

Why Isn't My Patient's Bone Density Study Covered by Medicare?

The Centers for Medicare and Medicaid Services (CMS) created a National Coverage Determination (NCD) policy for Bone Density Studies. It can be challenging to navigate through the NCD instructions and list of covered diagnoses. Unfortunately, Bone Density Studies are one of the most frequently non-covered tests, resulting in patients receiving bills. The good news is that Medicare generally will cover this study if it is ordered with the appropriate documentation. You can avoid your patient receiving a bill if you follow these documentation tips:

1. The ordering diagnosis must be specific. For example, a diagnosis of "osteopenia" without further description will not be covered, but a diagnosis of "osteopenia of left shoulder" will be covered. Note that it is essential to document "right", "left" or "bilateral" in reference to shoulder, arm, hand, leg, ankle or foot.
2. The ordering diagnosis must state a specific condition or status. Do not order with a "rule out" diagnosis.
3. Do not document "history of" for a current condition or status. In the ICD-10 coding world "history of" means in the past, no longer current.
4. A diagnosis of history of (healed) fracture due to osteoporosis is covered. A diagnosis of a healed fracture that is not specified as being due to osteoporosis is not covered.
5. Bone Density Studies are covered for diagnoses of most traumatic bone fractures, if the study is being done at the initial encounter (healing phase) for the fracture. CMS does not cover diagnoses for traumatic fractures that have healed and are no longer being treated.
6. Medicare will not cover a Bone Density Study for a non-specific indication such as "routine medical exam", "health screening", or "health maintenance".
7. Limitations: A bone density study is covered once every 24 months. Medicare will not cover both an axial skeletal study (hips, pelvis, spine) and a peripheral skeletal study (radius, wrist, heel).

	Examples of Diagnoses that <u>Are</u> Covered for Medicare*		Examples of Diagnoses that <u>Are Not</u> Covered for Medicare
M85.88	Osteopenia of vertebrae (Osteopenia of other sites is also covered if the site is <u>specified</u> , including right versus left)	M85.80	Osteopenia (without further specification)
M81.0	Osteoporosis	No code	Rule out osteoporosis
E21.3	Hyperparathyroidism	E21.5	Parathyroid disorder
E23.0	Hypopituitarism	E23.7	Pituitary disorder
E24.9	Cushing's syndrome	E27.8	Adrenal gland disorder
E89.40	Postprocedural ovarian failure	Z90.722	Status post oophorectomy
E28.319	Premature menopause	E28.8	Ovarian dysfunction

E28.39	Primary ovarian failure	E28.8	Ovarian dysfunction
Z78.0	Menopause status	R54	Elderly
M48.56XA	Collapsed vertebrae of lumbar region (or other specified region), <u>initial</u> encounter	M48.50XA	Collapsed vertebrae, unspecified site, unspecified encounter
M48.40XA	Fatigue fracture of vertebrae, <u>initial</u> encounter	M48.40XD	Fatigue fracture of vertebrae, subsequent encounter
Z87.310	History of (healed) osteoporosis fracture	Z87.311	History of (healed) pathological fracture
Z79.3	Long term (current) use of hormonal contraceptives	Z92.0	History of (past) use of hormonal contraceptives
Z79.51	Long term (current) use of inhaled steroids	Z92.240	History of (past) use of inhaled steroids
Z79.52	Long term (current) use of systemic steroids	Z92.241	History of (past) use of systemic steroids
Z79.83	Long term (current) use of bisphosphonates	Z92.29	History of (past) use of bisphosphonates

*The complete list of covered diagnoses is published on the CMS web site, NCD 150.3

If you have any questions about this article, contact Sandra Palmer, Compliance & Audit Coordinator, phone: 975-8956, e-mail: sandra.palmer@mclaren.org