

MEDICAL POLICY – 1.01.537**Low Intensity Pulsed Ultrasound Fracture Healing Device**

BCBSA Ref. Policy: 1.01.05

Effective Date: June 1, 2024

Last Revised: May 13, 2024

Replaces: 1.01.531

RELATED MEDICAL POLICIES:


2.01.40 Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions

7.01.07 Electrical Bone Growth Stimulation of the Appendicular Skeleton

7.01.85 Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures

Select a hyperlink below to be directed to that section.

[POLICY CRITERIA](#) | [CODING](#) | [RELATED INFORMATION](#)
[EVIDENCE REVIEW](#) | [REFERENCES](#) | [HISTORY](#)

 Clicking this icon returns you to the hyperlinks menu above.

Introduction

Ultrasound is a sound wave that humans can't hear. Ultrasound has been tried to help broken bones heal. It was believed that ultrasound stimulates growth of new bone by activating the growth of new bone cells. The latest large studies, however, show there isn't enough evidence to conclude that ultrasound waves help bones heal. Using ultrasound on bones that were cut during surgery or broken is not medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Treatment	Medical Necessity
Low-intensity pulsed ultrasound	<p>Low-intensity pulsed ultrasound is considered not medically necessary for the treatment of the following:</p> <ul style="list-style-type: none"> • Fresh fractures (surgically managed or nonsurgically managed) • Fracture nonunion and delayed union fractures • Stress fractures, osteotomy, and distraction osteogenesis <p>Note: See Definition of Terms for more information.</p>

Coding

Code	Description
CPT	
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)
HCPCS	
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

Related Information

Definition of Terms

Fresh (acute) fracture: There is no standard definition of a “fresh” fracture. A fracture is most commonly defined as fresh for 7 days after the fracture occurs, but there is definitional variability. For example, one study defined fresh as less than 5 days after fracture, while another defined fresh as up to 10 days postfracture. Most fresh closed fractures heal without complications using standard fracture care (i.e., closed reduction and cast immobilization).

Nonunion: There is no consensus on the definition of nonunion. One definition is a failure of progression of fracture healing for at least 3 consecutive months (and at least 6 months post-



fracture) accompanied by clinical symptoms of delayed/nonunion (pain, difficulty weight bearing).

The definition of nonunion in the US Food and Drug Administration (FDA) labeling suggests that nonunion is considered established when the fracture site shows no visibly progressive signs of healing, without providing guidance on the timeframe of observation. The following selection criteria are consistent with those proposed for electrical stimulation as a treatment of nonunions (see [Related Policies](#)):

- At least 3 months have passed since the date of the fracture

AND

- Serial radiographs have confirmed that no progressive signs of healing have occurred

AND

- The fracture gap is 1 cm or less

AND

- The individual can be adequately immobilized and, based on age, is likely to comply with non-weight bearing

Note: Electrical bone growth stimulation for healing is addressed in a separate medical policy (see [Related Policies](#)).

Delayed union: Is defined as a decelerating healing process as determined by serial radiographs, together with a lack of clinical and radiologic evidence of union, bony continuity, or bone reaction at the fracture site for no less than 3 months from the index injury or the most recent intervention.

Benefit Application

The transducer used for ultrasound treatment is categorized as durable medical equipment.

Evidence Review



Description

Low-intensity pulsed ultrasound (LIPUS) has been investigated as a technique to accelerate healing of fresh fractures, surgically treated closed fractures, delayed unions, nonunions, stress fractures, osteotomy sites, and distraction osteogenesis. LIPUS is administered using a transducer applied to the skin surface overlying the fracture site.

Background

Bone Fractures

An estimated 178 million new fractures were reported worldwide in 2019.¹ Most bone fractures heal spontaneously over several months following standard fracture care (closed reduction, if necessary, followed by immobilization with casting or splinting). However, approximately 5% to 10% of all fractures have delayed healing, resulting in continued morbidity and increased utilization of health care services.² Factors contributing to a nonunion include which bone is fractured, fracture site, the degree of bone loss, time since injury, the extent of soft tissue injury, and individual factors (e.g., smoking, diabetes, systemic disease).²

Fracture Nonunion

There is no standard definition of a fracture nonunion.³ The US Food and Drug Administration (FDA) has defined nonunion as when "a minimum of 9 months has elapsed since injury, and the fracture site shows no visibly progressive signs of healing for a minimum of 3 months." Other definitions cite three to six months of time from the original injury, or simply when serial radiographs fail to show any further healing. These definitions do not reflect the underlying conditions in fractures that affect healing, such as the degree of soft tissue damage, alignment of the bone fragments, vascularity, and quality of the underlying bone stock.

