Subject: Bone Density Studies*

Updated: July 22, 2008

Department(s): Utilization Management

Policy: Bone Densitometry is covered by Plans administered by QualCare, Inc. if indication(s) listed below is/are present.

Objective: To ensure proper and consistent reimbursement and appropriate utilization of resources

Procedure:

1. Bone density measurement is defined as a radiologic procedure:
   ♦ Performed by DEXA, CPT 77080, 77081 or bone sonometer (ultrasound CPT 76977) device that has been FDA approved.
   ♦ Performed on an individual for the purpose of identifying bone mass or detecting bone loss or determining bone quality.
   ♦ Includes a physician’s interpretation of the results of the procedure.

2. Indications for Bone Density Studies include but are not limited to, *one or more of* the following:

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>Diagnosis</th>
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</thead>
<tbody>
<tr>
<td>227.3</td>
<td>Benign neoplasm, pituitary gland and craniopharyngeal duct</td>
</tr>
<tr>
<td>237.0</td>
<td>Neoplasm of uncertain behavior, pituitary gland and craniopharyngeal duct</td>
</tr>
</tbody>
</table>
239.7 Neoplasm of unspecified nature, endocrine glands and other parts of nervous system
242.00-242.01 Toxic diffuse goiter
242.10-242.11 Toxic uninodular goiter
242.20-242.21 Toxic multinodular goiter
242.30-242.31 Toxic nodular goiter, unspecified
242.40-242.41 Thyrotoxicosis from ectopic thyroid nodule
242.80-242.81 Thyrotoxicosis of other specified origin
242.90-242.91 Thyrotoxicosis without mention of goiter or other cause
252.0 Hyperparathyroidism
255.0 Cushing’s syndrome
256.3 Other ovarian failure (premature menopause, primary ovarian failure)
256.9 Unspecified ovarian dysfunction
257.1 Postablative testicular hypofunction
257.2 Other testicular hypofunction
259.9 Unspecified endocrine disorder (e.g., infantilism)
268.9 Unspecified vitamin D deficiency
579.0-579.9 Intestinal malabsorption
586 Renal failure, unspecified
588.0 Renal osteodystrophy
610.3 Fibrosclerosis of breast
715.0 Osteoarthritis, generalized
715.90 Osteoarthritis unspecified whether generalized or localized, site unspecified
719.4 Joint pain
728.2 Muscle wasting and disuse atrophy
731.0 Osteitis deformans without mention of bone tumor
733.10-733.19 Pathologic fracture
733.00-733.09 Osteoporosis
733.90 Disorder of bone and cartilage, unspecified
737.9 Unspecified curvature of spine
756.52 Osteopetrosis
V58.69 Long-term (current) use of medications (associated with bone loss)

In addition to the above, the following are reimbursable indications for bone densitometry study:
♦ Any adult receiving (or expecting to receive) glucocorticoid (steroid) therapy equivalent to prednisone 5.0 mg per day for more than 3 months.
♦ Any individual being monitored to assess the response to or efficacy of FDA–approved osteoporosis drug therapy
♦ Postmenopausal women, regardless of age, who have one or more additional risk factors for osteoporosis (besides menopause), including but not limited to:
  • Personal history of fracture as an adult, or current fracture
  • History of fragility fracture in a first-degree relative
  • Low body weight ($\leq$ 127 pounds)
  • Current tobacco use
  • Estrogen deficiency at age $<$45 years
  • Poor health/frailty, including but not limited to impaired vision, recent falls, low calcium intake or low physical activity
  • Alcohol in amounts greater than two drinks per day
  • Medical conditions associate with increased risk of osteoporosis, including but not limited to chronic obstructive pulmonary disease, gastrectomy, hyperparathyroidism, hypogonadism, multiple myeloma, and celiac disease
♦ All women aged 65 years and older regardless of additional risk factors
♦ Women considering therapy for osteoporosis if bone densitometry would facilitate the decision
♦ Women who have been on hormone replacement therapy for prolonged periods
♦ Any man age 70 or older
♦ Any adult with fragility fracture
♦ Any adult with a disease or condition associated with low bone mass or bone loss, including but not limited to hyperparathyroidism

3. Bone Density Studies are limited to one per year for the monitoring of osteoporosis or osteopenia.
4. Bone Density Studies for routine screening for osteoporosis will not be covered.
5. Documentation to support medical necessity, such as ICD-9 codes, must be submitted with each claim.

References:


Lewiecki, EM. Overview of dual x-ray absorptiometry. *UpToDate* v.16.1, 2008 (Jan 31). [www.uptodate.com](http://www.uptodate.com) accessed 06/02/08

Raisz LG. Screening for osteoporosis. *UpToDate* v.16.1, 2008 (Jan 31). [www.uptodate.com](http://www.uptodate.com) accessed 06/02/08


CMS Manual System Pub 100-02 Medicare Benefit Policy. Ch 15/80.5 Bone Mass Measurements. 2007 (May 11)


Medicare Coverage Database: NCD for Bone (Mineral) Density Studies (150.3) [www.cms.hhs.gov](http://www.cms.hhs.gov) accessed 11/07/05


*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail."