

# MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	Bone Densitometry/Bone Density Studies
Policy Number	6.01.05
Category	Technology Assessment
Original Effective Date	11/19/99
Committee Approval Date	12/20/00, 04/19/01, 06/20/02, 10/16/02, 10/15/03, 11/18/04, 09/15/05, 02/06/06, 07/20/06, 05/17/07, 06/19/08, 09/17/09, 09/16/10, 09/15/11, 09/20/12, 09/19/13, 09/18/14, 09/17/15, 09/15/16, 09/21/17, 09/20/18, 09/19/19, 09/17/20, 09/16/21, 08/18/22, 08/17/23, 08/22/24
Current Effective Date	08/22/24
Archived Date	N/A
Archive Review Date	N/A
Product Disclaimer	<ul style="list-style-type: none"> <li>• Services are contract dependent; if a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</li> <li>• If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit.</li> <li>• If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.</li> <li>• If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.</li> <li>• If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.</li> </ul>

## POLICY STATEMENT

- I. Based upon our criteria and assessment of the peer-reviewed literature, and in accordance with the New York Insurance Law, bone density measurements and tests are covered in accordance with the criteria of the Federal Medicare program and the National Institutes of Health (NIH). Bone mineral density (BMD) testing using dual-energy x-ray absorptiometry (DEXA or DXA), quantitative computed tomography (QCT), single-energy x-ray absorptiometry (SEXA), bone density of the heel using ultrasound, or quantitative ultrasound (QUS) is considered **medically appropriate** for the following patients, when the results will influence treatment decisions:
- Women with **ANY** of the following indications:
    - Aged 65 years and older, regardless of additional risk factors;
    - Estrogen-deficient women at clinical risk for osteoporosis (please refer to description section for risk factors for osteoporosis in women);
    - Post-menopausal women who have discontinued hormone replacement therapy within the past five (5) years; or
  - Post-menopausal women under age 65 years with **EITHER** of the following indications:
    - Who have one or more additional risk factors for osteoporotic fracture (please refer to description section for risk factors for osteoporosis in women); or
    - who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool (e.g., FRAX); or
  - Men with **ANY** of the following indications:
    - Men aged 50 to 70 years with clinical risk factors for osteoporotic fracture (please refer to description section for risk factors for osteoporosis in men);
    - aged 70 years and older, regardless of additional risk factors; or
    - diagnosed with prostate cancer who have received either surgical or medical androgen deprivation

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- therapy; or
- D. Men **and** post-menopausal women aged 50 years and older with **EITHER** of the following indications:
    - 1. Other prior fractures and low bone mass (T-score between -1.0 and -2.5 at the femoral neck, total hip, or spine); or
    - 2. current or prior hip or vertebral fracture; or
  - E. Individuals with **ANY** of the following indications:
    - 1. Vertebral abnormalities, as demonstrated by an x-ray to be indicative of osteoporosis, osteopenia (low-bone mass), or vertebral fracture;
    - 2. primary hyperparathyroidism;
    - 3. suspected cases of secondary osteoporosis due to a broad range of disease states (e.g., hyperthyroidism, rheumatoid arthritis, or type 1 diabetes mellitus);
    - 4. being monitored to assess the response to, or efficacy of an osteoporosis drug therapy approved by the U.S. Food and Drug Administration (FDA);
    - 5. receiving (or expecting to receive) long-term glucocorticoid therapy (e.g., glucocorticoids in a daily dose greater than or equal to 5 mg prednisone or equivalent for greater than or equal to three (3) months);
    - 6. on a prescribed drug regimen (e.g., anticonvulsants, aromatase inhibitors, cytotoxic drugs, Depo-Provera contraceptive injection, or hormone replacement therapy) posing a significant risk of osteoporosis; or
    - 7. previously diagnosed as having osteoporosis.

