



## Bone Growth Stimulator Order Requirements

### To Qualify:

#### Spine

- Failed fusion, where a minimum of 9 months has elapsed since the last surgery;
- Previous fusion at same level
- Multiple level fusion - A multiple level fusion involves 3 or more vertebrae (e.g., L3-L5, L4-S1, etc).

#### Long Bone

- Nonunion of a long bone fracture defined as radiographic evidence that fracture healing has ceased for three or more months prior to starting treatment with the osteogenesis stimulator, or
- Failed fusion of a joint other than in the spine where a minimum of nine months has elapsed since the last surgery, or
- Congenital pseudarthrosis.

### To Order, fax the following info to (877) 807.7563

#### 1) Script

#### 2) Chart notes to back script:

Spine - Under **Treatment Plan** please dictate:

- *“Ordering spinal bone growth stimulator for assistance with the healing process given\_\_\_\_\_. ie: the multi-level fusion, failed fusion, or repeat single level fusion”.*

Long Bone - Under **Treatment Plan** please dictate:

- *“Ordering bone growth stimulator for the non-union of “\_\_\_\_\_” fracture to promote healing. The patient should use the bone growth stimulator daily until healing. There is radiographic evidence of the non-healing for approximately \_\_months.”*  
**(Radiographic evidence must be included in the patient’s records.)**

#### 3) Face Sheet including demographics & insurance