This article contains instructions for coding medical necessity in accordance with both the National Coverage Determinations (NCD) and Centers for Medicare and Medicaid Services (CMS) instructions on bone mass measurements (BMM), which includes the 2012 code updates.

These coding guidelines are not intended to replace any found in the ICD-9-CM Official Guidelines for Coding and Reporting, nor are they intended to provide guidance on when a condition should be coded. Rather, providers should use this article in conjunction with the UB-04 Data Specifications Manual and the ICD-9-CM Official Guidelines for Coding and Reporting.

BMM screening may, for specific beneficiaries, be completed once every 2 years (at least 23 months have passed since the month the last covered BMM was performed). In order for the screening to be covered, the beneficiary must meet at least one of the following conditions as listed in Publication 100-02, Medicare Benefit Policy Manual; Chapter 15, Section 80.5.6.
**Coding Information**

**CPT/HCPCS Codes**

CPT 76977, 77078, 77080, 77081, or HCPC G0130:

- A woman who has been determined by the physician or qualified non-physician practitioner (NPP) 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 3 months.
- An individual with primary hyperparathyroidism.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>76977</td>
<td>ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SITE(S), ANY METHOD</td>
</tr>
<tr>
<td>77078</td>
<td>COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)</td>
</tr>
<tr>
<td>77080</td>
<td>DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)</td>
</tr>
<tr>
<td>77081</td>
<td>DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; APPENDICULAR SKELETON (PERIPHERAL) (EG, RADIUS, WRIST, HEEL)</td>
</tr>
<tr>
<td>G0130</td>
<td>SINGLE ENERGY X-RAY ABSORPTIOMETRY (SEXA) BONE DENSITY STUDY, ONE OR MORE SITES; APPENDICULAR SKELETON (PERIPHERAL) (EG, RADIUS, WRIST, HEEL)</td>
</tr>
</tbody>
</table>