### Follow-up Testing

- II. Based upon our criteria and assessment of the peer-reviewed literature, follow-up BMD testing is considered **medically appropriate** for **ANY** of the following indications:
  - A. Every two (2) years (if at least 23 months have passed since the month the last BMD testing was performed), except for patients starting on Bisphosphonate therapy, for whom testing every three (3) years after initiation of therapy is recommended; or
  - B. More frequently than every two (2) years, if medically necessary. Examples include, but are not limited to the following:
    - 1. The testing is performed to monitor individuals on long-term glucocorticoid (steroid) therapy of more than three (3) months; or
    - 2. The testing is performed to obtain a confirmatory baseline (either central or peripheral) using a different BMD testing technique than was used in a patient's initial BMD test, to permit monitoring of the patient using the newer technique (e.g., if the initial test was performed using bone sonometry, and monitoring is anticipated using bone densitometry, a baseline measurement using bone densitometry is allowed); or
  - C. For women receiving estrogen replacement therapy (ERT), who should not be precluded from receiving follow-up or repeat BMD testing.
- III. Based upon our criteria and assessment of the peer-reviewed literature, the following diagnostic procedures for osteoporosis screening have not been medically proven to be effective and, therefore, are considered **investigational**, including but not limited to:
  - A. Pulse-echo ultrasound bone density measurement of the tibia and trabecular bone scoring (TBS);
  - B. Radiofrequency Echographic Multi Spectrometry (REMS);
  - C. Screening for vertebral fracture with DEXA, SEXA or automated analysis of an existing CT study.

*Refer to Corporate Medical Policy #11.01.03 Experimental or Investigational Services*

### **POLICY GUIDELINES**

- I. Refer to the member's subscriber contract to confirm that the member's coverage is subject to the New York State BMD testing mandate.
- II. A DEXA study is representative of one (1) or more sites; therefore, a study of multiple sites should be reported and will be processed as a single unit of service.

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- III. This policy addresses coverage for adults only. Requests for adolescents and children will be reviewed based on diseases and risk factors that are present. Per the Bone Health and Osteoporosis Foundation (BHOFF), BMD measurement is not recommended in children or adolescents.
- IV. The New York Insurance Law mandates that coverage be provided for bone density tests, as well as prescription drugs and devices that are approved by the FDA, for the detection and treatment of osteoporosis. The law provides that individuals qualifying for coverage shall, at a minimum, include individuals who have any of the following:
- A. A previous diagnosis or family history of osteoporosis;
  - B. Symptoms or a condition indicative of the presence or significant risk of osteoporosis;
  - C. A prescribed drug regimen posing a significant risk of osteoporosis;
  - D. Lifestyle factors posing a significant risk of osteoporosis; or
  - E. Age, gender, and/or physiological characteristics posing a significant risk of osteoporosis.
- Individuals are eligible for bone density measurements and tests in accordance with the criteria of the Federal Medicare program and the National Institutes of Health (NIH) for the detection of osteoporosis.
- V. Under the Affordable Care Act, non-grandfathered plans or policies are required to cover, in-network, without cost-sharing, the preventive services recommended by the United States Preventive Services Task Force (USPSTF), including osteoporosis screening for patients identified in the above Policy Statements
- VI. Changes in BMD may not be detected in less than two (2) years of treatment because of the measurement technique, but a follow-up scan may be appropriate sooner in selected patients. Follow-up scans can help to detect treatment failure and secondary disease.
- VII. The decision to test for BMD should be based on an individual's risk profile. Testing is not indicated unless the results would influence a treatment decision.
- VIII. Whenever possible, use of central (axial skeleton) DEXA is preferred, as clinical evidence supports that this method has one of the lowest standard error rates in measurement and predictive accuracy. However, peripheral DEXA may be used as a substitute when technical problems preclude adequate imaging with a central DEXA machine or when a central DEXA machine is unavailable.

## **DESCRIPTION**

### **Defining Osteoporosis by BMD**

- I. The World Health Organization has established the following definitions, based on BMD of the spine, hip or forearm by DEXA. T scores are reported as standard deviations (SD):
- A. Normal: T-score at -1.0 and above (within 1 SD of a young healthy adult);
  - B. Osteopenia (low bone mass): T-score between -1 to -2.5 (1 to 2.5 SD below that of a young healthy adult);
  - C. Osteoporosis: T-score at or below -2.5 (2.5 SD or more below that of a young healthy adult); and
  - D. Severe osteoporosis: T-score of -2.5 or less with fragility fractures.

