



Wellness Wednesday: Bone Mass Measurements

September 6, 2023





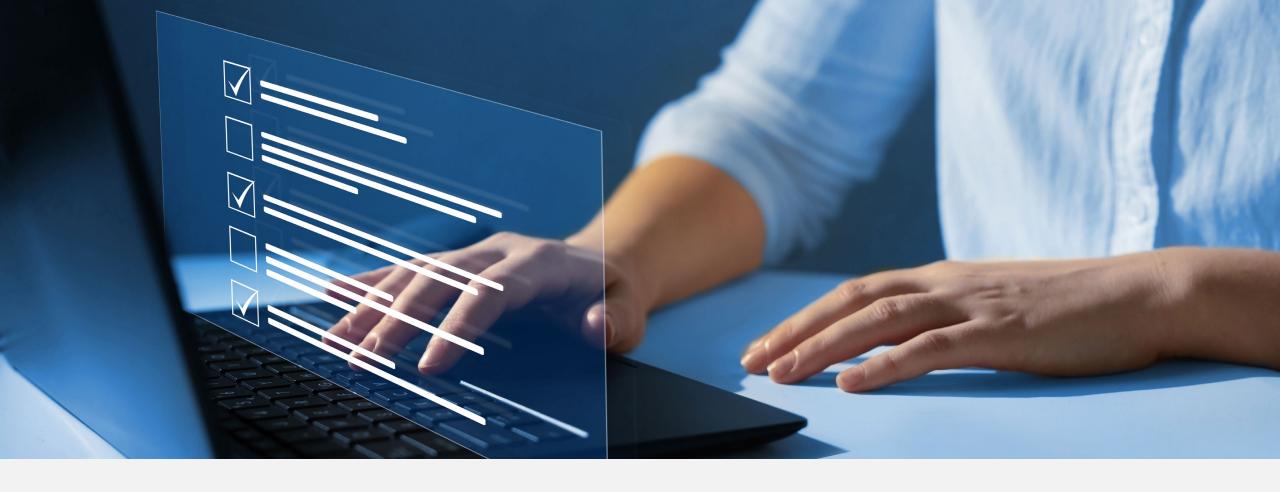
Today's Presenters



- Jhadi Grace
 - Provider Outreach and Education Consultant





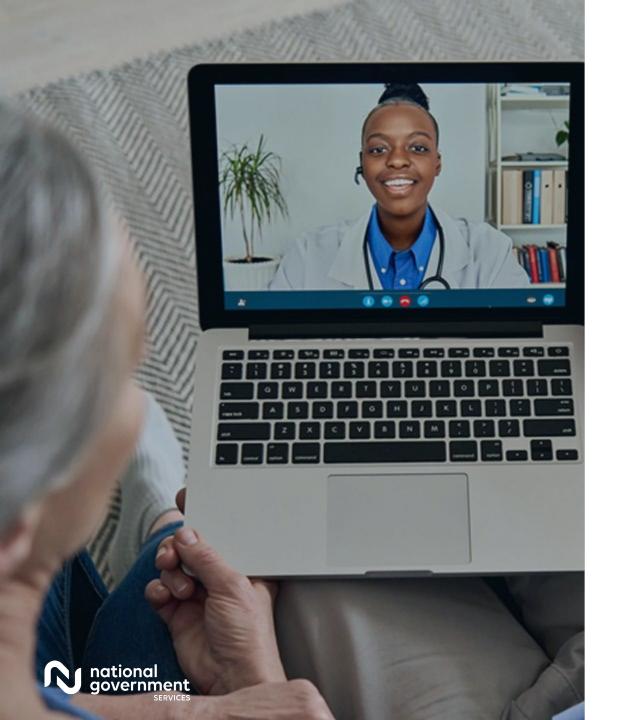


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Objective

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

Bone Mass Measurements (BMM)

Resources and References

Questions and Answers







Overview of Medicare's Preventive Services Program

Preventive Services Overview

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





Medicare Preventive Services





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
 - <u>CR 7012</u>, "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 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 available since 1998
 - National Coverage Determination



Benefits of BMM (Bone Density Studies)

- 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

- **E**21.0, 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**
- **Z79.83**
- **Z87.310**



BMM Diagnosis Codes

- In addition, 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

ТОВ	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	0771
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

- 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
- Do not report 77080 with 77085





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

- Report 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
 - Appropriate revenue code





Billing Requirements – Monitoring Tests For Osteoporosis Drug Therapy

- Must be performed with dual-energy X-ray absorptiometry (axial) test (CPT code 77080)
- Report appropriate osteoporosis ICD-10 diagnosis code
- Line-item reporting
 - Revenue code 320
 - 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

