

Policy: MP284

Section: Medical Benefit Policy

Subject: Bone Mineral Density Measurement

I. Policy: Bone Mineral Density Measurement

II. Purpose/Objective:

To provide a policy of coverage regarding Bone Mineral Density Measurement

III. Responsibility:

- A. Medical Directors
- B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

- (i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
- (ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
- (iii) The service or benefit will assist the Member to achieve or maintain maximum functional

capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

DESCRIPTION: Bone mineral density measurements is non-invasive and is used to measure bone mineral content and density to detect osteoporosis and predict the risk of fractures. The most common technique that is used is the Dual-energy absorptiometry (DXA. DEXA)

INDICATIONS: Bone mineral density measurements are considered medically necessary for the following indications:

- Osteoporosis screening performed in accordance with USPSTF recommendations
- Members who have a fracture after the age of 50
- Members with one or more risk factors including but not limited to the following:
 - long-term corticosteroid therapy
 - long-term hormone replacement therapy
 - androgen deprivation therapy
 - other pharmacologic therapies known to negatively affect bone mass (e.g., anti-convulsants, heparin, aromatase inhibitors, etc.)
 - disease processes known to negatively affect bone mass (e.g., alcoholism, celiac sprue, malabsorption syndromes, renal failure, etc.)

RECOMMENDED FREQUENCY:

1. Members that are at a low risk for accelerated bone loss the study may be screened every 3-5 years
2. Members that are at a high risk for accelerated bone loss the study may be screened every 2 years
3. More frequent screening may be medically necessary based on risk factors when the information is required for treatment decision making.

Peripheral bone density measurement of cortical bone (e.g., forearm) is considered medically necessary **only** when one of the following criteria is met:

1. spinal instrumentation or bilateral hip prosthetics preclude reliable central DEXA measurements
2. members with asymptomatic primary hyperparathyroidism

EXCLUSIONS:

Vertebral Fracture Assessment:

Screening for vertebral fractures as an adjunct to bone mineral density measurement is considered not medically necessary and is therefore **NOT COVERED**. There is insufficient evidence in the published peer reviewed scientific literature regarding the clinical utility using DEXA for evaluation of vertebral fractures

The following two studies are not covered by Medicare:

- single photon absorptiometry
- dual photon absorptiometry

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

CODING ASSOCIATED WITH: Bone Mineral Density Measurement

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

77080 Dual energy x-ray absorptiometry (DEXA), bone density study, one or more sites; axial (central) skeleton (e.g., hips, pelvis, spine)

77081 Dual energy absorptiometry (DEXA), bone density study, one or more sites; appendicular (peripheral) skeleton (e.g., radius, wrist, heel)

76977 Ultrasound bone density measurement and interpretation, peripheral site(s), any method

77085 Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment

77086 Vertebral fracture assessment via dual-energy X-ray absorption (DXA)

The following two studies are not covered by Medicare:

78350 Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry

78351 Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry

G0130 single energy x-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)

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LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:

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American College of Radiology (ACR) Society of Skeletal Radiology (SSR) practice guideline for the performance of dual-energy x-ray absorptiometry (DXA) (Amended 2014).

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American College of Obstetricians and Gynecologists (ACOG). Osteoporosis. Washington (DC): American College of Obstetricians and Gynecologists (ACOG); 2004 Jan. 14 p.

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This policy will be revised as necessary and reviewed no less than annually.

Devised: July, 2015

Revised: 8/16

Reviewed: 8/17, 8/18