

Evidence Based Guideline

Ilizarov Bone Lengthening Procedure

File Name: ilizarov_bone_lengthening_procedure
Origination: 4/1993
Last Review: 5/2003

Active guideline, no longer scheduled for routine literature review.

Description of Procedure or Service

The Ilizarov bone lengthening procedure is used to lengthen bones or correct deformities. It is used in [congenital](#) bone abnormalities, post-traumatic extremity length discrepancies and angular deformities of a limb. An external fixator (frame) is prepared for the patient preoperatively. A corticotomy or percutaneous [osteotomy](#) is performed through a couple of small incisions through which the prepared frame is fixed to the bone with pins and wires. The frame is periodically adjusted with a lengthening force that stimulates new bone growth.

Evidence Based Guideline for Ilizarov Bone Lengthening Procedure

Procedures to correct [congenital](#) or post-traumatic limb length discrepancies and angular deformities of a limb may be appropriate for any of the following clinical indications:

- ◆ In demonstrated cases of [non-union](#) or [mal-union](#) of a long bone with or without bone loss or infection.
- ◆ Where lengthening of an amputation stump is necessary for proper fitting of a prosthesis.
- ◆ Where leg lengthening is needed to equalize a length discrepancy greater than 6 cm.
- ◆ For correction of [congenital](#) or post-traumatic angular/rotational deformities of the long bones.
- ◆ For bone defects with or without deformities.

Medical Evidence regarding Ilizarov Bone Lengthening Procedure indicates it is not recommended in the following situations:

The Ilizarov Bone Lengthening Procedure is not recommended for the sole purpose of altering short stature and will be considered not medically necessary.

Use of a bone lengthening device for lengthening of the upper extremities in the absence of congenital or post-traumatic limb length discrepancies and angular deformities is considered investigational.

Benefits Application

Please refer to certificate for availability of benefit. This guideline relates only to the services or supplies described herein. Benefits may vary according to benefit design; therefore certificate language should be

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reviewed before applying the terms of the policy.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: 20690, 20692, 20693, 20694

20690 - Application of uniplane, unilateral, external fixation system.

20692 - Application of multiplane, unilateral external fixation system (e.g. Ilizarov Monticelli type)

20693 - Adjustment or revision of external fixation system requiring anesthesia

20694 - Removal, under anesthesia, of external fixation system

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Medical Term Definitions

Congenital

existing at, and usually before birth; referring to conditions that are present at birth, regardless of their causation.

Mal-union

the bone pieces or fragments have joined but are misaligned.

Non-union

a decelerating (delayed) fracture healing process.

Osteotomy

the surgical cutting of a bone.

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual - 12/95

BCBSA Medical Policy Reference Manual, 7/31/97

Medical Policy Advisory Group 11/98

Specialty Matched Consultant Advisory Panel - 11/1999

Medical Policy Advisory Group - 12/2/1999

Specialty Matched Consultant Advisory Panel - 8/2001

BCBSA Medical Policy Reference Manual - 4/15/2002; 7.01.11

Specialty Matched Consultant Advisory Panel - 5/2003

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BCBSA Medical Policy Reference Manual [Electronic Version]. 7.01.11, 11/9/04

Policy Implementation/Update Information

- 7/89 Evaluated: investigational
- 8/92 Evaluated: Eligible for coverage
- 7/96 Evaluated: National Association reviewed 12/95. Added specific indications for those cases eligible for coverage.
- 9/98 Evaluated: Adopted BCBSA's new definition.
- 5/99 Reformatted, "Definition of Procedure or Service" changed. Medical Term Definitions added
- 12/99 Reaffirmed, Medical Policy Advisory Group
- 10/00 System coding changes.
- 10/01 Specialty Matched Consultant Advisory Panel - 8/01. Approved. Medical Term Definition added.
- 5/03 Specialty Matched Consultant Advisory Panel review. Policy status changed to: "Active policy, no longer scheduled for routine literature review". Format changes.
- 4/04 Benefits Application and Billing/Coding sections updated for consistency.
- 9/18/06 Added statement to criteria that reads: Use of a bone lengthening device for lengthening of the upper extremities in the absence of congenital or post-traumatic limb length discrepancies and angular deformities is considered investigational. Medical Policy changed to Evidence Based Guideline. (adn)
- 6/22/10 Policy Guideline Number(s) removed (amw)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.