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NATIONAL GOVERNMENT SERVICES, #13001 UAT
  MAP175M
                                                                ACMFA561 07/18/23
  MXG9282
            SC
                                      ACCEPTED
                                                                A20233BP 12:15:00
  MID
 PRVN SERVC TECH D PROF D
                            PRVN SERVC TECH D PROF D
                                                        PRVN SERVC TECH D PROF D
 TELH/99231 060111 060111
                            BONE/77085 060111 060111
 TELH/99232 060111 060111
                                        100914
 TELH/99233 060111 060111
                            LDCT/G0297 AGE
                                               AGE
 TELH/99307 060111 060111
                            HPVS/G0476 GDR
 TELH/99308 060111 060111
                            HIVS/
                                        041315 SRV
 TELH/99309 060111 060111
                            BONE/0508T 060111 060111
 TELH/99310 060111 060111
                            BONE/0554T
 BEHV/G0442
                   101411
                            BONE/0555T
 BEHV/G0443
                            BONE/0556T
                            BONE/0557T
 BEHV/G0444 101411 101411
                             BONE/0558T
 BEHV/G0446 110811 110811
                            ABPM/93784 070219 070219
BONE/77080 060111 060111
                            ACUP/
                                        012120 012120
 BONE/77081 060111 060111
                            LDCT/71271 AGE
                                               AGE
BONE/76977 060111 060111
BONE/G0130 060111 060111
 HCAS/G0472 060214 060214
        PROCESS COMPLETED
                                 PLEASE CONTINUE
 PRESS PF3-EXIT
                                  PF7-PREV PAGE PF8-NEXT PAGE
                 PF5-SCROLL BKWD
48
                    @:00.1
                                                                            02/16
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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

- <u>Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 80.5</u>
 - ✓ 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
 - <u>5521</u>: Bone Mass Measurements (BMMs)
 - <u>5847</u>: Clarification of Bone Mass Measurement (BMM) Billing Requirements Issued in CR 5521





CMS Medicare Learning Network

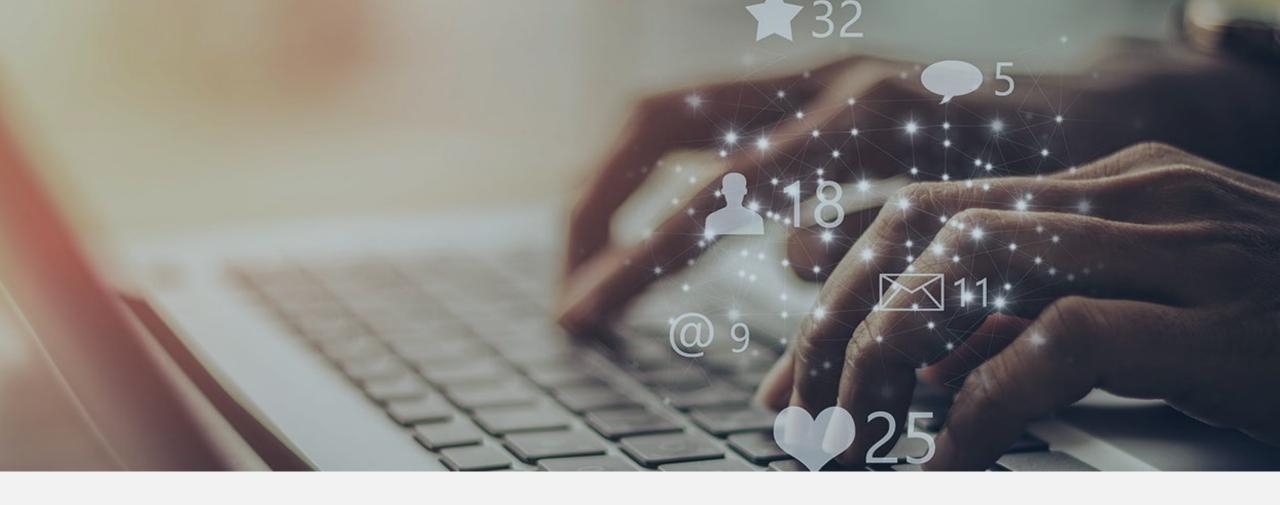
- MLN Products
 - Preventive Services Educational Products web page
 - MLN Products Catalog
 - Web-based training
- <u>ICN 006559</u>: Medicare Preventive Services Quick Reference Chart





Questions?

Thank you! A follow-up email will be sent to attendees with the Medicare University Course Code.







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