



## Bone (Mineral) Density Studies

### I. Policy

University Health Alliance (UHA) will reimburse for Bone Mineral Density (BMD) studies when they are determined to be medically necessary and when they meet the medical criteria guidelines (subject to limitations and exclusions) indicated below.

### II. Criteria/Guidelines

- A. An initial BMD study of the hip and/or spine is covered (subject to Limitations/Exclusions and Administrative Guidelines) to assess fracture risk and the need for pharmacologic therapy in the following individuals considered to be at high-risk for osteoporosis:
1. Women 65 years of age or older and men 70 years of age or older
  2. Patients with evidence of osteoporosis, as indicated by **1 or more** of the following:
    - a. Patients with vertebral abnormalities shown on x-ray, CT, or MRI indicative of osteoporosis, osteopenia, or a vertebral compression fracture (defined as vertebral body height loss of 30% or more)
    - b. A low impact fracture (a fracture occurring spontaneously or from a fall from standing height, including a fracture from activities such as coughing, sneezing, or abrupt movement)
  3. Postmenopausal women with any of the following risk factors:
    - a. Body weight less than 127 pounds (57.6 kg) or body mass index 20 kg/m<sup>2</sup> or less
    - b. History of low-impact (e.g., fragility) fracture in first-degree relative age 45 or older
    - c. Current smoker
    - d. Menopause (either natural or surgical) before age 40
  4. Premenopausal woman with hypostrogenic amenorrhea for 1 year or longer
  5. Child or adolescent with a disease or condition associated with bone loss or on prolonged medications that are known to decrease bone mass
  6. Patients taking any of the following medications associated with bone loss:
    - a. Anticonvulsants
    - b. Oral glucocorticoids of more than three months at a dose equivalent to 5 mg of prednisone or greater per day
    - c. Aromatase inhibitors
    - d. Chemotherapy agents (i.e., methotrexate or other antimetabolites)
    - e. Depo-medroxy progesterone acetate (Depo-Provera) when used for more than two years
    - f. Gonadotropin-releasing hormone (GnRH) agonists (buserelin, leuprolide, nafarelin)
  7. Adult patient with a disease or condition associated with osteoporosis, as indicated by **1 or more** of the following:
    - a. Rheumatoid arthritis

- b. Cushing syndrome
  - c. Hyperthyroidism
  - d. Hyperparathyroidism
  - e. Chronic kidney disease (stages III, IV, and V)
  - f. Prolonged severe loss of mobility (i.e., unable to ambulate outside home without wheelchair for 1 year or longer)
  - g. Solid organ or allogeneic bone marrow transplant recipient
  - h. Ankylosing spondylitis
  - i. Systemic Lupus Erythematosus
  - j. Leukemia
  - k. Celiac disease
  - l. Multiple Myeloma
  - m. Male hypogonadism for more than 5 years
- B. Peripheral BMD studies are covered (subject to Limitations/Exclusions and Administrative Guidelines) if the hip/spine cannot be done or the patient is over the table limit for weight.

**NOTE:**

*This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.*

*Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member's individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.*

*UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.*

### **III. Limitations/Exclusions**

- A. Repeat bone density testing for osteoporosis guidelines:
- 1. Repeat BMD studies are covered only when the results will influence treatment decisions.
  - 2. Females 65 years or older and males 70 years of age or older whose previous scans were normal and have no other risk factors (i.e., met criteria for testing only because of age) will be covered for repeat testing every 10 years.
    - a. In the absence of other risk factors, bone density changes happen slowly and would likely be smaller than the margin of error of testing prior to 10 years.
  - 3. In all other cases, repeat central BMD studies for individuals who previously tested normal may be retested no sooner than three years from the last BMD if they continue to meet the criteria listed above.
  - 4. Repeat central BMD studies are limited to one every two years (23 months must past since the previous BMD study) for patients whose last scan showed osteopenia/osteoporosis.

5. For patients receiving pharmacologic treatment for osteoporosis, repeat testing is covered every 2 years to monitor treatment response.
    - a. For children and adolescents: Minimum time interval for repeating bone mineral density measurement to monitor treatment is 6 months.
  6. Repeat central BMD studies may be medically necessary more frequently than once every two years for individuals currently taking an aromatase inhibitor or on glucocorticoid therapy equivalent to 5.0 mg or more of prednisone per day for more than three months.
- B. Additional limitations and exclusion guidelines:
1. A follow up BMD study is not covered when used to confirm a diagnosis obtained by ultrasound or quantitative computer tomography.
  2. Dual Photon Absorptiometry (DPA) and images obtained during a BMD study (e.g., rapid vertebral assessment) are not covered.
  3. 3D reconstruction is not covered for BMD studies.
- C. Clinicians are encouraged to use the same facility and same scanner for initial and follow-up BMD studies whenever possible for greater consistency. In conjunction with osteoporosis screening, individuals require counseling regarding fracture prevention, including lifestyle modification, fall prevention, and pharmacologic intervention.

#### IV. Administrative Guidelines

- A. Prior authorization is not required.

##### Applicable CPT Codes:

CPT Code	Description
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)

##### Codes that do not meet payment determination criteria:

CPT Code	Description
77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine), including vertebral fracture assessment
77086	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)
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, 1 or more sites

HCPCS Code	Description
G0130	Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)

#### **IV. Policy History**

**Policy Number:** MPP-0071-120301

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