Bone (Mineral) Density Studies (77078, 77079, 77080, 77081, 77083, 76977, G0130) – NCD 150.3

Indications:

To be covered, a beneficiary must meet at least one of the five conditions listed below:

- 1. A woman who has been determined by the physician or qualified nonphysician practitioner treating her to be estrogen-deficient and at clinical risk for osteoporosis, based on her medical history and other findings.
- 2. An individual with vertebral abnormalities as demonstrated by an x-ray to be indicative of osteoporosis, osteopenia, or vertebral fracture.
- 3. An individual receiving (or expecting to receive) glucocorticoid (steroid) therapy equivalent to an average of 5.0 mg of prednisone, or greater, per day, for more than 3 months.
- 4. An individual with primary hyperparathyroidism
- 5. An individual being monitored to assess the response to or efficacy of an FDA-approved osteoporosis drug therapy

Limitations:

Medicare pays for a screening BMM once every 2 years (at least 23 months have passed since the month of the last covered BMM was performed).

When medically necessary, Medicare may pay for more frequent BMMs. Examples include, but are not limited to, the following medical circumstances:

- Monitoring beneficiaries on long-term glucocorticoid (steroid) therapy of more than 3 months
- Confirming baseline BMMs to permit monitoring of beneficiaries in the future

A dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine) (CPT 77080) may not be covered at the same time as a DXA axial skeleton, including vertebral fracture assessment (CPT 77085) or DXA vertebral fracture assessment via dual-energy X-ray absorptiometry (CPT 77086)

Noncovered BMMs:

The following BMMs are noncovered under Medicare because they are not considered reasonable and necessary under section 1862(a)(1)(A) of the Act.

- Single photon absorptiometry (CPT 78350)
- Dual photon absorptiometry (CPT 78351)

Most Common Diagnoses (which meet medical necessity) *	
E21.0	Primary hyperparathyroidism
E21.3	Hyperparathyroidism
E28.310	Symptomatic premature menopause
E28.319	Asymptomatic premature menopause
E28.39	Decreased estrogen/ resistant ovary syndrome
E89.40	Asymptomatic postprocedural ovarian failure
E89.41	Symptomatic postprocedural ovarian failure
M48.50XA	Collapsed vertebra, initial encounter for fracture**

M80.08XA age-related osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture** M80.0B1A age-related osteoporosis with current pathological fracture, right pelvis M80.0B2A age-related osteoporosis with current pathological fracture, left pelvis M80.8B1A Other osteoporosis with current pathological fracture, left pelvis M81.0 Age-related osteoporosis with current pathological fracture pelvis M81.0 Other osteoporosis without current pathological fracture M81.8 Other osteoporosis without current pathological fracture M85.831 Other specified disorders of bone density and structure, right forearm M85.832 Other specified disorders of bone density and structure, left forearm M85.851 Other specified disorders of bone density and structure, right lower leg M85.852 Other specified disorders of bone density and structure, right lower leg M85.861 Other specified disorders of bone density and structure, left lower leg M85.880 Other specified disorders of bone density and structure, other site M85.89 Other specified disorders of bone density and structure, other site M85.89 Other specified disorders of bone density and structure, multiple sites N95.9 Menopausal and perimenopausal disorder S22.009A Fracture of thoracic vertebra, initial encounter for closed fracture** S32.009A Fracture of lumbar vertebra, initial encounter for closed fracture* Z79.51 Long term		
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		levels
Z87.310 Personal history of (healed) osteoporosis fracture	Z79.83	Long term (current) use of bisphosphonates
	Z87.310	Personal history of (healed) osteoporosis fracture

^{*}See the coverage rules in the Medicare Benefit Policy Manual 100-02, Chapter 15, Section 80.5: https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c15.pdf

https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR13507.zip

The above CMS and WPS-GHA guidelines are current as of: 04/01/2025.

^{*}See the full list of covered diagnosis codes and claims processing rules: (after clicking on the link, download the zip file):

^{**} The 5th digit of A, Initial encounter for fracture, is used as long as the patient is receiving <u>active treatment</u> for the fracture. It does <u>not</u> refer to whether the provider is seeing the patient for the first time.