

Final Comments and Responses for Bone Mass Measurement (MS-004) DL31620

Comment:

A CAC member and physician provider questioned the draft LCD statement found under Utilization Guidelines number three (3) that states;

3. It is not medically necessary to have both peripheral and axial BMM tests performed

It was proposed that the statement be revised to read;

3. Measurement of the 33% radius using DXA technology along with central DXA is appropriate under the following circumstances:
Hip and/or spine cannot be measured or interpreted.
Hyperparathyroidism.

Response:

WPS Medicare carefully evaluated the proposal to change the verbiage referenced above and has determined, that at this time, the statement will not be expanded. Along with the literature provided, other contractor policies were considered. The conclusion of WPS Medicare is that a change at this time would result in expanded coverage beyond that which is currently provided to Medicare beneficiaries in other jurisdictions without medical review of documentation. WPS Medicare must assure that payment for all services, including bone mass measurement, is medically necessary and in compliance with CMS regulations.

Comment

A member of the National Osteoporosis Foundation (NOF) provided the 2007 Adult Guidelines for Bone Density. This respected reviewer of the LCD stated that the Guidelines for Bone Density...

“Arose from a thoughtful, evidence-based conference through the International Society for Bone Density. It includes, importantly, men, who are noticeably missing from the group specified in A. Indications. I am enclosing the 2009 recommendations from the National Osteoporosis Foundation, which have been endorsed by many organizations for which earlier references were used, but not updated. For complete transparency, I sit on the NOF Editorial Board.”

The NOF member provided their recommendations of who should have a bone density test which are quoted as follows;

- you are a woman age 65 or older
- you are a man age 70 or older
- you break a bone after age 50
- you are a woman of menopausal age with risk factors
- you are a postmenopausal woman under age 65 with risk factors
- you are a man age 50-69 with risk factors

A bone density test may also be necessary if you have any of the following: an X-ray of your spine showing a break or bone loss in your spine back pain with a possible break in your spine
height loss of ½ inch or more within one year
total height loss of 1½ inches from your original height

Response:

WPS Medicare appreciates receiving and has thoroughly reviewed this thoughtful report. However, Contractors must be in compliance with national CMS regulations.

Comments:

A WPS Medicare physician provider reviewed the entire draft LCD and identified spelling errors and made many suggestions that included revisions to terms used for bone mass measurement testing such as DXA instead of DEXA

Response:

WPS Medicare greatly appreciates the review of this physician provider; revisions to the terminology have been made as suggested and the spelling errors have been corrected.

Comment:

A physician provider reviewed and questioned if all of the medications listed in the drug list found in the Billing and Coding Guidelines attachment are FDA approved for osteoporosis therapy. The drugs questioned are iludronate, etidronate, zoledronate, zolodronic acid and pamidronate. The drug lost found in the Billing and Coding Guidelines attachment reads as follows;

- 12: FDA-approved osteoporosis drug therapies include, but may not be limited to the following medication list;
1. alendronate (Fosamax)
 2. risendronate (Actonel)
 3. calitronin (Calcimar, Miacalcin, Cibacalcin)
 4. raloxifene (Evista)
 5. iludronate (Skelid)
 6. etidronate (Didronel)
 7. zoledronate (Zometa)
 8. pamidronate (Aredia)
 9. parathyroid hormone (Forteo)
 10. ibandronate (Boniva)
 11. zolodronic acid (Reclast)

Response:

WPS Medicare has found the drug list to be of great value to providers, coders and WPS internal staff. Thus, the drug list reference above will remain unchanged at this time. The drugs questioned were reviewed and the following explanation by WPS Medicare is given:

iludronate (Skelid);

while not FDA Approved **for anything** but Paget's disease, this drug does affect bones and thus would be an indication).

etidronate (Didronel);

While not FDA Approved for anything but symptomatic Paget's disease of bone and in the prevention and treatment of heterotopic ossification following total hip replacement or due to spinal cord injury **and is** not approved for the treatment of osteoporosis this drug does affect bones and thus would be an indication).

zoledronate (Zometa) zolodronic acid (Reclast);

while not FDA approved except for hypercalcemia of malignancy, this drug does affect bones and thus would be an indication.

pamidronate (Aredia)

while not FDA Hypercalcemia of Malignancy, Paget's Disease, Osteolytic Bone Metastases of Breast Cancer and Osteolytic Lesions of Multiple Myeloma effects bones and would thus be an indication.

Comment:

The same physician provider said that zoledronic acid is FDA approved for prevention of osteoporosis and asked "why will Medicare not approve monitoring of prevention with zoledronic?"

Response:

BMM testing is provided to qualified individuals as described in CMS Pub. 100-2, Ch. 15, §80.5.6. Zoledronic acid is FDA approved for the treatment of postmenopausal osteoporosis and is an indication for beneficiaries diagnosed with osteoporosis.

Comment:

WPS Medicare received multiple questions from providers questioning how to code correctly for the indications as described in the LCD. .

Response:

The provider is required by CMS and WPS Medicare to document medical necessity. CMS expects for payment to occur that claims submitted are coded as described in CMS Pub.100-2, Ch. 15, §80.5.

However, in an effort to facilitate clarity, WPS Medicare has added the following information to the BMM Testing LCD.

"For Use with CPT Codes 77078, 77079, 77080, 77081, 77083, 76977, and G0130."

Patients who qualify by statute for osteoporosis screening may be evaluated by studies that are characterized by CPT codes 77078, 77079, 77080, 77081, 77083, 76977, and G0130. The following is a list of ICD-9-CM codes that support the medical necessity of osteoporosis screening

"For use with CPT Code 77080 (DXA)"

Once the diagnosis of osteoporosis has been established, the effectiveness or treatment can ONLY be monitored using a dual energy x-ray absorptiometry (CPT code 77080

The following statement has been added directly under the list of ICD-9-CM codes that support medical necessity for CPT Code 77080.

V58.65, V58.69 and/or V67.51, when used to monitor effectiveness of treatment, require a primary ICD-9 -CM diagnosis code from the list directly above.

Comment:

A coder questioned if ICD-9-CM codes 733.00, 733.01, 733.90, V58.69, and a few others can only be billed as a secondary diagnosis and if there are allowances for follow-up exams when osteoporosis has been established.

Response:

ICD-9 code 733.00, 733.01 and 733.90, as directed by CMS, are appropriate for monitoring bone mass measurement and are currently included in the WPS Medicare BMM LCD. For the purpose of reimbursement these three codes are considered primary. V58.69 is included in the BMM testing list for monitoring. According to CMS regulations;

*Contractors will pay claims for monitoring tests when coded as follows;
Contains CPT procedure code 77080 and Contains 733.00, 733.01, 733.02,
733.03, 733.09, 733.90, or 255.0 as the ICD-9-CM diagnosis code*

Therefore, V58.69 is secondary and must have as primary one of the ICD-9-CM codes required by CMS and listed above.

Monitoring for a confirmed diagnosis of osteoporosis must contain as a primary diagnosis one of the following ICD-9-CM codes; 733.00, 733.01, 733.02, 733.03, 733.09, 733.90, or 255.0 as the ICD-9-CM diagnosis