Benefit Coverage

**Covered Benefit for lines of business including:** RiteCare (MED), Substitute Care (SUB), Children with Special Needs (CSN), Rhody Health Partners (RHP), Rhody Health Options (RHO) Unity, Rhody Health Options (MMP) Integrity, Rhody Health Expansion (RHE), Health Benefit Exchange (HBE)

Prior authorization is not required at this time.

**Excluded from coverage:** Extended Family Planning (EFP)

Approval is based on review of the medical necessity documentation.

**Description**
Bone Mineral Density (BMD) measurement with DXA has been identified to be the single best imaging predictor of fracture risk as well as the best monitor of patient response to treatment.

Current practice is to describe an individual’s bone mineral density as compared to a reference normal population. The T score is the number of standard deviations above or below the mean for a gender and ethnicity-matched young adult healthy population. Normal, low bone density (osteopenia) and osteoporosis are defined by the lowest of lumbar spine (at least two vertebrae required), femoral neck, and total femur T score according to the World Health Organization (WHO).

- Normal: T score greater or equal to -1
- Osteopenia = T score between -1 and -2.5
- Osteoporosis: T score less than or equal to -2.5

The femoral neck T score is best used in combination with the clinical risk factors to predict a given patient’s fracture risk in the WHO Fracture Risk Assessment Tool (FRAX model). The absolute risk of fracture is not only related to bone density but also by bone quality and other non-bone density risk fractures including clinical risk.

The FRAX calculation allows prediction of ten year absolute fracture risk for hip fracture and all osteoporotic fractures based on femoral neck bone density. For US population, treatment is recommended for adults with prior hip or vertebral fracture and adults with BMD T scores at spine, hip, or radius or less than or equal to -2.5. Treatment is suggested for patients who are osteopenic.


**Coverage Determination**
In accordance with the National Osteoporosis Foundation’s recommendation for BMD testing, coverage is allowed for women aged 65 and older and men age 70 and older regardless of clinical risk factors.

For women under age 65 and for men under age 70, the criteria below are used to determine medical necessity.

**Criteria**
One of the following clinical risk factors must be met for coverage of bone mineral density testing for women under 65 years of age and men under 70 years of age. Clinical risk factors include:

- Prior fragility fracture
- Parental history of hip fracture
- Current tobacco smoking
- Excessive alcohol consumption
- Low body weight
- Rheumatoid arthritis
- Other secondary causes of osteoporosis (untreated hypogonadism in men and women, inflammatory bowel disease, prolonged immobility, organ transplant, type I diabetes, celiac sprue, primary hyperparathyroidism, thyroid disorders, and others).
- Adults who have had a fracture after age 50
- Adults with conditions or taking medications associated with low bone mass or bone loss (includes glucocorticoids greater than or equal to 5 mg/day for 3 months or longer)
- Any other evidence of osteopenia; such as an x-ray finding

**Frequency of Retesting**

Patients found to have low risk of future fracture by BMD testing should not automatically be assumed to remain at low risk of future fracture over their remaining lifetime years. They should be periodically reassessed by reviewing risk factors and measuring BMD, if indicated.

1. With postmenopausal status, initiation or continuation of steroid therapy, organ transplantation or other causes, it may be appropriate to re-measure bone density as soon as 6-12 months after initial measurement.
2. In those patients not expected to have high turnover or rapid loss, it is appropriate to re-measure BMD at an appropriate interval such as 2-5 years after the initial measurement.
3. All women aged 65 years and older, or younger women who have had a bone fracture should be tested for bone mineral density no more than every two years unless a new risk factor appears.

*For More information on Coding please reference the [Authorization Quick Reference Guide](#)*

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**CMP Number:** CMP-036  
**CMP Cross Reference:**

**References:**

Bone Density Testing---Medicare Coverage Determination


Clinical Medical Policy
Bone Mineral Density Testing

Former references:

Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Services Rev 70, 05-11-07

National Guideline Clearinghouse http://www.guideline.gov/

Screening for Osteoporosis, Am Fam Physician 2011 May 15;83(10): 1197-1200

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