UnitedHealthcare®

Reimbursement Policy

Bone (Mineral) Density Studies (NCD 150.3)

Policy Number	150.3	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	01/22/2014

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network

physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Summary

Overview

Bone Mass Density (BMD) studies are radiologic, radioisotopic or ultrasonic procedures used to:

- Quantify bone mineral density, detect bone loss or determine bone quantity
- Establish the diagnosis of osteoporosis; and
- Assess an individual's risk of fracture
- Assess the response to, or efficacy of, osteoporosis drug therapy

The following procedures are used to measure bone mineral density:

- Dual energy x-ray absorptiometry (DEXA)
- Radiographic absorptiometry (IRA)
- Bone sonometry (ultrasound)
- Single energy x-ray absorptiometry (SEXA)
- Quantitative computed tomography (QCT)
- Single photon absorptiometry (SPA)

Reimbursement Guidelines

Each claim must be submitted with the ICD-9-CM codes that reflect the condition of the patient, and indicate the reason(s) for which the service was performed. The patient's medical record must document that the patient meets one of the requirements of a "qualified individual" as described in the guidelines below. Documentation must be available upon request. It is the responsibility of the provider to code to the highest level specified in the ICD-9-CM. The correct use of an ICD-9-CM code listed, does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified.

BMM is not covered under the portable x-ray benefit and will be denied when performed by a portable x-ray supplier.

BMM tests provided without an accompanying interpretation and report, as part of the test, will be denied as not medically necessary.

77082 is considered by Medicare to represent vertebral fracture assessment only. Because 77082 does not represent a bone density study, it should NOT be billed for screening.

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

Medicare covers a bone mass measurement for a beneficiary once every two years (if at least 23 months have passed since the month the last bone measurement was performed). The criteria for bone mass measurement every two years are listed below:

- It is performed with a bone densitometer, other than dual photon absorptiometry (DPA) or a bone sonometer (e.g., ultrasound) device that has been approved or cleared for marketing by the Food and

Drug Administration (FDA).

- It is performed on a qualified individual for the purpose of identifying bone mass, detecting bone loss or determining bone quality. The term "qualified individual" means an individual who meets the medical indications for at least one of the criteria listed below:
- A woman who has been determined by the physician or qualified non-physician treating her to be estrogen-deficient and at clinical risk for osteoporosis, based on her medical history and other indicators.
- An individual with vertebral abnormalities as demonstrated by an x-ray to be indicative of osteoporosis, osteopenia (low bone mass), or vertebral fracture.
- An individual receiving (or expecting to receive) glucocorticoid (steroid) therapy equivalent to 5 mg of Prednisone, or greater, per day for more than 3 months.
- An individual with primary hyperparathyroidism.
- An individual being monitored to assess the response to or efficacy of an FDA approved osteoporosis drug therapy.
- If it is furnished by a qualified supplier or provider of such services, under at least general level of supervision of a physician as defined in section 1861® of the Social Security Act.
- If the test is ordered by the individual's physician or qualified non-physician practitioner, who is treating the beneficiary following an evaluation of the need for the measurement, including a determination as to the medically appropriate measurement to be used for the individual, and who uses the results in the management of the patient.
- The test is reasonable and necessary for diagnosing, treating or monitoring of a "qualified" individual as defined above.

For conditions specified below, Medicare will cover a bone mass measurement for a qualified beneficiary more frequently than every two years, if medically necessary. To be considered, at least eleven months must have elapsed since the previous bone mass measurement test. Such conditions are:

- Monitoring beneficiaries on long-term glucocorticoid (steroid) therapy, equal to 5 mg of Prednisone or greater, for more than three months
- Monitoring beneficiaries on FDA-approved osteoporosis drug therapy, to assess response and efficacy of therapy, until a response to such therapy has been documented over time and condition is stabilized
- Follow up home bone mineral density testing after discontinuation of therapy, until a response to such therapy has been documented

Medicare will cover confirmatory baseline bone mass measurement (either central or peripheral) to permit monitoring of beneficiaries in the future, if the initial test was performed with a technique that is different from the proposed monitoring method (e.g., if the initial test was bone sonometry and the patient will be monitored with bone densitometry, a second test utilizing densitometry will be paid).

There are limited clinical situations, where it may be appropriate to do both axial and peripheral bone mineral density (BMD) studies on the same date of service, or within thirty days of each other. Medicare will not reimburse for both axial and appendicular testing on the same date of service or within thirty days of each other, unless the medical records substantiate that the BMM initially obtained was unreadable. Conditions that verify to Medicare that a BMM is unreadable and a second BMM is medically necessary include documentation the patient has artificial instrumentation in place in either hip or spine, or other conditions that preclude a reading in those locations.

These other conditions may include the following:

- Neither hip nor spine (axial testing) can be measured (reason must be documented in the medical record)
- Hyperparathyroidism
- Obese patient over the weight limit of DEXA exam table
- Extreme arthritic changes which preclude accurate measurement

This documentation (medical records/history or and x-ray report) must be available for submission with the original and all subsequent claims upon request.

There are multiple techniques for obtaining bone mass or bone density information. There is a difference in the precision, and accuracy of the different techniques and the sensitivity of measurement in axial (central) or

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peripheral sites. In general, because cancellous bone changes more rapidly in time and with therapeutic intervention, the sites of cancellous bone (lumbar spine, proximal femur) are more likely than peripheral sites or cortical bone to show a response to FDA approved osteoporosis drug therapy and are preferred for baseline and drug monitoring purposes. The most reliable comparative results for drug monitoring are obtained when the same BMD instrument is used. Based on this, Medicare coverage is limited to those techniques which have been rated favorable in clinical studies.

CPT / HCPCS Codes

Code	Description
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
77079	Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel). (Expired 01/01/2012; Use 77078 and 77080-77081)
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)
77083	Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites. (Expired 01/01/2012; Use 77080-77081)
78350	Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry. Non-covered by Medicare in any Payment System
78351	Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites. Non-covered by Medicare in any Payment System
G0130	Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)

References Included (but not limited to):

CMS NCD

NCD 150.3 Bone (Mineral) Density Studies

CMS LCD(s)

Numerous LCDs

CMS Article(s)

Numerous Articles

CMS Benefit Policy Manual

Chapter 15; §80.5-80.5.8 Bone Mass Measurements (BMMs)

CMS Claims Processing Manual

Chapter 13; §140-140.1 Bone Mass Measurements (BMMs)/Payment Methodology and HCPCS Coding

CMS Transmittals

Transmittal 70, Change Request 5521, Dated 05/11/2007 (Bone Mass Measurements (BMMs))

Transmittal 1236, Change Request 5521, Dated 05/11/2007 (Bone Mass Measurements (BMMs))

Transmittal 1416, Change Request 5847, Dated 01/18/2008 (Clarification of Bone Mass Measurement (BMM) Billing Requirements)

UnitedHealthcare Medicare Advantage Coverage Summaries

Bone Density Studies/Bone Mass Measurements

UnitedHealthcare Medical Policies

Preventive Care Services

Others

Bone Mass Measurements, CMS MLN Pamphlet

Medicare Preventive Services, CMS MLN Manual

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History	
Date	**Revisions**
09/22/2014	Administrative updates
01/22/2014	• Administrative updates • Reimbursement Policy for *Bone Mass Measurement* was merged with *Bone (Mineral) Density Studies (NCD 150.3)*; the *Bone Mass Measurement* will be retired (effective 01/22/2014)
02/28/2013	Annual review for MRP Committee presentation and approval
04/25/2012	MRP Committee approved updates