**ICD-9 Codes that are Covered**

**Diagnosis codes that support coverage of CPT 76977, 77078, 77080, 77081, or HCPC G0130:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>252.00</td>
<td>HYPERPARATHYROIDISM, UNSPECIFIED</td>
</tr>
<tr>
<td>252.01</td>
<td>PRIMARY HYPERPARATHYROIDISM</td>
</tr>
<tr>
<td>252.02</td>
<td>SECONDARY HYPERPARATHYROIDISM, NON-RENAL</td>
</tr>
<tr>
<td>252.08</td>
<td>OTHER HYPERPARATHYROIDISM</td>
</tr>
<tr>
<td>253.2</td>
<td>PANHYPOPITUITARISM</td>
</tr>
<tr>
<td>253.7</td>
<td>IATROGENIC PITUITARY DISORDERS</td>
</tr>
<tr>
<td>255.0</td>
<td>CUSHING'S SYNDROME</td>
</tr>
<tr>
<td>255.3</td>
<td>OTHER CORTICOADRENAL OVERACTIVITY</td>
</tr>
<tr>
<td>256.2</td>
<td>POSTABLATIVE OVARIAN FAILURE</td>
</tr>
<tr>
<td>256.31</td>
<td>PREMATURE MENOPAUSE</td>
</tr>
<tr>
<td>256.39</td>
<td>OTHER OVARIAN FAILURE</td>
</tr>
<tr>
<td>256.4</td>
<td>POLYCYSTIC OVARIAN</td>
</tr>
<tr>
<td>256.8</td>
<td>OTHER OVARIAN DYSFUNCTION</td>
</tr>
<tr>
<td>256.9</td>
<td>UNSPECIFIED OVARIAN DYSFUNCTION</td>
</tr>
<tr>
<td>259.3</td>
<td>ECTOPIC HORMONE SECRETION NOT ELSEWHERE CLASSIFIED</td>
</tr>
<tr>
<td>275.5</td>
<td>HUNGRY BONE SYNDROME</td>
</tr>
<tr>
<td>588.0</td>
<td>RENAL OSTEODYSTROPHY</td>
</tr>
<tr>
<td>588.81</td>
<td>SECONDARY HYPERPARATHYROIDISM (OF RENAL ORIGIN)</td>
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<tr>
<td>588.89</td>
<td>OTHER SPECIFIED DISORDERS RESULTING FROM IMPAIRED RENAL FUNCTION</td>
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<tr>
<td>626.0</td>
<td>ABSENCE OF MENSTRUATION</td>
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<tr>
<td>627.0</td>
<td>PREMENOPAUSAL MENORRHAGIA</td>
</tr>
<tr>
<td>627.1</td>
<td>POSTMENOPAUSAL BLEEDING</td>
</tr>
<tr>
<td>627.2</td>
<td>SYMPTOMATIC MENOPAUS OR FEMALE CLIMACTERIC STATES</td>
</tr>
<tr>
<td>627.3</td>
<td>POSTMENOPAUSAL ATROPHIC VAGINITIS</td>
</tr>
<tr>
<td>627.4</td>
<td>SYMPTOMATIC STATES ASSOCIATED WITH ARTIFICIAL MENOPAUSE</td>
</tr>
<tr>
<td>627.8</td>
<td>OTHER SPECIFIED MENOPAUS AND POSTMENOPAUSAL DISORDERS</td>
</tr>
<tr>
<td>627.9</td>
<td>UNSPECIFIED MENOPAUSAL AND POSTMENOPAUSAL DISORDER</td>
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<tr>
<td>720.0</td>
<td>ANKYLOSING SPONDYLITIS</td>
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<td>733.00</td>
<td>OSTEOPOROSIS UNSPECIFIED</td>
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<tr>
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<td>SENILE OSTEOPOROSIS</td>
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<tr>
<td>733.02</td>
<td>IDIOPATHIC OSTEOPOROSIS</td>
</tr>
<tr>
<td>733.12</td>
<td>PATHOLOGICAL FRACTURE OF DISTAL RADIUS AND ULNA</td>
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</tbody>
</table>
PATHOLOGICAL FRACTURE OF VERTEBRAE
PATHOLOGICAL FRACTURE OF NECK OF FEMUR
DISORDER OF BONE AND CARTILAGE UNSPECIFIED
OTHER KYPHOSIS ACQUIRED
OTHER LORDOSIS ACQUIRED
SCOLIOSIS (AND KYPHOSCOLIOSIS) IDIOPATHIC
GONADAL DYSGENESIS
CLOSED FRACTURE OF CERVICAL VERTEBRA UNSPECIFIED LEVEL
CLOSED FRACTURE OF FIRST CERVICAL VERTEBRA
CLOSED FRACTURE OF SECOND CERVICAL VERTEBRA
CLOSED FRACTURE OF THIRD CERVICAL VERTEBRA
CLOSED FRACTURE OF FOURTH CERVICAL VERTEBRA
CLOSED FRACTURE OF FIFTH CERVICAL VERTEBRA
CLOSED FRACTURE OF SIXTH CERVICAL VERTEBRA
CLOSED FRACTURE OF SEVENTH CERVICAL VERTEBRA
CLOSED FRACTURE OF MULTIPLE CERVICAL VERTEBRAE
OPEN FRACTURE OF CERVICAL VERTEBRA UNSPECIFIED LEVEL
OPEN FRACTURE OF FIRST CERVICAL VERTEBRA
OPEN FRACTURE OF SECOND CERVICAL VERTEBRA
OPEN FRACTURE OF THIRD CERVICAL VERTEBRA
OPEN FRACTURE OF FOURTH CERVICAL VERTEBRA
OPEN FRACTURE OF FIFTH CERVICAL VERTEBRA
OPEN FRACTURE OF SIXTH CERVICAL VERTEBRA
OPEN FRACTURE OF SEVENTH CERVICAL VERTEBRA
OPEN FRACTURE OF MULTIPLE CERVICAL VERTEBRAE
CLOSED FRACTURE OF DORSAL (THORACIC) VERTEBRA WITHOUT SPINAL CORD INJURY
OPEN FRACTURE OF DORSAL (THORACIC) VERTEBRA WITHOUT SPINAL CORD INJURY
