

Medical Coverage Policy



Bone Densitometry

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	5/6/2008	Policy Last Updated:	2/21/2012
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Note: Please see the Preventive Services for Commercial or Preventive Services for BlueCHiP for Medicare policy for information regarding services that are covered at \$0 as part of health care reform.

Description:

Bone mineral density (BMD) studies are non-invasive diagnostic tests used to measure the amount of minerals in bone located in the spine, hip and/or wrist. The clinical use of bone densitometry is based on the assumption that BMD study results are useful as an indicator of osteoporosis, osteopenia (low bone mass), or vertebral fracture. Once high-risk individuals have been identified, preventive measures can be initiated.

Different technologies are used to assess the different bone types, so more than one type of machine may be used to measure bone mineral density. Sites measured may be subdivided into the central mode (e.g. hip or spine), and the peripheral mode (e.g. finger, wrist, heel). Although BMD measurements are predictive at all sites, central measurements of the hip and spine are the most predictive.

The following technologies are most commonly used to measure bone mineral density:

- Dual X-ray Absorptiometry (DXA);
- Quantitative computed tomography (QCT); and
- Ultrasound Densitometry.

The three technologies listed above dominate BMD testing. Single and Dual Photon Absorptiometry (SPA and DPA) and Radiographic Absorptiometry are now rarely used, and in particular, DPA may be considered obsolete. Dual-energy x-ray absorptiometry (DXA) is considered the gold standard because it is the most extensively validated test against fracture outcomes.

Image documentation and reporting are required in the medical records of members having had bone densitometry testing.

It has been hypothesized that serial measurement may be used to increase compliance with therapy by demonstrating a prompt treatment response. The need for serial BMD testing to monitor treatment response is controversial and is not specifically recommended by the practice guidelines of the National Osteoporosis Foundation.

Medical Criteria:

Bone densitometry testing is **medically necessary** for individuals considered at risk for osteoporosis, and those with a need to identify bone mass, detect bone loss, determine bone quality, and evaluate bone diseases and their response to treatment.

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Medicare allows repeat testing not more frequently than every 2 years.

Note: Covered DXA services must be provided on a device capable of performing a central DEXA and must include permanent image storage, interpretation and report.

Coverage:

Benefits may vary between groups/contracts. Please refer to the Evidence of Coverage, Subscriber Agreement, Benefit Booklet for applicable Diagnostic Imaging, Lab and Machine Tests benefits/coverage.

Medicare policy is developed separately from BCBSRI policy. Medicare policy incorporates consideration of governmental regulations from CMS (Centers for Medicare and Medicaid Services), such as national coverage determinations or local coverage determinations. In addition to benefit differences, CMS may reach different conclusions regarding the scientific evidence than does BCBSRI. Medicare and BCBSRI policies may differ. However, BlueCHiP for Medicare members must be offered, at least, the same services as Medicare offers.

Coding:

The following CPT code is **medically necessary** for **BlueCHiP for Medicare only**, and is **not medically necessary** for all other product lines: **76977**

The following CPT codes are **medically necessary** for **all product lines**: **77078, 77080, 77081**

The following code is **not separately reimbursed** for **all product lines**: **77082**

The following code is **not separately reimbursed for BlueCHiP for Medicare members, and not medically necessary** for all other product lines:
G0130 Single energy X-ray absorptiometry (SEXA) bone density study, 1 or more sites; appendicular skeleton (peripheral) (e.g. radius, wrist, heel)

The following CPT codes are considered **not medically necessary for all product lines: 78350, 78351**

Also known as:
Bone densitometry

Related Topics:
Not applicable.

Published:
Policy Update, Sep 2004
Policy Update, Jul 2006
Provider Update, Jun 2008
Provider Update, May 2009
Provider Update, Jun 2010
Provider Update, May 2011
Provider Update, Apr 2012

References:

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<http://www.cms.hhs.gov/mlnproducts/downloads/psguid.pdf>.

Centers for Medicare and Medicaid Services (CMS). NCD for Bone (Mineral) Density Studies (150.3) with Indications and Limitations of Coverage contained in CMS Manual System. Pub. 100-02 Medicare Benefit Policy. Transmittal 70. Change Request 5521. Chapter 15, Section 80.5. Retrieved on 02/26/09 from:
<http://www.cms.hhs.gov/transmittals/downloads/R70BP.pdf>.

Clinician's Guide to Prevention and Treatment of Osteoporosis. National Osteoporosis Foundation. Retrieved on 02/25/09 from:
<http://www.surgeongeneral.gov/library/bonehealth/docs/OsteoBrochure1mar05.pdf>.

Cummings, S. et. al. (2002) Clinical Use of Bone Densitometry. Journal of the American Medical Association;October 16, 2002;288(15):1889-1897.

Technology Assessment, Blue Cross and Blue Shield Association, "Vertebral Assessment Using Dual-Energy X-ray Absorptiometry for Osteoporotic Fracture Risk Assessment" Volume 19, No. 14, December 2004.

Technology Assessment, Blue Cross and Blue Shield Association, "Screening for Vertebral Fracture with Dual X-ray Absorptiometry", Volume 20, No.14, February 2005.

The 2004 Surgeon General's Report on Bone Health and Osteoporosis. Retrieved on 02/26/09 from:

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