Although these definitions are necessary to establish the prevalence of osteoporosis, they should not be used as the sole determinant of treatment decisions.

### **Risk Factors for Osteoporosis in Women**

- I. There are certain symptoms, conditions, physiologic characteristics, and lifestyle factors indicative of a significant risk of osteoporosis. Per the NIH, risk factors for post-menopausal women under age 65 include, but are not limited to:
- A. Personal history of a non-traumatic fracture as an adult;
  - B. Family history of osteoporosis (e.g., history of early, non-traumatic fracture in first-degree relative);
  - C. Ethnicity - Caucasian and Asian women are at highest risk. African American and Latino women have a lower, but significant, risk;
  - D. Poor health/frailty;

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- E. Cigarette smoking;
- F. Body size – small, thin-boned women are at greater risk;
- G. Extended estrogen deficiency;
- H. Age - Risk increases with age, as bones become less dense and weaker with age;
- I. Eating disorders such as anorexia nervosa;
- J. Excessive use of alcohol;
- K. Low calcium and vitamin D intake (lifelong);
- L. Long-term use of certain medications, such as glucocorticoids;
- M. Sedentary lifestyle or extended bed rest; or
- N. Osteopenia.

The American College of Obstetricians and Gynecologists defines post-menopausal as the time in a woman's life when she stops having menstrual periods - specifically, when she has gone 12 consecutive months with no menstrual period. Menopause marks the end of the reproductive years that began in puberty.

### Risk Factors for Osteoporosis in Men

- I. There are certain symptoms, conditions, physiologic characteristics or lifestyle factors indicative of a significant risk of osteoporosis. Per the NIH, risk factors for osteoporosis in men include:
  - A. Chronic diseases that affect the kidneys, lungs, stomach, and/or intestines or alters hormone levels;
  - B. Long-term use of certain medications, such as glucocorticoids;
  - C. Low levels of testosterone;
  - D. Unhealthy lifestyle habits (e.g., smoking, excessive alcohol use, low calcium intake, and inadequate physical exercise);
  - E. Age – the older the individual, the greater the risk;
  - F. Race – Caucasian men appear to be at particularly high risk, but all men can develop osteoporosis.

### Pulse-echo Ultrasound

Bone Index Finland, Ltd. received Section 510(k) approval from the FDA in May 2016 for Bindex BI-100 and Bindex BI-2 in January 2017. Bindex is a handheld pulse-echo ultrasound device used to measure apparent cortical bone thickness at the proximal tibia, to aid the physician in the diagnosis of osteoporosis.

### Vertebral Fracture Assessment using Computed Tomography

Vertebral fracture evaluation can be performed using a pre-existing computed tomography dataset via assistive augmented intelligence. It is used for the detection of osteoporosis as evidenced by vertebral compression fractures that are below the threshold for human detection. For example, the data set from a CTA scan of the chest performed for the diagnosis of pulmonary embolism could be subsequently analyzed by an algorithm created for identification of additional findings such as subtle osteoporotic vertebral fractures.

### Trabecular Bone Scoring

The trabecular bone score (TBS) is a diagnostic software tool that analyzes the internal structure of the lumbar spine bones. It is used in conjunction with dual-energy x-ray absorptiometry (DXA), which is an enhanced form of x-ray technology that is performed to measure bone mineral density (BMD). TBS uses standard DXA lumbar spine images to measure the structure of trabecular (cancellous) bone, providing additional information to be used in conjunction with BMD results in calculating fracture risk. Using a software program installed on a standard DXA computer, TBS provides an index of bone structure and quality without requiring additional radiation exposure or scan time. TBS received US FDA approval in 2012 for use as a complement to DXA analysis for the assessment of fracture risk and provides additional utility in fracture risk assessment among people with secondary causes of bone loss and fractures, such as type 2 diabetes.