CLOSED FRACTURE OF LUMBAR VERTEBRA WITHOUT SPINAL CORD INJURY
OPEN FRACTURE OF LUMBAR VERTEBRA WITHOUT SPINAL CORD INJURY
CLOSED FRACTURE OF SACRUM AND COCCYX WITHOUT SPINAL CORD INJURY
OPEN FRACTURE OF SACRUM AND COCCYX WITHOUT SPINAL CORD INJURY
CLOSED FRACTURE OF UNSPECIFIED PART OF VERTEBRAL COLUMN WITHOUT SPINAL CORD INJURY
OPEN FRACTURE OF UNSPECIFIED PART OF VERTEBRAL COLUMN WITHOUT SPINAL CORD INJURY
CLOSED FRACTURE OF C1-C4 LEVEL WITH UNSPECIFIED SPINAL CORD INJURY
CLOSED FRACTURE OF C1-C4 LEVEL WITH COMPLETE LESION OF CORD
CLOSED FRACTURE OF C1-C4 LEVEL WITH ANTERIOR CORD SYNDROME
CLOSED FRACTURE OF C1-C4 LEVEL WITH CENTRAL CORD SYNDROME
CLOSED FRACTURE OF C1-C4 LEVEL WITH OTHER SPECIFIED SPINAL CORD INJURY
CLOSED FRACTURE OF C5-C7 LEVEL WITH UNSPECIFIED SPINAL CORD INJURY
CLOSED FRACTURE OF C5-C7 LEVEL WITH COMPLETE LESION OF CORD
CLOSED FRACTURE OF C5-C7 LEVEL WITH ANTERIOR CORD SYNDROME
CLOSED FRACTURE OF C5-C7 LEVEL WITH CENTRAL CORD SYNDROME
CLOSED FRACTURE OF C5-C7 LEVEL WITH OTHER SPECIFIED SPINAL CORD INJURY
OPEN FRACTURE OF C1-C4 LEVEL WITH UNSPECIFIED SPINAL CORD INJURY
OPEN FRACTURE OF C1-C4 LEVEL WITH COMPLETE LESION OF CORD
OPEN FRACTURE OF C1-C4 LEVEL WITH ANTERIOR CORD SYNDROME
OPEN FRACTURE OF C1-C4 LEVEL WITH CENTRAL CORD SYNDROME
OPEN FRACTURE OF C1-C4 LEVEL WITH OTHER SPECIFIED SPINAL CORD INJURY
OPEN FRACTURE OF C5-C7 LEVEL WITH UNSPECIFIED SPINAL CORD INJURY
OPEN FRACTURE OF C5-C7 LEVEL WITH COMPLETE LESION OF CORD
OPEN FRACTURE OF C5-C7 LEVEL WITH ANTERIOR CORD SYNDROME
OPEN FRACTURE OF C5-C7 LEVEL WITH CENTRAL CORD SYNDROME
OPEN FRACTURE OF C5-C7 LEVEL WITH OTHER SPECIFIED SPINAL CORD INJURY
CLOSED FRACTURE OF T1-T6 LEVEL WITH UNSPECIFIED SPINAL CORD INJURY
CLOSED FRACTURE OF T1-T6 LEVEL WITH COMPLETE LESION OF CORD
CLOSED FRACTURE OF T1-T6 LEVEL WITH ANTERIOR CORD SYNDROME
CLOSED FRACTURE OF T1-T6 LEVEL WITH CENTRAL CORD SYNDROME
CLOSED FRACTURE OF T1-T6 LEVEL WITH OTHER SPECIFIED SPINAL CORD INJURY
CLOSED FRACTURE OF T7-T12 LEVEL WITH UNSPECIFIED SPINAL CORD INJURY
806.26 CLOSED FRACTURE OF T7-T12 LEVEL WITH COMPLETE LESION OF CORD
806.27 CLOSED FRACTURE OF T7-T12 LEVEL WITH ANTERIOR CORD SYNDROME
806.28 CLOSED FRACTURE OF T7-T12 LEVEL WITH CENTRAL CORD SYNDROME
806.29 CLOSED FRACTURE OF T7-T12 LEVEL WITH OTHER SPECIFIED SPINAL CORD INJURY
806.30 OPEN FRACTURE OF T1-T6 LEVEL WITH UNSPECIFIED SPINAL CORD INJURY
806.31 OPEN FRACTURE OF T1-T6 LEVEL WITH COMPLETE LESION OF CORD
806.32 OPEN FRACTURE OF T1-T6 LEVEL WITH ANTERIOR CORD SYNDROME
806.33 OPEN FRACTURE OF T1-T6 LEVEL WITH CENTRAL CORD SYNDROME
806.34 OPEN FRACTURE OF T1-T6 LEVEL WITH OTHER SPECIFIED SPINAL CORD INJURY
806.35 OPEN FRACTURE OF T7-T12 LEVEL WITH UNSPECIFIED SPINAL CORD INJURY
806.36 OPEN FRACTURE OF T7-T12 LEVEL WITH COMPLETE LESION OF CORD
806.37 OPEN FRACTURE OF T7-T12 LEVEL WITH ANTERIOR CORD SYNDROME
806.38 OPEN FRACTURE OF T7-T12 LEVEL WITH CENTRAL CORD SYNDROME
806.39 OPEN FRACTURE OF T7-T12 LEVEL WITH OTHER SPECIFIED SPINAL CORD INJURY
806.4 CLOSED FRACTURE OF LUMBAR SPINE WITH SPINAL CORD INJURY
806.5 OPEN FRACTURE OF LUMBAR SPINE WITH SPINAL CORD INJURY
806.60 CLOSED FRACTURE OF SACRUM AND COCCYX WITH UNSPECIFIED SPINAL CORD INJURY
806.61 CLOSED FRACTURE OF SACRUM AND COCCYX WITH COMPLETE CAUDA EQEINA LESION
806.62 CLOSED FRACTURE OF SACRUM AND COCCYX WITH OTHER CAUDA EQEINA INJURY
806.69 CLOSED FRACTURE OF SACRUM AND COCCYX WITH OTHER SPINAL CORD INJURY
806.70 OPEN FRACTURE OF SACRUM AND COCCYX WITH UNSPECIFIED SPINAL CORD INJURY
806.71 OPEN FRACTURE OF SACRUM AND COCCYX WITH COMPLETE CAUDA EQEINA LESION
806.72 OPEN FRACTURE OF SACRUM AND COCCYX WITH OTHER CAUDA EQEINA INJURY
806.79 OPEN FRACTURE OF SACRUM AND COCCYX WITH OTHER SPINAL CORD INJURY
806.8 CLOSED FRACTURE OF UNSPECIFIED VERTEBRA WITH SPINAL CORD INJURY
806.9 OPEN FRACTURE OF UNSPECIFIED VERTEBRA WITH SPINAL CORD INJURY

