Taking Walk-ins
No Appointments Necessary
Physician’s Order is Required
*No authorization is required for HCP & PA patients

Available at Arcadia Radiology

Location
612 W. Duarte Rd., Ste. 101
Arcadia, CA 91007

Scheduling
(626) 445-4850

Fax
(626) 821-3460

Imaging Center Office Hours
7 a.m.-6p.m. (Mon.-Fri.)
8:30 a.m.-1 p.m. (Sat.)

Physician’s Online Ordering Portal
https://orders.arcadiaradiology.com

A DEXA scan is currently the most widely used test in measuring bone mineral density. It is an important test in assessing the degree of bone thinning in osteoporosis. Bone loss increases the risk of hip and spine fractures.

A DEXA scan is highly recommended for women over age 65, as well as for women that are post menopausal, have had complete hysterectomies, or those individuals who have suffered certain types or frequent bone fractures. Other risk factors that may warrant this scan are:

- A family history of osteoporosis
- A family history of hip fracture
- Any fragility fracture after age 40

Osteoporosis in Men
Osteoporosis can also seriously impact men. Low estrogen puts men at risk for broken bones. Osteoporosis particularly affects prostate cancer patients whose estrogen production is suppressed.

CPT code for this procedure is 77080.
DEXA BONE DENSITY SCAN

Medicare will cover DEXA bone mass measurement once every 2 years on a person who falls into 1 out of the 5 following categories:

1. A woman who has been determined by her physician to be estrogen-deficient and at clinical risk for osteoporosis.
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.
4. An individual with primary hyperparathyroidism.
5. If an individual is currently taking one of the following FDA approved Osteoporosis Medications:
   • Fosamax, Actonel, Miacalcin, Evista, Forteo

Estrogen Therapy and Hormone Therapy are also approved for the treatment of osteoporosis in post-menopausal women.

*The list of glucostereoids is far too extensive to include, but these are also approved. Check the brand name on the web for confirmation.

Bone Mass Measurement
Palmetto GBA Jurisdiction 1 Part B Guidelines

Bone Mass Measurement (BMM) is covered by Medicare under the following conditions:
- Ordered by the physician or qualified non-physician practitioner who is treating the beneficiary and uses the results in the management of the patient
- Is performed under the appropriate physician supervision as defined in 42 CFR 410.32(b)
- Is reasonable and necessary for diagnosing and treating the beneficiary's condition
- For an individual being monitored to assess the response or efficacy of an FDA approved osteoporosis drug therapy, is performed with a dual energy X-ray absorptiometry system (axial skeleton) (77080)
- In an individual who has a confirmatory BMM that is performed by a dual-energy X-ray absorptiometry system (axial system) if the initial BMM was not performed by a dual-energy X-ray absorptiometry system (axial skeleton). A confirmatory baseline BMM is not covered if the BMM was performed by a dual-energy X-ray absorptiometry system (axial skeleton).
- Monitoring after a diagnosis of osteoporosis has been established the following ICD-9 codes that should be submitted with CPT code 77080: 733.00, 733.01, 733.02, 733.03, 733.09, 733.90, 255.0.
- Medicare pays for a screening BMM once every two years (at least 23 months have passed since the month the last covered BMM was covered).
- A BMM is covered if the beneficiary meets at least one of the following conditions:
  - The woman 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
  - An individual with vertebral abnormalities as demonstrated by an x-ray to be indicative of osteoporosis, osteopenia or vertebral fracture
  - 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 three months
  - An individual with primary hyperparathyroidism
  - An individual being monitored to assess the response to or efficacy of an FDA-approved osteoporosis drug therapy

A screening BMM is covered with the following primary ICD-9 diagnosis for these CPT codes: 77078, 77079, 77080, 77081, 77083, 76977 or GO130: 733.00, 733.01, 733.02, 733.03, 733.09, 733.90 or 255.0.

A primary diagnosis must be submitted with one of the following secondary diagnoses for a screening BMM:
252.01, 256.2, 256.31, 256.39, 256.9, 259.3, 627.0, 627.1, 627.2, 627.3, 627.4, 627.5, 627.8, 627.9, 733.13, 756.51, 758.6, 793.7, 805.00, 805.01, 805.02, 805.03, 805.04, 805.05, 805.06, 805.07, 805.08, 805.10, 805.11, 805.12, 805.13, 805.14, 805.15, 805.16, 805.17, 805.18, 805.2, 805.3, 805.4, 805.5, 805.6, 805.7, 805.8, 805.9, 806.00, 806.01, 806.02, 806.03, 806.04, 806.05, 806.06, 806.07, 806.08, 806.09, 806.10, 806.11, 806.12, 806.13, 806.14, 806.15, 806.16, 806.17, 806.18, 806.19, 806.20, 806.21, 806.22, 806.23, 806.24, 806.25, 806.26, 806.27, 806.28, 806.29, 806.30, 806.31, 806.32, 806.33, 806.34, 806.35, 806.36, 806.37, 806.38, 806.39, 806.4, 806.5, 806.60, 806.61, 806.62, 806.69, 806.70, 806.71, 806.72, 806.79, 806.8, 806.9, 845.77, 849.81, 58.65, and 88.21.

The following BMMs are non-covered under Medicare because they are not considered reasonable and necessary under section 1862(a)(1)(A) of the Act:
- Single photon absorptiometry CPT Code 78350, (effective January 1, 2007)
- Dual CPT Code 78351

References
CMS Online Manuals: Publication 100-02, Chapter 15, §§80.5-80.5.7, Publication 100-04, Chapter 13, §§140-140.4
http://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Providers~Jurisdiction%201%20Part%20B~Articles~General~8KUN9V0517?open&navmenu=%7C%7C