

# Electrical and Ultrasonic Bone Growth Stimulators (for Idaho Only)

**Policy Number:** CS0371D.C  
**Effective Date:** June 1, 2026

[Instructions for Use](#)

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Related Policies
None

## Application

This Medical Policy only applies to the state of Idaho, including Idaho Medicaid Plus plans.

## Coverage Rationale

For medical necessity clinical coverage criteria, refer to the [Idaho Medicaid Provider Handbook, Provider Guidelines, Durable Medical Equipment, Prosthetics, Orthotics, and Supplies: Osteogenesis Stimulators](#).

## Medical Records Documentation Used for Reviews

Benefit coverage for health services is determined by the federal, state, or contractual requirements, and applicable laws that may require coverage for a specific service. Medical records documentation may be required to assess whether the member meets the clinical criteria for coverage but does not guarantee coverage of the services requested.

The patient's medical record must contain documentation that fully supports the medical necessity for the requested services. This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures. Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available upon request.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
<b>Electrical Bone Growth Stimulator: Non-Spinal (Invasive, Non-Invasive)</b>	
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)
20975	Electrical stimulation to aid bone healing; invasive (operative)

CPT Code	Description
<b>Ultrasound Bone Growth Stimulator</b>	
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)

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**Coding Clarification:** Utilize HCPCS code E0748 when reporting bone growth stimulation for all anatomical levels of the spine.

HCPCS Code	Description
E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications
E0749	Osteogenesis stimulator, electrical, surgically implanted
E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive

## U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

The FDA regards bone growth stimulators as significant-risk (Class III) devices. Because the list of products used for bone growth stimulation is extensive, refer to the following website for more information and search by product name in the Device Name field on either the 510(k) page or on the Premarket Approvals page using Product Codes LOE (for stimulator, invasive bone growth), LOF (for stimulator, bone growth, non-invasive), or LPQ (for ultrasound bone growth stimulators): <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmnmn.cfm>. (Accessed August 1, 2025)

## References

Idaho Medicaid Provider Handbook. Durable Medical Equipment, Prosthetics, Orthotics, and Supplies. 5.31. Osteogenesis Stimulators. Available at: <https://www.idmedicaid.com/Provider%20Guide/Provider%20Handbook.aspx>. Accessed October 10, 2025.

## Policy History/Revision Information

Date	Summary of Changes
06/01/2026	<p><b>Title Change</b></p> <ul style="list-style-type: none"> <li>Previously titled <i>Electrical and Ultrasound Bone Growth Stimulators (for Idaho Only)</i></li> </ul> <p><b>Medical Records Documentation Used for Reviews</b></p> <ul style="list-style-type: none"> <li>Added language to indicate: <ul style="list-style-type: none"> <li>Benefit coverage for health services is determined by the federal, state, or contractual requirements, and applicable laws that may require coverage for a specific service</li> <li>Medical records documentation may be required to assess whether the member meets the clinical criteria for coverage but does not guarantee coverage of the service requested</li> <li>The patient's medical record must contain documentation that fully supports the medical necessity for the requested services</li> <li>This documentation includes but is not limited to relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures</li> <li>Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available upon request</li> </ul> </li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated <i>References</i> sections to reflect the most current information</li> <li>Archived previous policy version CS0371D.B</li> </ul>

## Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a

conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual<sup>®</sup> criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.