

## Internal Medicine Coding Alert

### Reader Questions: Get a Grip on Bone-Density Studies

**Question:** What are Medicare's requirements for reporting bone-density studies?

Pennsylvania Subscriber

**Answer:** Medicare covers bone-density studies when your physician monitors patients to assess an FDA-approved osteoporosis drug therapy's response or efficacy. Also, women are eligible for coverage if they are estrogen-deficient and at clinical risk for osteoporosis. Estrogen-deficient means that a female patient cannot be on hormone replacement therapy.

Medicare also covers bone-density studies for patients who meet three criteria:

1. a patient with vertebral abnormalities, as demonstrated by an x-ray to be indicative of osteoporosis, osteopenia (low bone mass) or vertebral fracture;
2. a patient with known primary hyperparathyroidism; and
3. a patient receiving (or expecting to receive) cortico-steroid therapy (greater than three months or the equivalent dose of 30 mg cortisone [or 7.5 mg prednisone] or greater per day).

The patient's physician or qualified nonphysician practitioner (this includes a consulting physician or specialist) must provide an order for the bone-density study. You could receive a denial if one of these entities did not order the study.

- Answers for You Be the Coder and Reader Questions were reviewed by **Kathy Pride, CPC, CCS-P**, a training manager at QuadraMed in Port St. Lucie, Fla.; and **Bruce Rappoport, MD, CPC**, a board-certified internist who works with physicians on compliance, documentation, coding and quality issues for Rachlin, Cohen & Holtz LLP, a Fort Lauderdale, Fla.-based accounting firm with healthcare expertise.