

PEIA PPB Precertification/Benefit Policy

Subject: Dual Energy X-ray Absorptiometry (DEXA)

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Signatures:

 Date 7/18/05
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Purpose of Policy: To document coverage guidelines for DEXA bone mass measurement.

The West Virginia Public Employees Insurance Agency (PEIA) will cover a medically necessary dual energy x-ray absorptiometry (DEXA) if it is determined to be appropriate and ordered by a physician or qualified non-physician practitioner. To be considered eligible for coverage, the DEXA must be performed under the appropriate level of physician supervision and be necessary to diagnose, treat or monitor the eligible member.

Bone density scans can detect osteoporosis or identify those at risk for future osteoporosis. The measurements can be taken peripherally at the wrist (photodensitometry, 76078) or at the heel (ultrasound, 76977). These are appropriate for screening purposes and should not be used for monitoring therapy. Axial measurements at the hip and/or spine are more useful for monitoring therapy and comparison. These would include 76075 (dual energy x-ray absorptiometry, or DEXA, one or more sites, hip/spine) and 76076 (DEXA, one or more peripheral sites). The equipment used for the DEXA must be FDA-approved.

The DEXA must be ordered by the physician who is treating the patient for the symptoms or disorder associated with the test.

To consider a DEXA bone mass measurement eligible for coverage, the member must meet one of the following:

- 1) Member has received results, from a peripheral osteoporosis screen, indicating moderate or high risk for osteoporosis; OR
- 2) Member has documented clinical risk for osteoporosis, including one or more of the following:
 - a. Age 35 or older with lifestyle behaviors including tobacco use, alcohol abuse, poor nutritional habits and/or sedentary lifestyle;
 - b. Vertebral abnormalities (shown in x-ray) indicative of osteoporosis, osteopenia, or vertebral fracture;
 - c. Receiving (or expecting to receive) glucocorticoid therapy equivalent to 7.5 mg of prednisone or greater per day for over three months;
 - d. Diagnosis of
 - Primary hyperparathyroidism
 - Thyrotoxicosis
 - Cushing's Syndrome
 - Estrogen deficiency
 - Ovarian failure
 - Ectopic hyperparathyroidism
 - Other endocrine disorders, resulting in estrogen/testosterone deficiency
 - Osteomalacia, rickets, vitamin D deficiency
 - Hypocalcemia
 - Prolonged premenopausal amenorrhea (greater than 1 year)
 - Menopausal disorders
 - Osteoporosis - personal or family history in first degree relative
 - Pathologic fractures
 - Disorder of bone and cartilage
 - Osteogenesis imperfecta
 - Ehler's Danlos syndrome
 - Gonadal dysgenesis, Turner's syndrome
 - Marfan's syndrome
 - Fracture of vertebral column with and without spinal cord injury
 - Secondary osteoporosis due to disease state and therapeutic drug
 - e. Monitoring to assess an FDA approved osteoporosis drug therapy;
 - f. Use of certain medications (including but not limited to steroids, phenobarbital, excessive thyroid hormone);
 - g. Inadequate intake of calcium or Vitamin D (now or as a child).

Limitations of Coverage:

Bone mass measurement by DEXA will be limited to one test every 24 months. More frequent DEXA studies may be *considered when documentation supports medical necessity.*

Limitations of Coverage continued:

Only axial testing is allowed for monitoring osteoporosis therapy.

Bone mass measurement performed for routine screening is not covered.

Peripheral studies performed concurrently with axial studies are not covered.

Routine bone mass measurement of dialysis patients is not covered.

CPT 78351 - bone mineral content, one or more sites, dual photon absorptiometry is not covered.

Coding and Claim Requirements:

HCPCS/CPT codes:

76075 - Dual energy X-ray absorptiometry (DEXA)/axial

76076 - Dual energy X-ray absorptiometry (DEXA)/peripheral

If the treating physician is the same provider who performs the study, an E&M code may be billed if the visit is for a separate and distinct reason. If the provider performs the study on referral from the treating provider, an E&M code cannot be billed for recording the risk factors and medications.

Only one scan can be billed, regardless of how many sites are tested on a date of service. For those providers who are also the treating physician, a separate written interpretation of the bone mass measurement must be included in the patient's chart, as the corresponding HCPCS/CPT codes include interpretation and report.

Documentation Requirements

Medical records must clearly indicate the medical necessity for ordering the DEXA study. The documentation may include: history & physical; office notes; test results with written interpretation and X-ray/radiology with written interpretation. The ordering/treating physician must maintain a copy of the bone density screening results indicating a moderate or high risk factor for osteoporosis, if DEXA was ordered based on this criterion.

Other Comments:

Fee allowances for the CPT codes indicated above are reimbursed through RBRVS which is available on PEIA's website at www.wvpeia.com. Go to the "Provider" tab and select the RBRVS fee schedule.

Reference:

Medicare Policy on Bone Mass Measurement