

Billing and Coding Guidelines

L34639

Bone Mass Measurement

Medicare's coverage of bone mass measurement testing is provided through a National Coverage Determination (NCD) (150.3).

Coding Guidelines:

1. The CPT code descriptions listed in this policy indicates that one or more sites are included, and should be billed as one unit of service.
2. The codes that describe bone biopsies may be used for indications including a bone density evaluation. When a bone biopsy is used for bone density measurement, the covered indications are the same as other covered studies. When the service is provided for a non-covered or screening indication, the appropriate screening diagnosis code must be submitted as the reason for the service.
3. ICD-10 CM code Z90.721 or Z90.722 should be reported for women s/p oophorectomy. ICD-10 CM code Z79.51, Z79.52 should be reported for an individual on glucocorticoid therapy. ICD-10 CM code Z79.83 should be reported for DXA testing while taking medicines for osteoporosis/osteopenia. ICD-10 CM code Z09 should be reported for an individual who has COMPLETED drug therapy for osteoporosis and is being monitored for response to therapy.
4. *The technical component (TC) of bone mass measurements furnished to hospital inpatients and outpatients are not payable by Part B. The technical services are reimbursed through the Part A Intermediary.*
5. Bone mass density studies *include a physician's interpretation of the results as part of the procedure* (Pub. 100-04 Medicare Claims Processing Manual, Chapter 13, Section 140- Bone Mass Measurements (BMMs)).
6. When a bone density study is done as the initial procedure and the ordering provider determines a diagnosis of pathological or stress fractures, code the appropriate secondary diagnosis that was the medical reason for the test.
7. Place the name of the FDA approved osteoporosis drug therapy in box 19 or the electronic equivalent on the claim form.
8. Osteoporosis drug therapies include, but may not be limited to the following medication list;
 1. alendronate (Fosamax)
 2. risedronate (Actonel)
 3. calcitonin (Calcimar, Miacalcin, Cibacalcin)
 4. raloxifene (Evista)
 5. tiludronate (Skelid)
 6. etidronate (Didronel)
 7. zoledronate (Zometa)
 8. pamidronate (Aredia)
 9. parathyroid hormone (Forteo)
 10. ibandronate (Boniva)
 11. zolodronic acid (Reclast)

12. denosumab (Prolia)

9. Calcium and Vitamin D supplements are also recommended but are not defined as FDA-approved osteoporosis drug therapy, and therefore, do not meet the criteria of number seven (7) or eight (8) discussed above. Hormone replacement therapy (estrogen) is FDA approved for osteoporosis prevention but is no longer FDA approved for osteoporosis treatment and does not meet the criteria of number seven (7) or eight (8) discussed above.
10. Documentation supporting medical necessity must be indicated in the narrative field and available upon request.

Reasons for Denial

1. Services submitted without a diagnosis code to support medical necessity will be denied as not medical necessity.
2. Services performed in other than approved setting or using other than FDA approved equipment will be denied as non-covered.
3. Services in the absence of associated signs, symptoms, illness or injury will be denied as non-covered.
4. Physicians' services submitted without a diagnosis code or not coded to the highest level of accuracy and digit level completeness will be denied as unprocessable.
5. Redundant, duplicate and excessive testing will be denied as not medically necessary.
6. Services submitted without medical records where specified will be denied as not medically necessary.
7. *Dual-photon absorptiometry (DPA) - 78351*
*DPA is a non-invasive radiological technique that measures absorption of a dichromatic beam by bone material. It is usually used to measure bone density in the spine and hip but can also be used to quantify total body bone mass. This procedure is **not covered** under Medicare (Coverage Issues 50-44).*
8. *Bone biopsy is covered under Medicare when used for qualitative evaluation of bone not more than four times per patient, unless there is special justification given. When used more than four times on a patient, bone biopsy leaves a deficit in the pelvis and may produce some patient discomfort.*
9. *Effective for dates of service after January 1, 2007; (CPT code 78350 – single photon absorptiometry). Medicare will not pay BMM claims for single photon absorptiometry. Deny CPT code 78350 as it is not considered reasonable and necessary under section 1862 (a)(1)(A) of the Act. CMS Pub 100-02 Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, Section 80.5.7 – Noncovered BMMs.*
10. *Dual-energy x-ray absorptiometry (axial) tests are covered when used to monitor FDA-approved osteoporosis drug therapy subject to the 2-year frequency standards described in CMS Pub 100-*

04 Medicare Claims Processing Manual, Chapter 13- Radiology Services and other diagnostic procedure, Section 140.1 Payment methodology and HCPCS coding.

*Contractors will pay claims for monitoring tests when coded as follows;
Contains CPT procedure code 77080 and*

Contains a diagnosis code for pathological or stress fractures.

*Contractors will deny claims for monitoring tests when coded as follows:
Contains CPT procedure code 77078, 77081, 77085, 76977 or G0130 and a diagnosis
code for pathological or stress fractures*

but

*Does not contain a valid diagnosis code from the local lists of valid diagnosis codes
maintained by the contractor for the benefit's screening categories indicating the reason
for the test is postmenopausal female, vertebral fracture, hyperparathyroidism, or steroid
therapy.*

Peripheral bone measurement scans are used primarily for screening purposes. Peripheral bone measurement scans are not FDA-approved for continued follow-up of chronic conditions or osteoporosis treatment. Therefore, peripheral studies would not be medically necessary more often than every two years.

Revision History, Explanation/Number

12/021/2015 Added LCD Database ID Number L34639.

07/01/2015 Removed code 77086. This was added in error with the 01/01/2015 update. Formatting changes made. Removed ABN information. Added denosumab (Prolia) to the list of osteoporosis drug therapies.

05/01/2015 Corrected IOM reference.

03/01/2015 Annual review done 02/02/2015, no change in coverage. Changed the wording of "ICD-10" codes to "diagnosis" codes. Formatting changes made.

01/01/2015 Added codes 77085 and 77086 per 2015 CPT/HCPCS code changes. Formatting changes made. Removed duplicate IOM references since they appear in the policy.

04/09/2014 Formatting and punctuation corrections made. No change in coverage.