

MVP/Preferred Care BENEFIT INTERPRETATION MANUAL
Bone Density Study for Osteoporosis (DEXA)

Type Policy

Diagnostic Testing

Codes

CPT-4 codes: 76075

ICD-9 codes: 88.98

Category III code: 0028T

Non covered CPT 4 code: 78351

Evidence Basis for Policy

Standard of care. The procedure, device, or drug is accepted medical practice as evidenced by an abundance of scientific literature and well-designed clinical trials.

Description

A radiological technique used to assess bone mass density and bone mineral content in certain individuals to determine the degree of osteoporosis and fracture risk.

Indications/Criteria

Bone density study (DEXA) is covered and is subject to the criteria listed below. Documentation shall indicate the diagnosis and reason for request. DEXA may be indicated and recommended for any of the following:

- patients with strong risk factors for osteoporosis, to screen for reduced bone mass, with willingness and intent to treat;
- estrogen-deficient women, to diagnose significantly low bone mass in order to make treatment decisions about hormone replacement therapy;
- patients with clinically suspected osteoporosis, to diagnose osteoporosis and assess its severity in the context of clinical management;
- patients with various metabolic diseases or secondary osteoporosis that adversely affect the skeleton, to diagnose clinically suspected osteoporosis;
- patients with vertebral abnormalities or roentgenographic osteopenia, to diagnose spinal osteopenia in order to make decisions about further diagnostic evaluation and therapy;
- patients with primary asymptomatic hyperparathyroidism, to diagnose low bone mass in order to identify those at risk of severe skeletal disease who may be candidates for surgical intervention;

- patients receiving (or expecting to receive) glucocorticoid therapy ≥ 7.5 mg prednisone/day for more than three (3) consecutive months, to diagnose low bone mass in order to adjust therapy;
- patients on long-term therapy for osteoporosis, to monitor disease progression and response to treatment in order to help adjust therapy and identify nonresponders;
- selected premenopausal women with evidence of partial ovarian dysfunction and very irregular menstrual cycles to help determine the need for earlier hormone intervention;
- postmenopausal women who are trying alternatives to estrogen replacement therapy, to document the adequacy of their programs and allow adjustments to be made; or
- patients with various osteodystrophies and osteomalacia, to monitor these conditions and make decisions regarding therapy.

Repeat bone mass measurements are not indicated more frequently than once every two years. Medical necessity for more frequent monitoring may include, but not be limited to the following:

- monitoring members on long-term steroid therapy of more than three (3) months;
- allowing for a confirmatory baseline bone mass measurement (either central or peripheral) to permit monitoring 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); or
- women receiving Bisphosphonates or estrogen therapy (ET) should not be precluded from receiving follow-up or repeat bone mass measurement.

The procedure must be performed at a participating approved outpatient facility or physician's office.

Exclusions/Limitations

Routine bone mass screening of low risk individuals is not covered.

Bone Densitometry is not indicated for members whose work-up or treatment will not be altered by Bone Densitometry results.

Members who have primary hyperparathyroidism who are to have parathyroid surgery need not have bone densitometry.

Single photon absorptiometry (SPA), dual photon absorptiometry (DPA), and use of a bone scan to diagnose osteoporosis (78300, 78305, 78306).

Note: For authorization requirements refer to Appendix A and Appendix B in the Referral/Precertification/Prior Justification/Notification Administrative policy. You may also refer to the "Prior Justification/Precertification of Certain Prescription Drugs" for information on drugs that require precertification and prior justification. Both policies are available on the easylink for Providers at www.preferredcare.org.

References

Institute for Clinical Systems Improvement (4/25/2002), T.A. #31 Densitometry as a Diagnostic Tool for the Identification and Treatment of Osteoporosis in Women., CMS Medicare/Medicaid Sec. 410.31, Bone Mass Measurement: Conditions for coverage and frequency standards, Code of Federal Regulations.
Empire Medical Services, Bone Mass Measurement, (L3141, 1998, revision 1/1/05).

Approval(s) & Review/Revision(s)

Medical:

Review:

Women's Health Care Team: 2/15/06

Approval:

Clinical Quality Team: 4/10/06

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