Delayed Union

Delayed union is generally considered a failure to heal between three and nine months post fracture, after which the fracture site would be considered a nonunion. The delayed union may also be defined as a decelerating bone healing process, as identified in serial radiographs. (In contrast, nonunion serial radiographs show no evidence of healing.) It is important to include



both radiographic and clinical criteria to determine fracture healing status. Clinical criteria include the lack of ability to bear weight, fracture pain, and tenderness on palpation.

Treatment

LIPUS has been proposed to accelerate healing of fractures. LIPUS is believed to alter the molecular and cellular mechanisms involved in each stage of the healing process (inflammation, soft callus formation, hard callus formation, and bone remodeling). The mechanism of action at the cellular level is not precisely known, but it is theorized that LIPUS may stimulate the production or the activities of the following compounds that contribute to the bone healing process: cyclooxygenase-2, collagenase, integrin proteins, calcium, chondroblasts, mesenchymal cells, fibroblasts, and osteoblasts.

LIPUS treatment is self-administered, once daily for 20 minutes, until the fracture has healed.

Summary of Evidence

For individuals who have fresh fractures (surgically or nonsurgically managed) who receive LIPUS as an adjunct to routine care, the evidence includes randomized controlled trials (RCTs) and several meta-analyses. The relevant outcomes are symptoms, morbid events, functional outcomes, and quality of life (QOL). The evidence base has evolved with the publication of a large RCT and meta-analysis significantly shifting the weight of the evidence. Conclusions based on several earlier and small RCTs, rated at high-risk of bias, showed a potential benefit; however, the large RCT published in 2016, rated at low risk of bias, showed no benefit. A 2017 meta-analysis including only trials with low risk of bias found no difference in days to full weight bearing, pain reduction, or days to radiographic healing. Similarly, the overall results of the meta-analysis found no significant difference in return to work, subsequent operations, or adverse events. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have fracture nonunion or delayed union fracture who receive LIPUS as an adjunct to routine care including surgery, if appropriate, the evidence includes only lower quality studies consisting of a small systematic review in scaphoid nonunions, a meta-analysis of nonunion in various locations, a meta-analysis in individuals with specific risk factors, two low-quality RCTs, and one observational comparative study. The relevant outcomes are symptoms, morbid events, functional outcomes, and QOL. Of the two RCTs, one did not include functional outcomes. The second RCT had a small sample size and did not describe the randomization



procedure. The observational study reported similar healing rates with LIPUS and surgery, although the retrospective nature of the study limits meaningful interpretation of these results. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have stress fractures, osteotomy sites, or distraction osteogenesis who receive LIPUS as an adjunct to routine care, the evidence includes only lower quality studies consisting of small RCTs, retrospective comparative observational studies, and one meta-analysis for distraction osteogenesis. The relevant outcomes are symptoms, morbid events, functional outcomes, and QOL. Results do not generally include functional outcomes and results across various outcomes, primarily time to radiographic healing, are inconsistent. The meta-analysis of three trials using LIPUS for distraction osteogenesis reported no statistically significant differences in physiological or functional outcomes. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Ongoing and Unpublished Clinical Trials

Some currently ongoing and unpublished trials that might influence this review are listed in [Table 1](#).

Table 1. Summary of Key Trials

NCT No.	Trial Name	Planned Enrollment	Completion Date
Ongoing			
NCT02383160^a	A Randomized Controlled Trial Comparing Low-Intensity, Pulsed Ultrasound to Placebo in the Treatment of Operatively Managed Scaphoid Non-unions	154	Dec 2023
Unpublished			
NCT03382483^a	A Prospective, Patient-centric, Observational, Consecutive Enrollment, Non-interventional Study of Patients At Risk for Fracture Non-union Treated with EXOGEN Compared to a National Healthcare Claims Database Control	12,387	May 2022 (unknown status)

NCT: national clinical trial

^a denotes an industry-sponsored trial



Practice Guidelines and Position Statements

The purpose of the following information is to provide reference material. Inclusion does not imply endorsement or alignment with the policy conclusions.

