

OSTEOGENESIS STIMULATOR WORKSHEET

Osteogenesis stimulators are covered under the criteria listed in the DME Provider Manual, Procedure Code Section. Claims for osteogenesis stimulators must be submitted with the signed written fiscal order and either the clinical documentation that the coverage criteria have been met or with the following signed worksheet.

SECTION 1 – TO BE COMPLETED BY DME PROVIDER

Beneficiary Name:	Patient ID#:
Date of Service:	HCPCS Code:
Provider Name:	Provider ID#:

SECTION 2 – TO BE COMPLETED BY ORDERING PRACTITIONER

Diagnosis Codes:
Estimated Length of Need (months):

Is the following documentation maintained in your patient’s clinical file? (circle)

- Items 1-4 apply to non-spinal electrical osteogenesis stimulator (E0747)
- Items 5-7 apply to spinal electrical osteogenesis stimulator (E0748)
- Items 1 and 8-11 apply to ultrasonic osteogenesis stimulator (E0760)

Y	N	D	1. Long standing (3 months or more) non-union of long bone or tarsal/metatarsal fracture.
Y	N	D	2. Failed fusion of a joint other than the spine?
Y	N	D	3. Diagnosis of congenital pseudoarthrosis?
Y	N	D	4. Is there no alternative to using the device except surgery (bone graft or amputation)?
Y	N	D	5. Is there failed spinal fusion where a minimum of 9 months has elapsed since the last surgery?
Y	N	D	6. Has the beneficiary had multilevel spinal fusion surgery?
Y	N	D	7. Is there a history of failed spinal fusion surgery at the same site?
Y	N	D	8. Is there at least 50% of the fracture in apposition?
Y	N	D	9. Is there no more than 10 degrees of anterior or posterior angulation?
Y	N	D	10. Is there no more than 15 degrees of lateral angulation in either varus or valgus?
Y	N	D	11. Is there true synovial synarthrosis?

Y=YES N=NO D=DOES NOT APPLY

Ordering Practitioner Signature

Date

Provider ID#