Spinal Non-invasive Electrical Stimulators

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4030

Recent review date: 1/2025

Next review date: 5/2026

Policy contains: Bone growth stimulators; Spinal non-Invasive electric stimulators.

AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by AmeriHealth Caritas Louisiana when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana's clinical policies are not guarantees of payment.

Policy statement

Spinal non-invasive electrical bone growth stimulators may be considered:

- When a minimum of nine months has elapsed since the member had fusion surgery which resulted in a failed spinal fusion;
- When there is a history of a previously failed spinal fusion at the same site following spinal fusion surgery (meaning more than nine months has elapsed since fusion surgery was performed at the same level which is being fused again). As long as nine months has passed since the failed fusion surgery, this repeated fusion attempt requires no minimum passage of time for the application of the device; or
- Following a multi-level spinal fusion (i.e., involving three or more contiguous vertebrae, such as L3-L5 or L4-S1). There is no minimum requirement for application after surgery.

References

Louisiana Department of Health. 2010. Durable Medical Equipment Provider Manual. Osteogenic Bone Growth Stimulators. Chapter 18, Section 18.2.25.1 Issued February 28, 2023.

Policy updates

Initial review date: 3/2/2021

1/2024: Policy references updated.

1/2025: Policy references updated.