



State of Vermont  
Department of Vermont Health Access  
280 State Drive, NOB 1 South  
Waterbury, VT 05671-1010

Agency of Human Services  
[Phone] 802-879-5903  
[Fax] 802-879-5963  
[Email] [AHS.DVHAClinicalUnit@vermont.gov](mailto:AHS.DVHAClinicalUnit@vermont.gov)  
[www.dvha.vermont.gov](http://www.dvha.vermont.gov)

**The Department of Vermont Health Access Supplement to InterQual® Criteria**

**Note:** The Department of Vermont Health Access (DVHA) covers the below service(s) in alignment with InterQual® criteria AND must also ensure accordance with applicable [Vermont Health Care Rules](#) when making coverage determinations (e.g., when considering medical necessity, the DVHA must ensure that the service is the least costly, appropriate health service that is available). Therefore, information as outlined below may be requested in addition to that included in InterQual® criteria.

To access InterQual® criteria, please log into your account at the [Vermont Medicaid Portal](#), go to secure options and click on InterQual® Solution from the dropdown menu.

**Subject:** Bone Growth Stimulator  
**Last Review:** June 26, 2024  
**Past Revisions:** N/A

**\*Please note: Most current content changes will be highlighted in yellow.**

**Description of Service or Procedure**

Bone growth stimulators, also known as osteogenic stimulators, are devices that employ electrical or ultrasound stimulation to aid fracture healing. The devices can be non-invasive (external) or invasive (implanted).

**Disclaimer**

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertain to the member’s aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

**Medicaid Rule**

Medicaid and Health Care Administrative Rules can be found at <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>

- 7102.2 Prior Authorization Determination
- 4.101 Medical Necessity for Covered Services



- 4.104 Medicaid Non-Covered Services
- 4.106 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
- 4.209 Durable Medical Equipment

### **Coverage Position**

---

Bone growth stimulators may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of Professional Regulation's website\*, Statute, or rule who is knowledgeable regarding bone grown stimulator devices, and who provides medical care to the member AND
- When the clinical criteria below are met.

\* Vermont's Office of Professional Regulation's website: <https://sos.vermont.gov/opr/>

### **Criteria Supplemental to InterQual®**

---

InterQual® includes criteria for low intensity pulsed ultrasound (LIPUS). **At current, this is a Vermont Medicaid noncovered service.** See the [DVHA coverage exceptions](#) webpage for information about the coverage exception process.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

### **Type of service or procedure not covered (this list may not be all inclusive)**

---

E0760 - Osteogenesis stimulator, low intensity ultrasound, noninvasive.

### **Coding guidelines**

---

Please see the Medicaid Portal at <http://vtmedicaid.com/#/feeSchedule> for fee schedules, code coverage, and applicable requirements.

### **References**

---

Centers for Medicare and Medicaid Services. (n.d.). *Early and periodic screening, diagnostic, and treatment*. Medicare Coverage Database.  
<https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>

InterQual®. (2023). Change Healthcare. <https://www.changehealthcare.com/clinical-decision-support/interqual>

**This document has been classified as public information.**