V07.4 HORMONE REPLACEMENT THERAPY (POSTMENOPAUSAL)
V07.51 USE OF SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)
V07.52 USE OF AROMATASE INHIBITORS
V07.59 USE OF OTHER AGENTS AFFECTING ESTROGEN RECEPTORS AND ESTROGEN LEVELS
V13.51 PERSONAL HISTORY OF PATHOLOGIC FRACTURE
V49.81 ASYMPTOMATIC POSTMENOPAUSAL STATUS (AGE-RELATED) (NATURAL)
V58.65 LONG-TERM (CURRENT) USE OF STEROIDS
V87.43 PERSONAL HISTORY OF ESTROGEN THERAPY
V87.45 PERSONAL HISTORY OF SYSTEMIC STEROID THERAPY

ICD-9 Codes that are Not Covered
CPT 77080 only:

- An individual being monitored to assess the response to or efficacy of an FDA-approved osteoporosis drug therapy.
- Confirming baseline BMM or BMMs to permit monitoring beneficiaries in the future.

(NOTE: Providers may code screening, V82.81, or other codes as appropriate. However, only the following codes will support medical necessity for this NCD.)

In List A: The following "V" code support coverage for CPT 77080 only (and no other procedure including 76977, 77078, 77080, 77081, or G0130), when combined with one of the diagnoses in LIST B which follows below:

LIST A

V58.68 LONG TERM (CURRENT) USE OF BISPHOSPHONATES

And one of the following:

LIST B

255.0 CUSHING'S SYNDROME
Other Information

Other Comments
When medically necessary, coverage of more frequent BMMs may be indicated. Examples include, but are not limited to the following medical circumstances:

· Monitoring beneficiaries on long-term glucocorticoid (steroid) therapy of more than 3 months; (CPT 76977, 77078, 77080, 77081, or HCPCS G0130).

In order for the BMM to be covered, the testing must be completed under the following conditions found in chapter 15, section 80.5.4 of Publication 100-02, Medicare Benefit Policy Manual:

· The physician or qualified NPP who is treating the beneficiary must order the BMM as well as determine the appropriate BMM to be used.

· The BMM must be performed under the appropriate level of physician supervision as defined in 42 CFR 410.32(b).

· The BMM is reasonable and necessary for the diagnosing and treating the condition of a beneficiary who meets the conditions described above.

· In the case of BMM for the monitoring of the effectiveness of drug therapy for osteoporosis, coverage is limited to Dual-energy X-ray Absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine); CPT 77080.

· In the case of a confirmatory baseline BMM, coverage is limited to a BMM completed by DEXA system (axial skeleton) for an individual and above conditions are met as well as the initial BMM was not performed using a DEXA system (axial skeleton).

Coding Revision History

Effective Date: 01/01/2012

Changes Implemented:
CPT Codes 77079 and 77083 are removed from this revised article because they are deleted for 2012.

Effective Date: 10/01/2011

Changes Implemented:
ICD-9-CM V58.68 is a new code for 2011-2012 and is added to List A only.

The following ICD-9-CM codes, 733.03, 733.09, 737.10, 737.11, 737.12 737.20, 737.21, and 737.22 were deleted for CPT Codes 76977, 77078, 77079, 77080, 77081, 77083 or G0130. Also deleted for List A are V58.69, V67.51 and V67.59 for 77080.

References:
Effective Date: January 1, 2012

Revision History Explanation
11/21/2011 - The following CPT/HCPCS codes were deleted:
77079 was deleted from Group 1
77083 was deleted from Group 1

02/27/2012 - In accordance with Section 911 of the Medicare Modernization Act of 2003, the contractor numbers 02101, 02201, 02301 and 02401 were added to this article as the claims processing for the states of AK, ID, OR and WA are transitioned to MAC JF.

All Versions
Updated on 02/25/2012 with effective dates 02/27/2012 - N/A
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