
Program Memorandum Carriers

Department of Health and
Human Services (DHHS)
HEALTH CARE FINANCING
ADMINISTRATION (HCFA)

Transmittal B-00-66

Date: NOVEMBER 22, 2000

CHANGE REQUEST 1383

SUBJECT: Durable Medical Equipment Regional Carrier (DMERC) Operating Instructions for Coverage of the Ultrasonic Osteogenic Stimulators for Fracture Healing. Effective for Services Performed on or After 1/1/2001.

This Program Memorandum (PM) notifies you that the Coverage Issues Manual §35-48 is being revised to permit coverage for ultrasonic osteogenic stimulators when there are two sets of radiographs documenting non-union of a fracture, and the patient has failed at least one surgical intervention for the treatment of the fracture.

The HCPCS code used for this device is E0760 (osteogenesis stimulator, low intensity ultrasound, non-invasive). Claims should be submitted with the ICD-9 code 733.82 and the ZX modifier.

Contractors will edit to look for the ZX modifier. A certified medical necessity (CMN) will not be used by DMERCs for ultrasonic osteogenesis stimulators. Instead, CMNs will continue to be used for electrical osteogenesis stimulators, E0747 and E0748. This code will be placed in the capped rental category and in Common Working File categories 01 and 60.

The *effective date* for this PM is January 1, 2001.

The *implementation date* for this PM is January 1, 2001.

These instructions should be implemented within your current operating budget.

This PM may be discarded after January 1, 2002.

If you have any questions, contact Angie Costello at 410-786-1554 or (acostello@hcfa.gov).

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