Guidelines or position statements will be considered for inclusion if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

National Institute for Health and Care Excellence

In 2013, the NICE published guidance on Exogen for the treatment of long-bone fractures with nonunion and delayed fracture healing.³¹ The NICE concluded that use of the Exogen bone healing system to treat long-bone fractures with nonunion is supported by "clinical evidence" and "cost savings...through avoiding surgery." For long-bone fractures with delayed healing, defined as no radiologic evidence of healing after three months, there was "some radiologic evidence of improved healing." However, due to "substantial uncertainties about the rate at which bone healing progresses without adjunctive treatment between three and nine months after fracture" and need for surgery, "cost consequences" were uncertain. In 2019, the Exogen guidance was updated with a review of studies published after June 2012.³¹ The review decision stated, "Overall the additional clinical evidence identified since the guidance was published in 2013 supports the current recommendations." The reviewers did not consider the Schandelmaier et al (2017) systematic review because it pooled fresh fractures and distraction osteogenesis alongside non-unions.

In 2018, NICE published guidance on the use of LIPUS in three clinical circumstances. The guidance made the following conclusions:

- To promote healing of fresh fractures at low risk of non-healing: "Current evidence does not show efficacy. Therefore, this procedure should not be used for this indication."³²
- To promote healing of fresh fractures at high-risk of non-healing: "Current evidence on efficacy is very limited in quantity and quality. Therefore, this procedure should only be used in the context of research."³³



- To promote healing of delayed and nonunion fractures: "Current evidence on efficacy is inadequate in quality. Therefore, this procedure should only be used with special arrangements for clinical governances, consent and audit or research."³⁴

American Academy of Orthopaedic Surgeons

In 2020, the American Academy of Orthopaedic Surgeons published updated guidelines on the treatment of distal radius fractures.³⁵ Although the Academy issued a limited recommendation for the use of LIPUS for adjuvant treatment of distal radius fractures in its prior 2009 guidelines, LIPUS was not mentioned in the updated guidelines.

Similarly, a 2021 AAOS guideline on management of hip fracture in older adults does not mention low-intensity pulsed ultrasound.³⁶

In 2022, the AAOS published a guideline on the treatment of clavicle fractures.³⁶ The guideline includes a moderately strong recommendation that low-intensity pulsed ultrasound should not be used for acute mid-shaft clavicle fracture, based on a lack of data supporting its efficacy for accelerated healing or improved non-union rates. The only randomized trial that was available at the time of guideline development showed no difference in these outcomes compared to placebo.

Medicare National Coverage

Effective 2001, ultrasonic osteogenic stimulators were covered as medically reasonable and necessary for the treatment of nonunion fractures.³⁷ Nonunion fractures of the skull, vertebrae, and those that are tumor-related are excluded from coverage. Ultrasonic osteogenic stimulators may not be used concurrently with other noninvasive osteogenic devices. Ultrasonic osteogenic stimulators for fresh fractures and delayed unions are not covered.

Regulatory Status

In 1994, the Sonic Accelerated Fracture Healing System (SAFHS; renamed Exogen 2000 and Exogen 4000+, now Exogen Ultrasound Bone Healing System; Bioventus) was approved by the FDA through the premarket approval process for treatment of fresh, closed, posteriorly displaced distal radius (Colles) fractures and fresh, closed, or grade I open tibial diaphysis fractures in skeletally mature individuals when these fractures are orthopedically managed by



closed reduction and cast immobilization. In February 2000, the labeled indication was expanded to include the treatment of established nonunions, excluding skull and vertebra. The AccelStim Bone Growth Stimulator (Orthofix US) was FDA approved in 2022 for accelerating time to healed fracture for fresh, closed, posteriorly displaced distal radius fractures and fresh, closed, or Grade I open tibial diaphysis fractures and for established non-unions in skeletally mature adults.

FDA product code: LOF.

