

Policy Number: CP-AMCR24-006A

Effective Date: January 1, 2025

## Bone Mineral Density Studies

The purpose of this policy is to provide clarity and specificity for covered methods for measuring bone mineral density. Examples of covered methods for measuring bone mineral density include but are not limited to:

- Single energy x-ray absorptiometry (SEXA)
- Dual energy x-ray absorptiometry (DXA or DEXA Scan)
- Quantitative computed tomography (QCT)
- Bone ultrasound densitometry (BUD)
- Photo densitometry
- Radiographic absorptiometry (RA)

### DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for Aspirus benefits under Aspirus's health plans. They are intended to serve only as a general reference regarding Aspirus's administration of health benefits and are not intended to address all issues related to coverage for health services provided to Aspirus members.

These services may or may not be covered by all Aspirus products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their Aspirus patient refer to their Aspirus plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the Aspirus plan document, the Aspirus plan document is used to determine coverage.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

### Product Summary

This coverage policy applies to the following Aspirus products:

Aspirus product	Applies to
Aspirus Medicare Advantage Elite (PPO)	✓
Aspirus Medicare Advantage Essential Rx (PPO)	✓

### Benefit category:

**Diagnostic Radiology Services and/or Preventive**

## Definitions or summary

Bone (mineral) density studies are used to evaluate diseases of bone and/or the responses of bone diseases to treatment. Single or combined methods of measurement may be required to: (a) diagnose bone disease, (b) monitor the course of bone changes with disease progression, or (c) monitor the course of bone changes with therapy.

### **Bone Mineral Density Studies:**

- Measures the amount of calcium and other minerals in a bone by passing x-rays with two different energy levels through the bone.
- Shows the strength and thickness of a bone and is usually done in the lower spine, hip, lower arm, wrist, fingers, and heel.
- Used to diagnose osteoporosis (a condition of lower bone density) and to see how well osteoporosis treatments are working.
- Also called BMD scan, bone densitometry, bone mineral density scan, dual energy x-ray absorptiometry, and DXA.

### **Risk Factors for fracture**

- Low body mass index
- Excessive alcohol consumption
- Current smoking
- Long-term corticosteroid use
- History of previous fractures
- History of falls within the past year

## Coverage policy

### **Covered**

**Medicare (Part B) covers this test *without cost share once every 2 years if one or more of these conditions are met:***

- Women whose physician or qualified practitioner determines them estrogen-deficient and at clinical osteoporosis risk
- Individuals with vertebral abnormalities
- Individuals getting (or expecting to get) glucocorticoid therapy for more than 3 months
- Individuals with primary hyperparathyroidism
- Individuals monitored to assess FDA-approved osteoporosis drug therapy response

***Medicare may cover this screening more frequently than every 2 years when medically necessary. Examples of medical necessity include monitoring individuals on long-term (>3 months) glucocorticoid therapy or confirming baseline bone density to permit future monitoring.***

**Not Covered as preventive. Diagnostic services may be payable under other benefit categories.**

- Tests in individuals without risk factors or a history of fractures
- Persons who take long-term medications that may cause secondary osteoporosis (eg, glucocorticoids, aromatase inhibitors, or gonadotropin-releasing hormone agonists)
- Persons with medical conditions that may increase their risk of falls
- Testing for secondary osteoporosis due to conditions related to metabolic bone disease or untreated hyperthyroidism
- To monitor response to treatments for osteoporosis

### CPT/ HCPCS/ICD-10 Codes

*\*Note: If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. This list may not be all-inclusive.*

CPT®, HCPCS or ICD-10 CODES	Modifier	Narrative 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)
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)
77085		Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment
G0130		Single energy x-ray absorptiometry (sexa) bone density study, 1 or more sites, appendicular skeleton (peripheral) (e.g., radius, wrist, heel)

\*CPT is a registered trademark of the American Medical Association.

### Prior authorization

**Not required**

### Related policies and documentation

*References to other policies or documentation that may be relevant to this policy*

Policy Number	Policy Description
None	

### References and source documents

*Links to the Aspirus contracts, Center for Medicare and Medicaid Services (CMS), and other relevant documents used to create this policy*

[Aspirus Elite Medicare Evidence of Coverage \(EOC\)](#)

[Aspirus Essential Rx Medicare Evidence of Coverage \(EOC\)](#)

[MLN Bone Mass Measurement](#)

### Coverage policy development and revision history

Version	Date	Note(s)
V1	8/1/24	New policy Aspirus
V2	10/8/2024	Annual review, updated effective date, updated disclaimer, links still work