



## Kaiser Foundation Health Plan of Washington

### Clinical Review Criteria Bone Lengthening

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### Criteria

#### For Medicare Members

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None
Local Coverage Article (LCA)	None
Kaiser Permanente Medical Policy	Due to the absence of an active NCD, LCD, or other coverage guidance, Kaiser Permanente has chosen to use their own Clinical Review Criteria, "Bone Lengthening," for medical necessity determinations. Refer to the Non-Medicare criteria below.

#### For Non-Medicare Members

##### Effective until September 1<sup>st</sup>, 2024

No medical necessity review.

##### Effective September 1<sup>st</sup>, 2024

Bone lengthening procedures may be considered medically necessary for correction of congenital or post-traumatic limb length discrepancies; and/or angular deformities of the limb (arm, forearm, thigh or leg) when ANY ONE of the following are met:

- Demonstrable non-union or mal-union of long bone with or without bone loss or infection;
- Where lengthening of an amputation stump is needed for proper fitting of a prosthesis;
- Where leg lengthening is needed to equalize leg length discrepancy greater than 6 cm
- For correction of congenital or post-traumatic angular-rotational deformations of the long bones;
- When used for bone defects with or without deformities.

Bone lengthening for conditions other than the above is not medically necessary and, therefore, is not eligible for payment.

Use of a bone-lengthening device for the sole purpose of altering short stature is considered cosmetic; and is therefore, not covered.

Insertion of wires and subsequent osteotomy of the affected limb are performed in the hospital. Removal of the device can be performed in an outpatient setting; thus, hospitalization to remove the bone lengthening device is not medically necessary.

**NOTE:** Non-union/mal-union is defined as not having united within a minimum of three (3) months of the original trauma.

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**For covered criteria:**

**If requesting this service (or these services), please send the following documentation to support medical necessity:**

- Last 6 months of clinical notes from requesting provider &/or specialist

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

## Hayes Health Technology Assessment

### Limb-Lengthening Surgery for Short Stature

**Synopsis of the Clinical Evidence:** The literature search identified eight uncontrolled studies that evaluated limb-lengthening surgery for short stature. Results of these studies suggest that patients who have a wide variety of causes for short stature can undergo 7 to 10 cm of limb lengthening. Although serious or severe complications can occur during this procedure that may necessitate additional surgery, these complications are rarely life threatening. Since the available studies do not provide evidence that limb-lengthening surgery improves patient health or quality of life, this procedure must be considered elective and cosmetic.

Insights:

The available evidence suggests that limb-lengthening surgery can increase patient height; however, serious and severe complications can arise during this procedure. Since limb-lengthening surgery for short stature is elective and cosmetic, hospitals should not adopt this procedure unless they are willing to arrange for patients to cover the high costs for this procedure without any reimbursement from insurers.

Demand for limb-lengthening surgery for short stature will likely increase slowly due to societal pressures and the paucity of other options for adults to increase their height or apparent height.

## Applicable Codes

**Considered Medically Necessary when criteria in the applicable policy statements listed above are met:**

CPT® or HCPC Codes	Description	IP only codes
24420	Osteoplasty, Humerus (e.g., shortening or lengthening) excluding 64876)	
25391	Osteoplasty, radius OR ulna; lengthening with autograft	
25393	Osteoplasty, radius AND ulna; lengthening with autograft	
27466	Osteoplasty, femur; lengthening	X
27715	Osteoplasty, tibia and fibula, lengthening or shortening	X
0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	

**\*Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

**\*\*To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).**

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Date Created	Date Reviewed	Date Last Revised
04/02/2024	04/02/2024 <sup>MPC</sup>	

<sup>MPC</sup> Medical Policy Committee

Revision History	Description
04/02/2024	MPC approved to adopt criteria for Bone Leng Bone Lengthening Medicare and Non-Medicare members. Requires 60-day notice, effective date 09/01/2024.