### REMS

REMS by Echolight is a diagnostic, non-invasive, radiation-free, office-based testing for bone density and fracture risk

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assessment at axial sites. It exploits all the spectral features of the native, unfiltered “raw” signals acquired during echographic scan. The algorithm automatically identifies the target bone interfaces within the sequence of the acquired echographic images, discarding “noisy” acquisitions and artifacts. Currently the device has not been cleared FDA approved.

### RATIONALE

Several DEXA central bone densitometers have been approved by the FDA, such as the Norland XR 46 DXA (Central Bone Densitometer). Several bone ultrasonometers have been cleared for marketing by the FDA, such as Myriad’s Soundscan (approved May 1998) and Hologic’s Sahara Clinical Bone Sonometer (approved March 1998). To perform vertebral fracture assessment on DEXA devices, additional software is needed and must also have Section 510(k) marketing clearance from the FDA.

#### BMD Studies

While there are a number of tests available to assess bone mineral density, clinical evidence supports that DEXA of the hip or lumbar sacral spine and QCT have the lowest standard error in measurement and predictive accuracy. In addition, studies that show reduced fracture with treatment have used results from hip/spine DEXA machines.

The value of universal BMD screening, especially in peri-menopausal women, has not been established.

The U.S. Preventive Services Task Force (USPSTF) 2018 recommendations are in the process of being updated in 2024. Currently, the USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in:

- I. Women aged 65 years and older.
- II. Post-menopausal women younger than age 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool.
- III. The USPSTF concluded that the current evidence is insufficient to assess the balance of benefits and harms of screening for osteoporosis in men.

Bone Health and Osteoporosis Foundation (BHOFF), formally known as, The National Osteoporosis Foundation (NOF)). The Clinicians Guide to Prevention and Treatment of Osteoporosis (LeBoff, et al., 2022), includes recommendation for BMD testing for:

- I. Women aged 65 years and older and for men aged 70 years and older, regardless of clinical risk factors.
- II. Post-menopausal women in the menopausal transition and men aged 50 to 69 years based on risk profile.
- III. Postmenopausal women and men aged greater or equal to 50 years with a history of adult-age fracture; and
- IV. Adults who have a condition (e.g., rheumatoid arthritis) or are taking a medication (e.g., glucocorticoids in a daily dose  $\geq 5$  mg prednisone or equivalent for  $\geq$  three (3) months) associated with low bone mass or bone loss.
- V. BMD measurement is not recommended in children or adolescents and is not routinely indicated in healthy young men or pre-menopausal women, unless there is a significant fracture history, or there are specific risk factors for bone loss.
- VI. Follow-up testing is recommended one (1) to two (2) years after initiating medical therapy for osteoporosis and at appropriate intervals thereafter according to clinical circumstances such as high-risk individuals (multiple fractures, older age, very low BMD).
- VII. Vertebral fracture imaging (X-ray or DXA vertebral fracture assessment) should be performed in high-risk individuals to detect subclinical vertebral fractures. Traditionally, conventional lateral thoracic/lumbar spine X-ray has been considered the gold standard for identification of vertebral fractures and minor vertebral deformities. However, DXA-assisted vertebral fracture assessment (DXA-VFA) is emerging as an alternative to radiography for its convenience, low cost, and minimal radiation exposure. Recently performed MRI or CT imaging studies done for other purposes can and should also be evaluated for presence of vertebral fractures or evidence of vertebral deformity.

The American College of Physicians (ACP) 2017 clinical practice guideline recommends against bone density monitoring during the five (5)-year pharmacologic treatment period for osteoporosis in women. (Grade: weak recommendation; low

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quality evidence). Data from several studies showed women treated with bisphosphonates and other pharmacologic treatment benefited from reduced fractures with treatment, even if BMD did not increase. There is no evidence from randomized, controlled trials regarding how often to monitor BMD during osteoporosis treatment. There is moderate-quality evidence suggesting that most women do not need regular monitoring.

The Endocrine Society Clinical Practice Guideline: Osteoporosis in Men (2012) recommends testing higher-risk men (men age greater than or equal to 70 years and men aged 50 to 69 years who have risk factors [e.g., low body weight, prior fracture as an adult, smoking, etc.]) using central dual-energy x-ray absorptiometry. The guideline suggests measuring forearm DXA (1/3 or 33% radius) when spine or hip BMD cannot be interpreted and for men with hyperparathyroidism or receiving androgen deprivation therapy for prostate cancer.

