Prior Authorization Criteria

Medical

Clinical appropriateness, accuracy, validity, and applicability of each guideline. On an annual basis, each guideline undergoes external review by clinically active experts (e.g., experts Crit Policies (LMRP) Determinations (NCD), Local Coverage Determinations (LCD) and/or Local Medical Review for Medicare & Medicaid Services (CMS) coverage may be mandated by applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including including National Coverage Determinations (NCD), Local Coverage Determinations (LCD) and/or Local Medical Review Policies(LMRP). All coding and web site links are accurate at time of publication.

Criteria: Effective 5/1/2019

Requests will be considered using Milliman Clinical Care Guidelines (MCGs). Guidelines are developed using publications that have been assessed in terms of quality, utility, and relevance. Preference is given to publications that:

- Are designed with rigorous scientific methodology.
- Are published in higher-quality journals (e.g., journals that are read and cited most often within their field).
- Address an aspect of specific importance to the guideline in question (admission criteria, length of stay).
- Represent an update or contain new data or information not reflected in the current guideline.

On an annual basis, each guideline undergoes external review by clinically active experts (e.g., board-certified specialist physicians without stated financial conflicts of interest) to confirm the clinical appropriateness, accuracy, validity, and applicability of each guideline.
Medical Policy:
Prior Authorization Criteria
Osteogenic Stimulators, Spinal Applications (Commercial)

Click Here: ConnectiCare-MCG Clinical Criteria
A-0565 AC ACG Bone Growth Stimulators, Electrical and Electromagnetic
CPT code 20974, 20975
HCPCS code E0748

Revision history

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<tr>
<th>DATE</th>
<th>REVISION</th>
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<tbody>
<tr>
<td>07/29/2021</td>
<td>Updated policy with CPT/HCPC codes and MCG Guideline Codes</td>
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<td>01/01/2020</td>
<td>Adopted MCG Clinical Care Guidelines</td>
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<td>01/11/06, 11/07/07, 10/29/08, 10/14/09, 11/10/10, 11/09/11, 12/05/12, 12/31/13, 12/03/14, 12/09/15</td>
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