

# Bone Growth Stimulator, Electrical and Electromagnetic Checklist



**Prior authorization requests accepted from providers only.**

Member/Patient Name \_\_\_\_\_

## Checklist

Either invasive or non-invasive EBGs may be considered medically necessary as an adjunct to cervical and lumbar fusion for patients as evidenced by the following risk factors for failed fusion. Please indicate all that apply and provide supporting documentation:

- One or more previously failed spinal fusion(s)
- Grade III or worse spondylolisthesis
- Fusion to be performed at more than one level
- Current smoker
- Diabetes
- Renal disease
- Poor nutrition, particularly protein deficiency

Invasive, non-invasive, or semi-invasive EBGs may be considered medically necessary as treatment of fracture non-unions or congenital pseudoarthroses in the appendicular skeleton. (The appendicular skeleton includes the bones of the shoulder girdle, upper extremities, pelvis, and lower extremities including the metatarsal bones.) The diagnosis of fracture non-union must demonstrate evidence of the following – see list below. Please check all that apply and provide supporting documentation, including imaging report.

- At least 3 months have passed since the date of fracture
- Serial radiographs at least 90 days apart have confirmed that no progressive signs of healing have occurred
- The fracture gap is one cm. or less
- The patient can be adequately immobilized and is likely to comply with non-weight bearing

Non-invasive electrical bone stimulation may be considered medically necessary as a treatment of patients with failed spinal fusion. Failed spinal fusion is defined as a non-cervical spinal fusion which has not healed at a minimum of 6 months after the original surgery, as evidenced by serial x-rays at least 90 days apart.

Non-invasive electrical bone stimulation may be considered medically necessary as a treatment of patients with failed joint arthrodesis. Failed joint arthrodesis is defined as a joint fusion which has not healed at a minimum of 6 months after the original surgery, as evidenced by serial x-rays at least 90 days apart.

Contraindications to use of EBGs include, but not limited to:

- Pacemaker
- Pregnancy
- Neoplastic disease
- Severe osteoporosis
- The presence of magnetic metal fixation devices in the area of nonunion

*Continued >*

## Next steps

1. Please provide history and physical including onset of symptoms, imaging and treatment received, and response to treatment.
2. Complete this form and submit request online through InTouch at [PacificSource.com/aboutproviderintouch](https://PacificSource.com/aboutproviderintouch). You'll find the Preauthorization Request Form at: [PacificSource.com/provider/preauthorization.aspx](https://PacificSource.com/provider/preauthorization.aspx).

Questions? Please call us toll-free at **888-691-8209** or **541-684-5584**.

*This is not an inclusive list. Additional information may be requested.*