### Vertebral Fracture Assessment using DEXA

Vertebral fractures are highly prevalent in the elderly populations, and epidemiologic studies have found that these fractures are associated with an increased risk of future spine or hip fractures independent of BMD. Only 20-30% of vertebral fractures are recognized clinically; the rest are discovered incidentally on lateral spine radiographs. Lateral spine x-rays have not been recommended as a component of risk assessment for osteoporosis, because of the cost, the radiation exposure, and the fact that the x-ray would require a separate procedure in addition to the BMD study. However, lateral spine images for vertebral fracture assessment (VFA) can be obtained using DEXA at the same time that a patient is undergoing assessment of BMD. Although VFA may be rapid and convenient, the images obtained are not of sufficient quality to establish the presence or absence of vertebral fractures. Literature suggests that densitometry may not accurately diagnose vertebral fractures in the population of interest (women with osteopenia or normal BMD). There is a lack of evidence that the test is accurate in detecting fractures among subjects without osteoporosis. Available evidence is insufficient to assess what health outcomes would result from VFA using DEXA as a screening test for osteoporosis. Evidence supporting the use of vertebral assessment using DEXA is not strong enough to reach conclusions about its effect on health outcomes.

### Vertebral Fracture Assessment using Computed Tomography

There is currently limited research demonstrating the effectiveness of vertebral fracture assessment using CT with assistive augmented intelligence.

### Pulse-echo Ultrasound

The use of pulse-echo ultrasonometry is being promoted as a cost-effective screening option to determine appropriateness for DXA measurement. There is limited research, and no randomized, controlled trials, demonstrating the effectiveness of pulse-echo ultrasound as compared to DXA.

### Trabecular Bone Scoring

An expert working group was convened by the European Society for Clinical and Economic Aspects of Osteoporosis, Osteoarthritis and Musculoskeletal Diseases (ESCEO), a systematic review was completed to review evidence. A total of 96 articles were reviewed and included data on the use of TBS for fracture prediction in men and women, from over 20 countries. The four topics that were reviewed consisted of the use of TBS in fracture risk prediction, treatment initiation and assessing response to pharmacological interventions in postmenopausal osteoporosis, fracture risk in secondary osteoporosis and for assessing response to pharmacological therapies in secondary osteoporosis. The recommendations are as follows:

- I. TBS should be used in conjunction with BMD and clinical risk factors (strongly recommended).
- II. TBS results should be interpreted within clinical context of the patient (strongly recommended).
- III. Reduction in TBS are observed in most secondary osteoporosis-related diseases, and predicts fracture risk in type 2 diabetes, chronic kidney disease, patients treated with glucocorticoids, rheumatological diseases and it is relatively unaffected by spinal changes (strongly recommended).
- IV. TBS adds value when used with BMD in monitoring skeletal effects of aromatase inhibitors, glucocorticoids and response to antiosteoporosis therapy across both primary and secondary osteoporosis (strongly recommended).

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There is a lack of well-designed clinical trials including diverse populations in the peer-reviewed scientific literature addressing the impact of TBS on patient-specific health outcomes. Future prospective trials evaluating the use trabecular bone score in place of or in addition to established fracture prediction tools should report if long-term patient health outcomes are improved.

### REMS

There are ongoing clinical trials but no reported results. The current studies being performed are looking at many different indications that may affect imaging for osteoporosis or may cause osteoporosis such as osteoarthritis, vitamin D deficiency, osteogenic perfecta, pregnancy. The studies are promising, showing reliable technology and the possibility to lead to earlier interventions for individuals with bone fragility. Further clinical trials are needed along with FDA approval.

### CODES

- Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.
- **CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.**
- Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.
- Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).

