopedic surgeon or a podiatrist board certified in podiatric surgery;
- Previous claim history of Ultrasonic Osteogenesis Stimulator;
- One of the following fracture diagnoses is not met: Rib, acetabulum, clavicle, scapula, coracoid process, humerus, ulna, radius, forearm, wrist, metacarpal, phalange, femur, patella, tibia, fibula, malleolus, ankle, calcaneus, astragalus, foot or metatarsal.
- Fracture is not a non-union;

- Fracture is tumor related;
- The medical record does not document two sets of radiographs obtained prior to starting treatment with the Ultrasonic Osteogenesis Stimulator, or the radiographs fail to include multiple views of the fracture site;
- The two sets of radiographs are not separated by at least 90 days;
- The medical record fails to document a written interpretation by the physician stating there has been no clinically significant evidence of fracture healing between the 2 sets of radiographs;
- Radiological documentation fails to indicate skeletal maturity based on epiphysial closure has been attained;
- The medical record does not document consultation and written recommendation from an orthopedic surgeon or a podiatrist board certified in podiatric surgery supporting the use of an Ultrasonic Osteogenesis Stimulator for treatment of the patient's non-union fracture.

Approval Period

E0760 NU: Purchase - The authorization will provide a 90 day window for claim submission.

Appendix A: Approval Procedure Codes and Diagnoses

Fracture Diagnosis Appendix.xlsx