



MEDICAL COVERAGE GUIDELINES
SECTION: Durable Medical Equipment (DME)

ORIGINAL EFFECTIVE DATE: 09/12/17
LAST REVIEW DATE: 04/17/18
LAST CRITERIA REVISION DATE:
ARCHIVE DATE:

BONE GROWTH STIMULATION, ULTRASOUND

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. All other trademarks and service marks contained in this guideline are the property of their respective owners, which are not affiliated with BCBSAZ.

MEDICAL COVERAGE GUIDELINES
SECTION: Durable Medical Equipment (DME)

ORIGINAL EFFECTIVE DATE: 09/12/17
LAST REVIEW DATE: 04/17/18
LAST CRITERIA REVISION DATE:
ARCHIVE DATE:

BONE GROWTH STIMULATION, ULTRASOUND (cont.)

Description:

A non-invasive device used to induce the growth of bones in cases of fresh fractures, delayed fracture union or fracture nonunion. Uses a low-intensity, pulsed ultrasound signal to stimulate and accelerate fracture-healing time. A transducer is applied to the skin over the fracture site. The ultrasound signal is transmitted to the skin via a conductive coupling gel, which coats the skin surface. Device may be self-administered with daily 20-minute treatments until there is evidence of fracture repair.

Definitions:

Delayed Union and Fracture Nonunion:

No evidence of healing as identified in serial X-rays for at least 3 consecutive months.

Fresh Fracture:

Within 3 months of the date of fracture.

Criteria:

- Ultrasound bone growth stimulation for all indications is considered ***not medically necessary***.

These indications include, *but are not limited to*:

- Delayed union fractures
- Distraction osteogenesis
- Fresh fractures (surgically managed or non-surgically managed)
- Nonunion fractures
- Osteotomy
- Stress fractures



MEDICAL COVERAGE GUIDELINES
SECTION: Durable Medical Equipment (DME)

ORIGINAL EFFECTIVE DATE: 09/12/17
LAST REVIEW DATE: 04/17/18
LAST CRITERIA REVISION DATE:
ARCHIVE DATE:

BONE GROWTH STIMULATION, ULTRASOUND (cont.)

Resources:

Literature reviewed 09/12/17. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

1. 1.01.05 BCBS Association Medical Policy Reference Manual. Ultrasound Accelerated Fracture Healing Device. Re-issue date 03/06/2018, issue date 12/01/1995.
2. Busse JW, Bhandari M. The Effect Of Low-Intensity Pulsed Ultrasound Therapy On Time To Fracture Healing: A Meta-Analysis. *CMAJ*. 02/19/2002 2002;166(4):437-441.
3. Jingushi S, Mizuno K, Matsushita T, Itoman M. Low-intensity pulsed ultrasound treatment for postoperative delayed union or nonunion of long bone fractures. *J Orthop Sci*. 2007 Jan 2007;12(1):35-41.
4. Mehta S, Long K, DeKoven M, Smith E, Steen RG. Low-intensity pulsed ultrasound (LIPUS) can decrease the economic burden of fracture non-union. *Journal of medical economics*. 2015;18(7):542-549.
5. Rutten S, Nolte PA, Guit GL, Bouman DE, Albers GH. Use of low-intensity pulsed ultrasound for posttraumatic nonunions of the tibia: a review of patients treated in the Netherlands. *J Trauma*. 2007 Apr 2007;62(4):902-908.
6. TEC Clearinghouse Publication. 03/2000.



MEDICAL COVERAGE GUIDELINES
SECTION: Durable Medical Equipment (DME)

ORIGINAL EFFECTIVE DATE: 09/12/17
LAST REVIEW DATE: 04/17/18
LAST CRITERIA REVISION DATE:
ARCHIVE DATE:

BONE GROWTH STIMULATION, ULTRASOUND (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilinígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idííkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idííkidgo beehaz'áanii hólg díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ilínígóó. Ata' halne'ígíí kojí' bich'í' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، ف لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