#### CPT Codes

Code	Description
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method
76999*	Unlisted ultrasound procedure (e.g., diagnostic, interventional) (*Consider E/I when used to report pulse-echo ultrasound for bone density measurement testing.)
77078	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (e.g., hips, pelvis, spine)
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)
77085 (E/I)	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine), including vertebral fracture assessment
77086 (E/I)	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)
77089 (E/I)	Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk
77090 (E/I)	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere
77091 (E/I)	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only

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<b>Code</b>	<b>Description</b>
77092 (E/I)	Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional
0554T (E/I)	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report
0555T (E/I)	retrieval and transmission of the scan data
0556T (E/I)	assessment of bone strength and fracture risk and bone mineral density
0557T (E/I)	interpretation and report
0691T (E/I)	Automated analysis of an existing computed tomography study for vertebral fracture(s), including assessment of bone density when performed, data preparation, interpretation, and report
0743T (E/I)	Bone strength and fracture risk using finite element analysis of functional data and bone-mineral density (BMD), with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and BMD and classification of any vertebral fractures, with overall fracture risk assessment, interpretation and report
0815T (E/I)	Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone-density study and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine ( <i>effective 01/01/24</i> )

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**HCPCS Codes**

<b>Code</b>	<b>Description</b>
G0130	Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)

**ICD10 Codes**

<b>Code</b>	<b>Description</b>
E21.0-E21.5	Hyperparathyroidism and other disorders of parathyroid gland (code range)
E24.0-E24.9	Cushing's syndrome (code range)
E28.310-E28.319	Premature menopause (code range)
E28.39	Other primary ovarian failure
E29.1	Testicular hypofunction
E34.2	Ectopic hormone secretion, not elsewhere classified
E89.40	Asymptomatic postprocedural ovarian failure
E89.41	Symptomatic postprocedural ovarian failure
E89.5	Postprocedural testicular hypofunction



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<b>Code</b>	<b>Description</b>
N91.0-N91.2	Amenorrhea (code range)
N92.4	Excessive bleeding in the premenopausal period
N95.0-N95.9	Menopausal and other perimenopausal disorders (code range)
M48.50XA- M48.58XA	Collapsed vertebra, not elsewhere classified (code range)
M80.00XA	Age-related osteoporosis with current pathological fracture, unspecified site, initial encounter for fracture
M80.011A	Age-related osteoporosis with current pathological fracture, right shoulder, initial encounter for fracture
M80.012A	Age-related osteoporosis with current pathological fracture, left shoulder, initial encounter for fracture
M80.019A	Age-related osteoporosis with current pathological fracture, unspecified shoulder, initial encounter for fracture
M80.031A	Age-related osteoporosis with current pathological fracture, right forearm, initial encounter for fracture
M80.032A	Age-related osteoporosis with current pathological fracture, left forearm, initial encounter for fracture
M80.039A	Age-related osteoporosis with current pathological fracture, unspecified forearm, initial encounter for fracture
M80.041A	Age-related osteoporosis with current pathological fracture, right hand, initial encounter for fracture
M80.042A	Age-related osteoporosis with current pathological fracture, left hand, initial encounter for fracture
M80.049A	Age-related osteoporosis with current pathological fracture, unspecified hand, initial encounter for fracture
M80.051A	Age-related osteoporosis with current pathological fracture, right femur, initial encounter for fracture
M80.052A	Age-related osteoporosis with current pathological fracture, left femur, initial encounter for fracture
M80.059A	Age-related osteoporosis with current pathological fracture, unspecified femur, initial encounter for fracture
M80.061A	Age-related osteoporosis with current pathological fracture, right lower leg, initial encounter for fracture
M80.062A	Age-related osteoporosis with current pathological fracture, left lower leg, initial encounter for fracture
M80.069A	Age-related osteoporosis with current pathological fracture, unspecified lower leg, initial encounter for fracture
M80.071A	Age-related osteoporosis with current pathological fracture, right ankle and foot, initial encounter for fracture

