

Beneficiary Full Name: \_\_\_\_\_ Sponsor's SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Beneficiary State of Residence: \_\_\_\_\_

Dear Provider,

Please complete the letter of attestation below and return as indicated on the additional information request letter.

Electronic Bone Growth Stimulators E0747–E0749

TRICARE Policy Manual Chapter 4, Section 6.2 authorizes coverage of electrical stimulation to augment bone repair through invasive and non-invasive methods.

- Request is for invasive (inserted at the time of surgery) electrical bone growth stimulation for individuals at high risk for pseudoarthrosis.
- Request for non-invasive (beginning from time of surgery to six months post-op) electrical bone growth stimulation for individuals at high risk for pseudoarthrosis.

**(Check all that apply).**

- one or more previous failed spinal fusion(s)
  - Grade II or III (or worse) spondylolisthesis
  - fusion at more than one level
  - alcoholism
  - anemia (severe)
  - BMI > 30
  - diabetes (where bone healing may be compromised)
  - kidney disease (where bone healing may be compromised)
  - metabolic disease (where bone healing may be compromised)
  - nutritional deficiency
  - steroid therapy
  - tobacco abuse
  - other: \_\_\_\_\_
- Request for non-invasive electrical bone growth stimulator for fracture non-union of the bones of the appendicular skeleton.
  - Request is for non-invasive electrical bone growth simulator for congenital pseudoarthrosis of bones of the appendicular skeleton.

I attest the information provided is true and accurate to the best of my knowledge. I understand Health Net Federal Services, LLC or designee may perform a routine audit and request the medical documentation to verify the accuracy of the information reported on this form.

Additional information: \_\_\_\_\_

Physician's printed name and title: \_\_\_\_\_

TIN: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This document may contain information covered under the Privacy Act (5 USC §552a) and/or the Health Insurance Portability and Accountability Act (P.L.104-191) and its various implementing regulations and must be protected in accordance with those provisions. If you have received this correspondence in error, please notify 1-844-866-WEST (9378) at once and destroy the documents and any copies you have made.

Authorizations and Referrals • PO Box 9108 • Virginia Beach, VA 23450-9108

TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved. • HF0917x095 (03/18)