Radiology Bone Density

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

According to the guidelines established by the American College of Radiology and the International Society for Clinical Densitometry, it is advised to refrain from conducting dual-energy X-ray absorptiometry (DXA) bone density screenings (codes 77080 or 77081) for women below the age of 65 or men below the age of 70, unless specific risk factors for osteoporosis have been identified.

Reimbursement Guidelines

In instances where DXA bone density studies (CPT (Current Procedural Terminology) 77080 or 77081) are submitted solely for the purpose of osteoporosis screening (ICD-10 code Z13.820) for women under the age of 65 or men under the age of 70, there is a possibility of claim denials unless deemed medically necessary and authorized by the health plan. Molina Healthcare retains the authority to assess submissions of DXA bone density studies (CPT 77080 or 77081) to confirm that the appropriate screening criteria have been met. Should these criteria not be satisfied, Molina Healthcare reserves the right to review, deny, and recover any incorrectly paid claims.

Supplemental Information

Definitions

Term	Definition
CMS	Center for Medicare and Medicaid
COPD	Chronic Obstructive Pulmonary Disease
DXA	Dual energy X Ray Absorptiometry

State Exceptions

State	Exception
California Medicaid DXA restrictions	DXA studies are not reimbursable when ordered solely for bone density screening. The test should be used only for recipients with at least one of the following medical conditions: o Significant risk of developing osteoporosis, including: o Primary osteoporosis: Postmenopausal (Type I) vertebral crush fracture syndrome, senile (Type II) fracture of the proximal femur, idiopathic (juvenile and adult) o Endocrine osteoporosis: Hyperparathyroidism, Cushing's syndrome or glucocorticoid administration, hyperthyroidism, hypogonadism o Nutritional osteoporosis: Vitamin C deficiency; malabsorption: calcium deficiency, protein-calorie malnutrition o Hematopoietic osteoporosis: Multiple myeloma, Systemic mastocytosis – Immobilization o Genetic disorders: • Osteogenesis Imperfecta • Homocystinuria • Ehlers-Danlos syndrome • Marfan's syndrome • Menke's syndrome o Rheumatoid arthritis o Alcoholism o Liver disease o Diabetes mellitus o Prolonged Heparin therapy o Chronic Obstructive Pulmonary Disease (COPD) • A fracture clinically suspected to be a result of undiagnosed osteoporosis. • Established osteoporosis that may require pharmacologic treatment of osteoporosis. • Receiving medication approved by the FDA (Food and Drug Administration) for the treatment of osteoporosis.
New York Medicaid DXA restrictions	Effective April 1, 2015, New York State fee-for-service Medicaid, and July 1, 2015, Medicaid Managed Care (MMC), will reimburse for medically necessary DXA scans at a maximum of once every two years for women over the age of 65 and men over the age of 70. DXA scans are considered medically necessary and therefore reimbursed at a maximum of once every two years for women and men over the age of 50 with significant risk factors for developing osteoporosis. Medicaid does not cover the use of DXA scans to screen for vertebral fractures. The following CPT codes are affected by this frequency limitation: • 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)

Documentation History

Type	Date	Action
Effective Date	09/08/2023	New Policy
Revised Date	12/17/2024	Updated language, Template and Reference

References

This policy was developed using.

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

Agency:	Reference links:
CA Medicaid	Radiology: Diagnostic (radi dia) (ca.gov)
CMS	Medicare Benefit Policy Manual Medicare Claims Processing Manual Article - Billing and Coding: Bone Mass Measurement (A59040) LCD - Bone Mass Measurement (L39268) Article - Response to Comments: Bone Mass Measurement (A59184)
Molina	MCR-650 - Bone Density.docx
NY Medicaid	Dual Energy X-Ray Absorptiometry (DXA) Scans for Screening Purposes - Frequency Limits (ny.gov)

***CODING DISCLAIMER**. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.*