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<b>Code</b>	<b>Description</b>
M80.072A	Age-related osteoporosis with current pathological fracture, left ankle and foot, initial encounter for fracture
M80.079A	Age-related osteoporosis with current pathological fracture, unspecified ankle and foot, initial encounter for fracture
M80.08XA	Age-related osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture
M80.811A	Other osteoporosis with current pathological fracture, right shoulder, initial encounter for fracture
M80.812A	Other osteoporosis with current pathological fracture, left shoulder, initial encounter for fracture
M80.819A	Other osteoporosis with current pathological fracture, unspecified shoulder, initial encounter for fracture
M80.831A	Other osteoporosis with current pathological fracture, right forearm, initial encounter for fracture
M80.832A	Other osteoporosis with current pathological fracture, left forearm, initial encounter for fracture
M80.839A	Other osteoporosis with current pathological fracture, unspecified forearm, initial encounter for fracture
M80.841A	Other osteoporosis with current pathological fracture, right hand, initial encounter for fracture
M80.842A	Other osteoporosis with current pathological fracture, left hand, initial encounter for fracture
M80.849A	Other osteoporosis with current pathological fracture, unspecified hand, initial encounter for fracture
M80.851A	Other osteoporosis with current pathological fracture, right femur, initial encounter for fracture
M80.852A	Other osteoporosis with current pathological fracture, left femur, initial encounter for fracture
M80.859A	Other osteoporosis with current pathological fracture, unspecified femur, initial encounter for fracture
M80.861A	Other osteoporosis with current pathological fracture, right lower leg, initial encounter for fracture
M80.862A	Other osteoporosis with current pathological fracture, left lower leg, initial encounter for fracture
M80.869A	Other osteoporosis with current pathological fracture, unspecified lower leg, initial encounter for fracture
M80.871A	Other osteoporosis with current pathological fracture, right ankle and foot, initial encounter for fracture

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<b>Code</b>	<b>Description</b>
M80.872A	Other osteoporosis with current pathological fracture, left ankle and foot, initial encounter for fracture
M80.879A	Other osteoporosis with current pathological fracture, unspecified ankle and foot, initial encounter for fracture
M80.88XA	Other osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture
M81.0-M81.8	Osteoporosis without current pathological fracture (code range)
M84.48XA	Pathological fracture, other site, initial encounter for fracture
M84.58XA	Pathological fracture in neoplastic disease, other specified site, initial encounter for fracture
M84.68XA	Pathological fracture in other disease, other site, initial encounter for fracture
M85.80	Other specified disorders of bone density and structure, unspecified site
M85.811- M85.819	Other specified disorders of bone density and structure, shoulder (code range)
M85.821- M85.829	Other specified disorders of bone density and structure, upper arm (code range)
M85.831- M85.839	Other specified disorders of bone density and structure, forearm (code range)
M85.841- M85.849	Other specified disorders of bone density and structure, hand (code range)
M85.851- M85.859	Other specified disorders of bone density and structure, thigh (code range)
M85.861- M85.869	Other specified disorders of bone density and structure, lower leg (code range)
M85.871- M85.879	Other specified disorders of bone density and structure, ankle and foot (code range)
M85.88	Other specified disorders of bone density and structure, other site
M85.89	Other specified disorders of bone density and structure, multiple sites
Q96.0-Q96.9	Turner's syndrome (code range)
R29.890	Loss of height
Z08	Encounter for follow-up examination after completed treatment for malignant neoplasm
Z09	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm
Z13.820	Encounter for screening for osteoporosis
Z78.0	Asymptomatic menopausal state
Z79.51-Z79.52	Long term (current) use of steroids (code range)

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<b>Code</b>	<b>Description</b>
Z87.310	Personal history of (healed) osteoporosis fracture
Z87.311	Personal history of (healed) other pathological fracture
Z87.312	Personal history of (healed) stress fracture
Z90.721- Z90.722	Acquired absence of ovaries (code range)
Z90.79	Acquired absence of other genital organ(s)

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\*Key Article

**KEY WORDS**

BMD, bone mineral density, DEXA, Fracture Risk Assessment Tool, FRAX, vertebral fracture assessment, morphometric x-ray absorptiometry.

**CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS**

There is currently a National Coverage Determination (NCD) for Bone (Mineral) Density Studies (150.3). Please refer to the following NCD website for Medicare Members:

[<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=256&ncdver=2&bc=AgAAgAAAAAAA&>] accessed 06/12/24.