

**FIRST COAST SERVICE OPTIONS  
MEDICARE PART B  
LOCAL COVERAGE DETERMINATION**

**CPT/HCPCS Codes**

*G0130 Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites, appendicular skeleton (peripheral) (eg, radius, wrist, heel)*

*76070 Computed tomography, bone mineral density study, one or more sites; axial skeleton (eg, hips, pelvis, spine)*

*76071 appendicular skeleton (eg, radius, wrist, heel)*

*76075 Dual energy x-ray absorptiometry (DXA), bone density study, one or more sites; axial skeleton (eg, hips, pelvis, spine)*

*76076 appendicular skeleton (peripheral) (eg, radius, wrist, heel)*

*76078 Radiographic absorptiometry (eg, photodensitometry, radiogrammetry ), one or more sites*

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

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

**ICD-9 Codes that Support Medical Necessity**

252.00-252.08	Hyperparathyroidism
256.2	Postablative ovarian failure
256.31-256.39	Other ovarian failure
627.2	Symptomatic menopausal or female climacteric states
733.00	Osteoporosis, unspecified
733.01	Senile osteoporosis (Postmenopausal osteoporosis)
733.02	Idiopathic osteoporosis
733.09	Other osteoporosis (Drug-induced osteoporosis)
733.90	Disorder of bone and cartilage, unspecified (Osteopenia)
805.00-805.9	Fracture of vertebral column without mention of spinal cord injury
806.00-806.9	Fracture of vertebral column with spinal cord injury
*E932.0	Drugs, medicinal and biological substances causing adverse effects in therapeutic use, adrenal cortical steroids

\* According to the ICD-9-CM book, diagnosis code E932.0 is a secondary diagnosis and should not be billed as a primary diagnosis.

**Indications and Limitations of Coverage and/or Medical Necessity**

Osteoporosis has classically been defined as skeletal fragility due to low bone mass, which results in fractures associated with minimal trauma. To quantify this concept, osteoporosis has been defined as bone mass more than 2.5 standard deviations below the mean of young normals.

Bone mineral density studies are performed to establish the diagnosis of osteoporosis and to assess the individual's risk for subsequent fracture. Bone densitometry includes the use of single photon absorptiometry (SPA), single energy x-ray absorptiometry (SEXA), dual photon absorptiometry (DPA), dual energy radiographic absorptiometry (DXA), quantitative computed tomography (QCT), and bone ultrasound densitometry (BUD). Low radiation dose, availability and ease of use have made DXA the most widely used technique for measuring bone density in clinical trials and epidemiological studies.

Bone density can be measured at the wrist, spine, hip or calcaneus. The medical literature is divided on the accuracy of predicting osteoporosis of the spine or hip by measuring peripheral sites (wrist, calcaneus). It does appear, however, that measurement of bone density of the bone involved gives a better measurement of osteoporosis than does measurement of another bone not known to be involved.

Precise calibration of the equipment is required for accuracy and to reduce variation of test results and risk of misclassification of the degree of bone density. Lack of standardization in bone mineral measurement remains an issue, and tests are best done on the same suitably precise instrument to insure accuracy. It is important to use results obtained with the same scanner when comparing a patient to a control population, as systematic differences among scanners have been found. To ensure reliability of bone mass measurements, the densitometry technologist must have proper training in performing this procedure. Malpositioning of a patient or analyzing a scan incorrectly can lead to great errors in bone mineral density studies.

Medicare considers a bone mineral density study to be medically reasonable and necessary for the following indications. In addition, all coverage criteria listed below must be met.

- *A patient with vertebral abnormalities as demonstrated by an x-ray to be indicative of osteoporosis, osteopenia (low bone mass), or vertebral fracture.* For this indication use **ICD-9 code 733.02** for idiopathic osteoporosis, use **ICD-9 code 733.90** for osteopenia, or use **ICD-9 codes 805.00-806.9** for vertebral fractures.
- *A patient is being monitored to assess the response to or efficacy of an FDA-approved osteoporosis drug therapy.* Use **ICD-9 code 733.00** for unspecified osteoporosis, **ICD-9 code 733.01** for postmenopausal osteoporosis, or **ICD-9 code 733.02** for idiopathic osteoporosis.
- *A patient with known primary hyperparathyroidism.* Use **ICD-9 range 252.00-252.08** for hyperparathyroidism.
- *A patient receiving (or expecting to receive) glucocorticoid (steroid) therapy (greater than 3 months, on the equivalent dose of 30 mg cortisone or 7.5 mg prednisone or greater per day.* Use **ICD-9 code 733.09** for drug-induced osteoporosis and **E932.0** for adrenal cortical steroids.
- *A woman who has been determined by the physician or a qualified nonphysician practitioner treating her to be estrogen-deficient and at clinical risk for osteoporosis, based on her medical history and other findings.* For this indication use **ICD-9 code 256.2** (postablative ovarian failure), **256.31-256.39** (other ovarian failure) or **627.2** (menopausal states).

Coverage criteria for bone mass measurements are as follows:

- *There must be an order by the individual's physician or qualified nonphysician practitioner treating the patient following an evaluation of the need for a measurement, including a determination as to the medically appropriate measurement to be used for the individual. A physician or qualified nonphysician practitioner treating the beneficiary for purposes of this provision is one who furnishes a consultation or treats a beneficiary for a specific medical problem and who uses the results in the management of the patient. For the purpose of the bone mass measurement benefit, qualified nonphysician practitioners include physician assistants, nurse practitioners, clinical nurse specialists and certified nurse midwives.*

- *This service must be furnished by a qualified supplier or provider of such services under at least the general level of supervision of a physician;*
- *This service must be reasonable and necessary for diagnosing, treating, or monitoring a qualified individual as defined above; and*
- *This service must be performed with a bone densitometer or a bone sonometer device approved or cleared for marketing by the FDA for bone mass measurement purposes, with the exception of dual photon absorptiometry devices.*
- *Is performed at a frequency that conforms to the requirements described below.*

***NOTE:** Since not every woman who has been prescribed estrogen replacement therapy (ERT) may be receiving an “adequate” dose of the therapy, the fact that a woman is receiving ERT should not preclude her treating physician or other qualified treating nonphysician practitioner from ordering a bone mass measurement for her. If a bone mass measurement is ordered for a woman following a careful evaluation of her medical need, however, it is expected that the ordering treating physician (or other qualified treating nonphysician practitioner) will document in her medical record why he or she believes that the woman is estrogen-deficient and at clinical risk for osteoporosis.*

*Medicare may cover a bone mass measurement for a patient once every 2 years. However, if medically necessary, Medicare may cover a bone mass measurement for a patient more frequently than every 2 years. Examples of situations where more frequent bone mass measurements procedures may be medically necessary include, but are not limited to, the following medical circumstances:*

- *Monitoring patients on long-term glucocorticoid (steroid) therapy of more than 3 months; and*
- *Allowing for a confirmatory baseline bone mass measurement (either central or peripheral) to permit monitoring of patients in the future if the initial test was performed with a technique that is different from the proposed monitoring method (for example, if the initial test was performed using bone sonometry and monitoring is anticipated using bone densitometry, Medicare will allow coverage of baseline measurement using bone densitometry).*