References

1. Wu AM, Bisignano C, James SL, et al. Global, regional, and national burden of bone fractures in 204 countries and territories, 1990-2019: a systematic analysis from the Global Burden of Disease Study 2019. *Lancet Healthy Longev.* Sep 2021; 2(9): e580-e592. PMID 34723233
2. Buza JA, Einhorn T. Bone healing in 2016. *Clin Cases Miner Bone Metab.* 2016; 13(2): 101-105. PMID 27920804
3. Bhandari M, Fong K, Sprague S, et al. Variability in the definition and perceived causes of delayed unions and nonunions: a cross-sectional, multinational survey of orthopaedic surgeons. *J Bone Joint Surg Am.* Aug 01 2012; 94(15): e1091-6. PMID 22854998
4. Schandelmaier S, Kaushal A, Lytvyn L, et al. Low intensity pulsed ultrasound for bone healing: systematic review of randomized controlled trials. *BMJ.* Feb 22 2017; 356: j656. PMID 28348110
5. Seger EW, Jauregui JJ, Horton SA, et al. Low-Intensity Pulsed Ultrasound for Nonoperative Treatment of Scaphoid Nonunions: A Meta-Analysis. *Hand (N Y).* May 2018; 13(3): 275-280. PMID 28391752
6. Lou S, Lv H, Li Z, et al. The effects of low-intensity pulsed ultrasound on fresh fracture: A meta-analysis. *Medicine (Baltimore).* Sep 2017; 96(39): e8181. PMID 28953676
7. Leighton R, Watson JT, Giannoudis P, et al. Healing of fracture nonunions treated with low-intensity pulsed ultrasound (LIPUS): A systematic review and meta-analysis. *Injury.* Jul 2017; 48(7): 1339-1347. PMID 28532896
8. Leighton R, Phillips M, Bhandari M, et al. Low intensity pulsed ultrasound (LIPUS) use for the management of instrumented, infected, and fragility non-unions: a systematic review and meta-analysis of healing proportions. *BMC Musculoskelet Disord.* Jun 11 2021; 22(1): 532. PMID 34116673
9. Searle HK, Lewis SR, Coyle C, et al. Ultrasound and shockwave therapy for acute fractures in adults. *Cochrane Database Syst Rev.* Mar 03 2023; 3(3): CD008579. PMID 36866917
10. Busse JW, Kaur J, Mollon B, et al. Low intensity pulsed ultrasonography for fractures: systematic review of randomised controlled trials. *BMJ.* Feb 27 2009; 338: b351. PMID 19251751
11. Schortinghuis J, Bronckers AL, Stegenga B, et al. Ultrasound to stimulate early bone formation in a distraction gap: a double blind randomised clinical pilot trial in the edentulous mandible. *Arch Oral Biol.* Apr 2005; 50(4): 411-20. PMID 15748694
12. Schortinghuis J, Bronckers AL, Gravendeel J, et al. The effect of ultrasound on osteogenesis in the vertically distracted edentulous mandible: a double-blind trial. *Int J Oral Maxillofac Surg.* Nov 2008; 37(11): 1014-21. PMID 18757179
13. Strauss E, Ryaby JP, McCabe J. Treatment of Jones' fractures of the foot with adjunctive use of low-pulsed ultrasound stimulation. *J Orthop Trauma.* 1999;13(4):310.



https://journals.lww.com/jorthotrauma/Citation/1999/05000/Treatment_of_Jones_fractures_of_the_foot_with.76.aspx. Accessed April 5, 2024.

