

Medical Coverage Policy | Intravenous Bisphosphonate for the Treatment of Osteoporosis



EFFECTIVE DATE: 06/01/2014
POLICY LAST UPDATED: 05/06/2014

OVERVIEW

Effective June 1, 2014 Pre-Authorization is no longer required for these services.

Bisphosphonate drugs act to inhibit osteoclast-mediated bone resorption and are used to treat post-menopausal osteoporosis, as well as Pagets disease and hypercalcemia associated with some cancers.

PRIOR AUTHORIZATION

Prior Authorization is not required.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial

Intravenous administration of ibandronate sodium or zoledronic acid for osteoporosis is a covered service.

Note: The FDA has approved the use of zoledronic acid for the treatment of Paget's disease and hypercalcemia associated with some cancers. This policy does not address those treatments, however zoledronic acid is covered for treatment of Paget's disease and hypercalcemia.

MEDICAL CRITERIA

Not applicable.

BACKGROUND

The World Health Organization (WHO) has defined osteoporosis on the basis of bone mineral density (BMD) measurements to help identify individuals at risk. The bone density Dual X-ray Absorptiometry (DXA) test is one that measures the bone mineral density and compares it to an established norm or standard resulting in a score. The results are compared to the ideal or peak bone mineral density of a healthy 30-year-old adult called a T-score. A T-score is the number of standard deviations (SD) the BMD measurement is above or below the young adult mean bone mineral density.

A T-score between +1 and -1 is considered normal or healthy. A T-score between -1 and -2.5 indicates that you have low bone mass (osteopenia), although not low enough to be diagnosed with osteoporosis. A T-score of -2.5 or lower indicates that you have osteoporosis. The greater the negative number, the more severe the osteoporosis.

These bisphosphonate medications may be administered orally (daily, weekly, or monthly) or by intravenous injection. In addition to its use in the treatment of post-menopausal osteoporosis, zoledronic acid is used in the treatment of Pagets disease and hypercalcemia associated with some cancers, however this policy only addresses the treatment of osteoporosis and Pagets disease.

COVERAGE

Benefits may vary between groups/contract. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable infusion benefit/coverage and prescription drug benefit/coverage.

CODING

BlueCHiP for Medicare and Commercial

The following codes are covered:

J1740, J3489

RELATED POLICIES

Not applicable.

PUBLISHED

Provider Update Jun 2014

Provider Update Aug 2013

Provider Update Jun 2012

Provider Update Jul 2011

Provider Update Jul 2010

Provider Update May 2009

Provider Update Apr 2008

REFERENCES

Centers for Medicare and Medicaid Services. Local Coverage Determination (LCD) for Bisphosphonate Drug Therapy (L30139)

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