

Electrical Bone Growth Stimulation (Spine)

DME.ST.109.A

v2.0.2024

HCPCS Codes

E0748

Electrical Bone Growth Stimulation (Spine) - Criteria

Indications

- Noninvasive (beginning at any time from the time of surgery until up to 6 months after surgery with the exception of this timeline for an urgent/emergent condition for spinal fusion surgery excluding primary or metastatic neoplastic disease) electrical bone growth stimulation may be considered medically necessary for spinal fusion surgery in patients at high risk for pseudarthrosis with **one or more** of the following risk factors for fusion failure when associated with an approved spinal fusion surgery:
 - Alcohol Use Disorder (AUD)
 - Body mass index (BMI) > 30
 - Diabetes, renal disease, or other metabolic diseases when bone healing is likely to be compromised
 - Glucocorticoid dependent
 - Meyerding Grade III or worse lumbar/lumbosacral spondylolisthesis
 - Multi-level spinal fusion including three (3) or more vertebrae
 - Nutritional deficiency/malnutrition
 - One or more previously failed spinal fusion(s)
 - Osteoporosis defined as T-score of -2.5 on a recent (within one year) DEXA
 - Severe anemia
 - Smoking history
 - Immunocompromised status
- Noninvasive electrical bone growth stimulation is considered medically necessary as a treatment for patients with failed spinal fusion when **both** of the following are met:
 - A minimum of 6 months has passed since the date of the original surgery
 - Serial plain X-rays or appropriate imaging studies confirm there is no evidence of progression of healing/consolidation of the spinal fusion for 3 months during the later portion of the 6 month post-fusion surgery period

- Urgent/emergent conditions for spine fusion surgery are exceptions to the above timelines for noninvasive electrical bone growth stimulation excluding primary or metastatic neoplastic disease

Non-Indications

Noninvasive electrical bone growth stimulation is considered experimental, investigational, or unproven (EIU) for **all** of the following:

- Acute or chronic lumbar spondylolysis (pars interarticularis defect) with or without spondylolisthesis
- Failed cervical or lumbar disc arthroplasty
- Spinal malignancy
- As nonsurgical treatment of an established pseudarthrosis

References

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