Bone Mass Measurements

Policy Number:	**M20120412007**
Effective Date:	**6/1/2012**
Sponsoring Department:	**Health Care Services**
Impacted Department(s):	**Health Care Services**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐Confidential ☐Restricted ☒Public

Applies to (Line of Business):

☐ Corporate (All)
☒ State Products, if yes which plan(s): ☒MediSource; ☒ MediSource Connect; ☐Child Health Plus; ☒ Essential Plan
☒ Medicare, if yes, which plan(s): ☒MAPD; ☐PDP; ☒ISNP; ☒CSNP
☒ Commercial, if yes, which type: ☒Large Group; ☒Small Group; ☒Individual
☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes ☐ No☒

Purpose and Applicability:

To set forth the medical necessity criteria for a bone mass measurement (BMM).

Policy:

Background

Osteoporosis is a common disease that is characterized by low bone mass, microarchitectural disruption, and skeletal fragility, resulting in an increased risk of fracture. The goal of osteoporosis screening is to identify persons at increased risk of sustaining a low-trauma fracture who would benefit from intervention to minimize that risk. Screening for fracture risk involves appropriate history and physical examination to assess for risk factors and measurement of bone mineral density.

The United States Preventive Services Task Force (USPSTF) recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older. The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool. Several osteoporosis risk assessment instruments have been developed to improve the selection of individuals for measurement of bone mass density (BMD). The extent to which each tool has been validated in other cohorts is variable. The Fracture Risk Assessment Tool (FRAX) has been evaluated in the most cohorts.

Bone measurement testing with central dual-energy x-ray absorptiometry (DXA) is the most commonly used and studied method for the diagnosis of osteoporosis. Central DXA uses radiation to measure bone mass density at central bone sites (hip and lumbar spine), which is the established standard for diagnosis of osteoporosis and for guiding decisions about treatment.

Commercial and Self-Funded criteria:
A screening BMM is covered once every two years (at least 23 months have passed since the month the last covered BMM was performed) in:

- Women aged 65 years and older;
- Postmenopausal women younger than 65 years at increased risk; risk factors include high fall risk, impaired mobility, previous fracture during adulthood, chronic glucocorticoid therapy, parental history of hip fracture, low body weight, current cigarette smoking, excessive alcohol consumption, height loss (.3.8cm and/or kyphosis) and secondary osteoporosis.
- All men aged 70 or older.
- Men aged 50 years and older at increased risk: risk factors include high fall risk, impaired mobility, previous fracture during adulthood, chronic glucocorticoid therapy, parental history of hip fracture, low body weight, current cigarette smoking, excessive alcohol consumption, height loss (.3.8cm and/or kyphosis), and secondary osteoporosis.

Dual-energy x-ray absorptiometry (DEXA) solely for vertebral fracture screening is not covered because it is considered to be experimental/investigational.

Medicare Advantage Criteria:
A screening BMM is covered once every two years (at least 23 months have passed since the month the last covered BMM was performed).
BMM may be considered medically necessary and a covered benefit when any of the following criteria are met:

- A woman who has been determined by the physician or qualified non-physician practitioner treating her to be estrogen-deficient and at clinical risk for osteoporosis based on her medical history and other findings. A member 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.
- An individual being monitored to assess the response to or efficacy of an FDA-approved osteoporosis medication.

When medically necessary, more frequent BMMs may be appropriate in the following medical circumstances:

- Monitoring members on long-term glucocorticoid (steroid) therapy of more than three months' duration.
- Confirming baseline BMMs to permit monitoring of members in the future.

The following bone mass measurements are not covered because they are not medically necessary.

- **Single Photon Absorptiometry**
- **Dual Photon Absorptiometry**

MediSource, MediSource Connect and Essential Plan:
Per New York State criteria, MediSource and MediSource Connect will cover medically necessary DEXA scans:

- At a maximum of once every two years for women 65 years of age and older and men 70 years of age and older.
- At a maximum of once every two years for women younger than 65 and men younger than 70 who present with significant risk factors for developing osteoporosis.

Risk factors to develop osteoporosis include, but are not limited to, post-menopausal women, family history of osteoporosis; personal history of fractures after the age of 50; poor diet and physical inactivity; smoking; certain medications, including some steroids, Depo-Provera, and chemotherapy agents; certain medical conditions that predispose individuals to osteoporosis; and low body weight. MediSource does not cover the use of DEXA scans to screen for vertebral fractures.

Pre-Authorization Required? Yes ☐ No ☒

Pre-authorization is not required at the present time. Criteria above will be utilized upon retro-review.

Definitions

Bone Mass Measurement (BMM) means a radiologic, radioisotopic, or other procedure that meets all of the following conditions:

- Is performed to identify bone mass, detect bone loss, or determine bone quality
- Is performed with either a bone densitometer (other than single-photon or dual-photon absorptiometry) or a bone sonometer system that has been cleared for marketing for BMM by the Food and Drug Administration (FDA)
- Includes a physician's interpretation of the results

Dual-energy x-ray absorptiometry (DEXA) is an imaging test that measures bone density (the amount of bone mineral contained in a certain volume of bone) by passing x-rays with two different energy levels through the bone. It is used to diagnose osteoporosis (decrease in bone mass and density).

Dual Photon Absorptiometry is diagnostic technique for measuring bone mineral density in which an image of bone is produced from computerized analysis of absorption rates of photons directed in a focused beam at a body part.

Single Photon Absorptiometry is a non-invasive radiological technique that measures absorption of a monochromatic photon beam by bone material.

References

Related Policies, Processes and Other Documents
N/A

Non-Regulatory references
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Regulatory References

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42 CFR 410.31 Bone Mass Measurement: Conditions for Coverage and Frequency Standards.

New York State Department of Health Medicaid Update Newsletter. Volume 31; Number 4; Dual Energy X-Ray Absorptiometry (DXA) Scans for Screening Purposes - Frequency Limits. April 2015. Available at: https://www.health.ny.gov/health_care/medicaid/program/update/2015/april_mu.pdf Accessed January 22, 2026.

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This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes ☒ No☐

Revision Date	Owner	Notes
4/1/2026	Health Care Services	Revised
3/1/2025	Health Care Services	Reviewed
3/1/2024	Health Care Services	Revised
3/1/2023	Health Care Services	Revised
3/1/2022	Health Care Services	Reviewed
3/1/2021	Health Care Services	Reviewed
4/1/2020	Medical Management	Revised
6/1/2019	Medical Management	Revised
7/1/2018	Medical Management	Revised
6/1/2017	Medical Management	Revised
10/1/2016	Medical Management	Revised
8/1/2016	Medical Management	Revised
8/1/2015	Medical Management	Revised
6/1/2015	Medical Management	Revised
5/1/2014	Medical Management	Reviewed
6/1/2013	Medical Management	Revised