14. Busse JW, Bhandari M, Einhorn TA, et al. Re-evaluation of low intensity pulsed ultrasound in treatment of tibial fractures (TRUST): randomized clinical trial. *BMJ*. Oct 25 2016; 355: i5351. PMID 27797787
15. Tarride JE, Hopkins RB, Blackhouse G, et al. Low-intensity pulsed ultrasound for treatment of tibial fractures: an economic evaluation of the TRUST study. *Bone Joint J*. Nov 2017; 99-B(11): 1526-1532. PMID 29092994
16. Emami A, Petrén-Mallmin M, Larsson S. No effect of low-intensity ultrasound on healing time of intramedullary fixed tibial fractures. *J Orthop Trauma*. May 1999; 13(4): 252-7. PMID 10342350
17. Gopalan A, Panneerselvam E, Doss GT, et al. Evaluation of Efficacy of Low Intensity Pulsed Ultrasound in Facilitating Mandibular Fracture Healing-A Blinded Randomized Controlled Clinical Trial. *J Oral Maxillofac Surg*. Jun 2020; 78(6): 997.e1-997.e7. PMID 32145206
18. Lubbert PH, van der Rijt RH, Hoorntje LE, et al. Low-intensity pulsed ultrasound (LIPUS) in fresh clavicle fractures: a multi-centre double blind randomised controlled trial. *Injury*. Dec 2008; 39(12): 1444-52. PMID 18656872
19. Schofer MD, Block JE, Aigner J, et al. Improved healing response in delayed unions of the tibia with low-intensity pulsed ultrasound: results of a randomized sham-controlled trial. *BMC Musculoskelet Disord*. Oct 08 2010; 11: 229. PMID 20932272
20. Ricardo M. The effect of ultrasound on the healing of muscle-pediculated bone graft in scaphoid non-union. *Int Orthop*. Apr 2006; 30(2): 123-7. PMID 16474939
21. Nolte P, Anderson R, Strauss E, et al. Heal rate of metatarsal fractures: A propensity-matching study of patients treated with low-intensity pulsed ultrasound (LIPUS) vs. surgical and other treatments. *Injury*. Nov 2016; 47(11): 2584-2590. PMID 27641221
22. Rue JP, Armstrong DW, Frassica FJ, et al. The effect of pulsed ultrasound in the treatment of tibial stress fractures. *Orthopedics*. Nov 2004; 27(11): 1192-5. PMID 15566133
23. Urita A, Iwasaki N, Kondo M, et al. Effect of low-intensity pulsed ultrasound on bone healing at osteotomy sites after forearm bone shortening. *J Hand Surg Am*. Mar 2013; 38(3): 498-503. PMID 23375786
24. Goshima K, Sawaguchi T, Horii T, et al. Low-intensity pulsed ultrasound does not promote bone healing and functional recovery after open wedge high tibial osteotomy. *Bone Jt Open*. Nov 2022; 3(11): 885-893. PMID 36373863
25. Dudda M, Hauser J, Muhr G, et al. Low-intensity pulsed ultrasound as a useful adjuvant during distraction osteogenesis: a prospective, randomized controlled trial. *J Trauma*. Nov 2011; 71(5): 1376-80. PMID 22071933
26. Salem KH, Schmelz A. Low-intensity pulsed ultrasound shortens the treatment time in tibial distraction osteogenesis. *Int Orthop*. Jul 2014; 38(7): 1477-82. PMID 24390009
27. El-Mowafi H, Mohsen M. The effect of low-intensity pulsed ultrasound on callus maturation in tibial distraction osteogenesis. *Int Orthop*. Apr 2005; 29(2): 121-4. PMID 15685456
28. Tsumaki N, Kakiuchi M, Sasaki J, et al. Low-intensity pulsed ultrasound accelerates maturation of callus in patients treated with opening-wedge high tibial osteotomy by hemicallotaxis. *J Bone Joint Surg Am*. Nov 2004; 86(11): 2399-405. PMID 15523009
29. Lou S, Lv H, Li Z, et al. Effect of low-intensity pulsed ultrasound on distraction osteogenesis: a systematic review and meta-analysis of randomized controlled trials. *J Orthop Surg Res*. Aug 17 2018; 13(1): 205. PMID 30119631
30. Song MH, Kim TJ, Kang SH, et al. Low-intensity pulsed ultrasound enhances callus consolidation in distraction osteogenesis of the tibia by the technique of lengthening over the nail procedure. *BMC Musculoskelet Disord*. Mar 14 2019; 20(1): 108. PMID 30871538
31. National Institute for Health and Care Excellence (NICE). EXOGEN ultrasound bone healing system for long bone fractures with non-union or delayed healing [MTG12]. 2013 (Updated 2019); <https://www.nice.org.uk/guidance/mtg12>. Accessed April 5, 2024.
32. National Institute for Health and Care Excellence (NICE). Low-intensity pulsed ultrasound to promote healing of fresh fractures at low risk of non-healing [IPG621]. 2018; <https://www.nice.org.uk/guidance/ipg621>. Accessed April 5, 2024.



