

Ultrasound Bone Growth Stimulation

The following payment policies apply to medically necessary use of Ultrasound Bone Growth Stimulation rendered by in-network or out-of-network providers. Benefits are not guaranteed prior to a claim being submitted and approved. The eligibility of benefits is based on the specific Plan's provisions, exclusions, and limitations. Review the Plan's precertification requirements to determine if precertification is necessary. If there is a difference between this information and the plan documents, the plan documents will be used to determine your coverage.

Description:

This document addresses the use of low-intensity pulsed ultrasound devices as a treatment to promote healing of some fresh fractures and to accelerate healing for nonunion of other fracture sites.

Medically Necessary:

A. Fresh Fractures

Non-invasive, low-intensity pulsed ultrasound treatment is considered **medically necessary** for the treatment of fresh fractures when **any** of the following are present:

1. Closed radial fractures; **or**
2. Closed tibial diaphyseal fractures; **or**
3. Closed fracture sites at high risk for nonunion due to:
 - a. Location and poor vascular supply (for example, carpal navicular/scaphoid fractures, Jones/5th metatarsal fracture); **or**
 - b. Fractures associated with extensive soft tissue or vascular damage;
4. Closed fractures in skeletally mature adults at high risk for delayed/nonunion due to a comorbidity when at least one or more of the following are present:
 - a. Diabetes, renal disease, or other metabolic diseases where bone healing is likely to be compromised; **or**
 - b. Currently smoking or alcoholism; **or**
 - c. Osteoporosis; **or**
 - d. Steroid therapy; **or**
 - e. Severe anemia; **or**
 - f. Nutritional deficiency.

B. Delayed Fractured Unions

Non-invasive, low intensity pulsed ultrasound treatment is considered **medically necessary** for the treatment of a delayed union if the following criteria are met:

1. Serial radiographs over 12 weeks from the date of fracture, have failed to demonstrate significant callus formation.

C. Fracture Nonunions

Non-invasive, low-intensity pulsed ultrasound treatment is considered **medically necessary** for the treatment of fracture nonunion of bones of the appendicular skeleton (clavicle, humerus, radius, ulna, femur, fibula, tibia, carpal, metacarpal, tarsal, or metatarsal) when **all** of the following criteria are met:

1. At least 3 months have passed since the date of fracture or appropriate fracture care; **and**
2. Serial x-rays have confirmed that no progressive signs of healing have occurred; **and**
3. Fracture gap is less than 1 centimeter; **and**
4. The fracture is adequately mobilized.

Investigational and Not Medically Necessary:

Non-invasive, low-intensity pulsed ultrasound treatment is considered **investigational and not medically necessary** when the above criteria are not met, including, but not limited to treatment of **any** of the following:

1. As an adjunct to (at the time of or immediately after) bunionectomy procedures (**Note:** When such surgery results in nonunion the medically necessary criteria above may apply); **or**
2. As an adjunct to (at the time of or immediately after) distraction osteogenesis procedures for any indication (for example, limb lengthening, nonunion, or tibial defects); **or**
3. Axial skeleton fractures, including the skull and vertebrae; **or**
4. Congenital pseudoarthrosis; **or**
5. Fresh fractures that are Open Grade II or III, or require surgical intervention (with or without internal fixation), or are otherwise too unstable for closed reduction/casting; **or**
6. Patellar tendinopathy; **or**
7. Pathological fractures due to bone pathology or tumor/malignancy; **or**
8. Stress fractures.