



# Wellness Wednesday: Bone Mass Measurements

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# Today's Presenters

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# Objectives

- Provide an overview of the Medicare preventive service: bone mass measurements
- Encourage providers to promote and educate beneficiaries in life-saving preventive services and screenings
- Assist providers in billing so that claim denials can be avoided

# Agenda

- Overview of Medicare's Preventive Services Program
- BMM
- Resources and References
- Questions and Answers

# Preventive Services Overview

- Medicare pays for many preventive benefits
- Preventive services support the health of Medicare beneficiaries by
  - Educating about potentially life-saving services and screenings
  - Early detection and/or prevention of diseases
  - Assisting with/suggesting lifestyle modifications

# Preventive Services Overview

- CMS recognizes the importance of disease prevention, early detection and lifestyle modifications supporting the health of Medicare beneficiaries



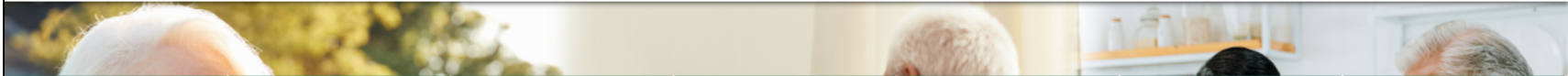
Telehealth Eligible Service

# Medicare Preventive Services

× Select a Service

FAQs

Resources



Alcohol Misuse Screening & Counseling <sup>T</sup>	Annual Wellness Visit <sup>T</sup>	Bone Mass Measurements	Cardiovascular Disease Screening Tests	Cervical Cancer Screening	Colorectal Cancer Screening	Counseling to Prevent Tobacco Use <sup>T</sup>
Depression Screening <sup>T</sup>	Diabetes Screening	Diabetes Self-Management Training <sup>T</sup>	Flu Shot & Administration	Glaucoma Screening	Hepatitis B Screening	Hepatitis B Shot & Administration
Hepatitis C Screening	HIV Screening	IBT for Cardiovascular Disease <sup>T</sup>	IBT for Obesity <sup>T</sup>	Initial Preventive Physical Exam	Lung Cancer Screening <sup>T</sup>	Mammography Screening
Medical Nutrition Therapy <sup>T</sup>	Medicare Diabetes Prevention Program	Pap Tests Screening	Pneumococcal Shot & Administration	Prolonged Preventive Services <sup>T</sup>	Prostate Cancer Screening	STI Screening & HIBC to Prevent STIs <sup>T</sup>
Screening Pelvic Exams	Ultrasound AAA Screening					

Quick Start

Eliminate Health Disparities

MLN006559 January 2022



# Deductible and Coinsurance Waived for Certain Preventive Services

- For DOS on or after 1/1/2011
  - Medicare deductible and coinsurance waived for preventive services included in this presentation
  - [CR 7012, “Waiver of Coinsurance and Deductible for Preventive Services, Section 4104 of Patient Protection and Affordable Health Care Act, Removal of Barriers to Preventive Services in Medicare”](#)

# Did You Know

- A beneficiary must be enrolled in Medicare Part B in order to be covered for any Medicare preventive services

# Bone Mass Measurements

# Background

- Osteoporosis = porous bone
  - Disease of skeletal system
  - Low bone mass
  - Deterioration of bone tissue
- 10 million+ Americans have osteoporosis
  - 34 million+ Americans have low bone mass
- Bone Mass Measurement benefit since 1998
  - National Coverage Determination

# Benefits of BMM testing

- Earlier detection, earlier treatment of osteoporosis
- Reduction/prevention of bone fractures

# BMM Definition

- Radiologic, radioisotopic, or other procedure that meets all of the following conditions
  - Performed to identify bone mass, detect bone loss or determine bone quality
  - Performed with either bone densitometer (other than single-photon or dual-photon absorptiometry) or bone sonometer system that has been cleared for marketing for BMM by the FDA
  - Includes physician's interpretation of the results

# Risk Factors

- Aged 50 and older
- Female gender
- Personal or family history of broken bones
- Caucasian or Asian-American ethnicity
- Small bone structure
- Low body weight (less than 127 pounds)
- Frequent smoking or drinking
- Low-calcium diet

# Who Is Covered

- Medicare beneficiary in at least one category
  - Estrogen-deficient female at clinical risk for osteoporosis
  - Individual with vertebral abnormalities demonstrated by x-ray to be osteoporosis, osteopenia or vertebral fracture
  - Individual receiving/expecting to receive glucocorticoid therapy equivalent to average of 5 mg or greater of prednisone for more than three months
  - Individual with primary hyperparathyroidism
  - Individual monitored to assess response to FDA-approved drug therapy



# Frequency of BMM Coverage

- Once every two years
  - At least 23 months after last covered BMM test
- More frequent testing may be covered if medically necessary
  - Examples
    - Monitoring patient on long-term glucocorticoid therapy of more than three months
    - Confirming baseline BMM to permit future monitoring of patient

# Who Can Perform

- Physician
- Qualified nonphysician practitioner
  - Physician assistant
  - Nurse practitioner
  - Clinical nurse specialist

# Documentation

- Order by qualified physician or NPP
  - Performed BMM evaluation and treating patient
- Service performed under appropriate level of physician supervision
- Service reasonable and medically necessary to diagnose, treat, or monitor qualified individual
- Which test performed and why
  - [CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 80.5.4](#)