33. National Institute for Health and Care Excellence (NICE). Low-intensity pulsed ultrasound to promote healing of fresh fractures at high risk of non-healing [IPG622]. 2018; <https://www.nice.org.uk/guidance/ipg622>. Accessed April 5, 2024.
34. National Institute for Health and Care Excellence (NICE). Low-intensity pulsed ultrasound to promote healing of delayed-union and non-union fractures [IPG623]. 2018; <https://www.nice.org.uk/guidance/ipg623>. Accessed April 5, 2024.
35. American Academy of Orthopaedic Surgeons. Management of distal radius fractures. 2021; <https://www.aaos.org/quality/quality-programs/upper-extremity-programs/distal-radius-fractures/>. Accessed April 5, 2024.
36. American Academy of Orthopaedic Surgeons. Management of hip fractures in older adults. 2021; <https://www.aaos.org/quality/quality-programs/lower-extremity-programs/hip-fractures-in-the-elderly/>. Accessed April 5, 2024.
37. Centers for Medicare & Medicaid Services. National Coverage Decision for Osteogenic Stimulators (150.2). 2005; <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=65&ncdver=2&DocID=150.2&bc=gAAAAABAAAA&>. Accessed April 5, 2024.

History

Date	Comments
06/01/19	New policy number, approved May 7, 2019. Policy 1.01.531 replaces policy 1.01.05 which is now deleted. Policy created with literature review through February 2019. Investigational policy statement regarding all other applications of low intensity pulsed ultrasound no longer contains the "including but not limited to" list of conditions.
04/01/20	New policy number (1.01.05), approved March 19, 2020, effective April 1, 2020. Policy 1.01.05 replaces policy 1.01.531 which is now deleted. Policy statements remain unchanged; this is effectively a policy renumber.
06/01/20	Annual Review, approved May 5, 2020. Policy updated with literature review through January 2020; references updated. Policy statements unchanged. Title changed from "Ultrasound Accelerated Fracture Healing Device" to "Low Intensity Pulsed Ultrasound Fracture Healing Device" to more accurately reflect the expanded labeled indications as per the Regulatory Status section.
06/01/21	Annual Review, approved May 4, 2021. Policy updated with literature review through February 18, 2021; references added. Slightly revised practice guidelines section for clarity. Policy statements unchanged.
06/02/21	Updated Related Policies; removed 7.01.571 as it has been deleted.
06/01/22	Policy renumbered from 1.01.05 Low Intensity Pulsed Ultrasound Fracture Healing Device to 1.01.537 Low Intensity Pulsed Ultrasound Fracture Healing Device, approved May 10, 2022. Policy updated with literature review through February 3, 2022; no references added. Policy statements unchanged.



Date	Comments
06/01/23	Annual Review, approved May 5, 2023. Policy updated with literature review through January 17, 2023; references added. Policy statement unchanged. Changed the wording from "patient" to "individual" throughout the policy for standardization.
06/01/24	Annual Review, approved May 13, 2024. Policy updated with literature review through January 17, 2024; references added. Policy statements unchanged.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2024 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.





Discrimination is Against the Law

LifeWise Health Plan of Washington (LifeWise) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). LifeWise 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, contact the Civil Rights Coordinator. If you believe that LifeWise has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-6396, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@LifeWiseHealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the 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 Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-817-3056 (TTY: 711).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-817-3056 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-817-3056 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-817-3056 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-817-3056 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-817-3056 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

Телефонуйте за номером 800-817-3056 (телетайп: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-817-3056 (TTY: 711)។

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。800-817-3056 (TTY:711) まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በገጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 800-817-3056 (መስማት ለተሳናቸው: 711)።

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-817-3056 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-817-3056 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-817-3056 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-817-3056 (TTY: 711).

ໂປດອຸບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສ່ຽງຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-817-3056 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sévis èd pou lang ki disponib gratis pou ou. Rele 800-817-3056 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-817-3056 (ATS : 711).

UWAGA: Jezeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-817-3056 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-817-3056 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-817-3056 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-817-3056 (TTY: 711) تماس بگیرید.