# BMM Diagnosis Codes

- E21.0, E21.3
- E23.0
- E34.2
- E89.40, E89.41
- M80.08xA, M80.88xA
- M84.58xA, M84.68xA
- N95.8, N95.9
- Q78.0
- S34.3xxA
- Z78.0
- Z79.3, Z79.51, Z79.52, Z79.811,
- Z79.818 (as of 1/1/2020)
- Z79.83
- Z87.310

# BMM Diagnosis Codes

- In addition, some more specific codes from the following ICD-10 categories or subcategories may be used
  - E24, E28.3
  - M48, M81
  - Certain codes within M85.8- subcategory
  - Q96
  - S12, S14, S22, S24, S32.0, S32.1, S32.2, S34.1

# TOBs and Revenue Codes

TOB	Description	Revenue Code
12X	Hospital inpatient Part B including CAH	0320
13X	Hospital outpatient	0320
22X	SNF inpatient Part B	0320
23X	SNF outpatient	0320
71X	RHC*	052X*
77X	FQHC*	052X*
85X	CAH outpatient	0320, 096X, 097X, 098X

# HCPCS/CPT Coding – BMM

HCPCS/CPT Codes	Description
G0130	SEXA bone density study, 1 or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)

# HCPCS/CPT Coding – BMM

HCPCS/CPT Codes	Description
77080	Dual-energy x-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)
77081	DXA, bone density study, 1 or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)
77085	DXA, bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine), including vertebral fracture assessment



# Not Covered Under This Benefit

- Single photon absorptiometry (CPT code 78350)
- Dual photon absorptiometry (CPT code 78351)
- Under bone/joint studies (CPT code 77986)

# Billing Tips

- Do not report 77080 with 77085
- When to use Modifier –XU (Unusual non-overlapping service, does not overlap usual components of main service)
  - When coding 77085 and 77081 together, add to 77081
  - When coding 77080 and 77081 together, add to 77080

# Prolonged Preventive Services

- Add on code for when service goes beyond typical service time of primary procedure (requires direct patient contact)
  - HCPCS code G0513 – first 30 minutes
  - HCPCS code G0514 – each additional 30 minutes (also bill G0513)
- Only certain codes eligible to bill for prolonged services:
  - 76977, 77078, 77080, 77081, G0130

# Billing Requirements – Osteoporosis Screening Tests

- Valid ICD-10 diagnosis code indicating one of the following
  - Postmenopausal female
  - Vertebral fracture
  - Hyperparathyroidism
  - Steroid therapy
- Line item reporting
  - Appropriate BMM HCPCS/CPT code
  - Revenue code

# Billing Requirements – Monitoring Tests For Osteoporosis Drug Therapy

- Must be performed with dual-energy x-ray absorptiometry (axial) test (CPT code 77080)
- Coding
  - Appropriate osteoporosis ICD-10 diagnosis code
  - Line item reporting
    - Revenue code 320 and CPT code 77080

# Billing Instructions for RHC/FQHC

- BMM testing does not qualify as stand-alone billable encounter
  - Report on separate line as incident to billable encounter
    - Reimbursement included in AIR/PPS payment
    - If only service performed on DOS, do not submit claim

# Reimbursement

- Medicare
  - Payment under current methodologies for radiology services and type of facility providing service
- Beneficiary cost-sharing
  - Deductible waived
  - Coinsurance/copayment waived

# Why the Claim Did Not Pay

- Physician/qualified NPP did not order tests
- Beneficiary does not meet definition of “qualified individual”
- Services submitted without appropriate ICD-10 diagnosis codes
- Noncovered CPT codes billed



# BMM Information on CWF

HIQACOP

CWF PART A INQUIRY REPLY

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IP-REC CN

NM XXXXXX IT J DS

SX M

INT 13101

BONE DENSITY SERVICES

HCPCS: 76977,G0130,77078,77080,77081

NEXT ELIGIBLE TECH DATE: 10/01/2014

NEXT ELIGIBLE PROF DATE: 10/01/2014

RULE: ALLOW HCPCS 76977,G0130,77078,77080,77081

EVERY 24 MONTHS FOR TECH AND PROF SERVICES

PF1=INQ SCREEN

PF3/CLEAR=END

PF7=PREV

PF8=NEXT

# What You Should Do Now

- Ensure registration staff checks CWF to see when beneficiary can have next BMM preventive service
- Update any procedures/charge master with correct coding information
- Share this information with coding staff
- Become familiar with preventive services regulations for any additions or updates
- Submit claims in compliance with billing guidelines

# Resources and References



# CMS Resources

- [CMS IOMs](#)
  - Regulations and Guidance > Manuals > Internet-Only Manuals (IOMs)
- [CMS preventive services web pages](#)
  - Medicare > Prevention (Individual links for each preventive service are located under Prevention tab)

# CMS Internet-Only Manuals

## ■ CMS IOM

- Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 80.5
  - Conditions for coverage Section 80.5.4
- Publication 100-04, *Medicare Claims Processing Manual*
  - Chapter 13, Section 10-10.1; Section 140-140.3
  - Chapter 23, Section 10-10.1.7

# CMS Medicare Learning Network

- Transmittals
  - [5521](#): Bone Mass Measurements (BMMs)
  - [5847](#): Clarification of Bone Mass Measurement (BMM) Billing Requirements Issued in CR 5521

# CMS Medicare Learning Network

- [MLN Products](#)
  - Preventive Services Educational Products web page
  - MLN Products Catalog
  - Web-based training
- [ICN 006559](#): Medicare Preventive Services Quick Reference Chart

# Thank You!

- Follow-up email
  - Attendees will be provided a Medicare University Course Code
- Questions?

