

Bone Mass Measurement

Promoting Good Health Through Disease Prevention and Detection

8/19/2025

Closed Captioning: Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.



Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the [CMS website](#).



Recording

Attendees/providers are never permitted to record (tape record or any other method) our educational events. This applies to webinars, teleconferences, live events and any other type of National Government Services educational events. **This includes the use of AI-assistant recording tools.**

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

Today's Presenters

- Provider Outreach and Education Consultants
 - Jeanine Gombos LPN
 - Andrea Freibauer





Agenda

- [Preventive Services Overview](#)
- [BMM Coverage](#)
- [BMM Coding and Billing](#)
- [Resources and References](#)
- [Questions](#)

Preventive Services Overview

Preventive Services Overview

- CMS recognizes the importance of disease prevention, early detection and lifestyle modifications that support the health of Medicare beneficiaries
- Medicare pays for over 30 preventive benefits, including
 - Shots and vaccines
 - Wellness visits
 - Diabetes-related services
 - Tests and screenings
 - Mental health services

Did You Know

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

Medicare Preventive Services: Quick Reference Chart

- MLN® Educational Tool: [MLN006559 – Medicare Preventive Services](#)

mln
EDUCATIONAL TOOL
KNOWLEDGE • RESOURCES • TRAINING

Back to MLN Print

Overview • Telehealth Eligible Services •

Medicare Preventive Services

× Select a Service FAQs Resources

Alcohol Misuse Screening & Counseling T	Annual Wellness Visit T	Bone Mass Measurement	Cardiovascular Disease Screening Test	Cervical Cancer Screening	Colorectal Cancer Screening	Counseling to Prevent Tobacco Use T
COVID-19 Vaccine & Administration	Depression Screening T	Diabetes Screening	Diabetes Self-Management Training T	Flu Shot & Administration	Glaucoma Screening	Hepatitis B Screening
Hepatitis B Shot & Administration	Hepatitis C Screening	HIV PrEP T	HIV Screening	IBT for Cardiovascular Disease T	IBT for Obesity T	Initial Preventive Physical Exam
Lung Cancer Screening T	Mammography Screening	Medical Nutrition Therapy T	Medicare Diabetes Prevention Program	Pneumococcal Shot & Administration	Prolonged Preventive Services T	Prostate Cancer Screening
Screening Pap Test	Screening Pelvic Exam	STI Screening & HIV to Prevent STIs T	Ultrasound AAA Screening			

Advance Health Equity

MLN006559 December 2024

How Can Medicare Beneficiaries Keep Track of Their Preventive Services?

- Are You Up-To-Date on Your Medicare Preventive Services checklist

Are You Up-To-Date on Your Medicare Preventive Services?

Medicare pays for many preventive services to keep you healthy. Ask your doctor what services are right for you.

Medicare.gov



Medicare



- ☐ One time "Welcome to Medicare" preventive visit—get this visit within the first 12 months you have Medicare Part B (Medical Insurance)
- ☐ Yearly "Wellness" visit—get this visit 12 months after your "Welcome to Medicare" preventive visit or 12 months after your Part B coverage starts
- ☐ Abdominal aortic aneurysm screenings
- ☐ Alcohol misuse screenings & counseling
- ☐ Bone mass measurements
- ☐ Cardiovascular behavioral therapy
- ☐ Cardiovascular disease screenings (cholesterol, lipids, triglycerides)
- ☐ Cervical & vaginal cancer screenings
- ☐ Colorectal cancer screenings
- ☐ Counseling to prevent tobacco use & tobacco-caused disease
- ☐ COVID-19 vaccines
- ☐ Depression screenings
- ☐ Diabetes screenings
- ☐ Diabetes self-management training
- ☐ Flu shots
- ☐ Glaucoma screenings
- ☐ Hepatitis B shots
- ☐ Hepatitis B Virus (HBV) infection screenings
- ☐ Hepatitis C screenings
- ☐ HIV (Human Immunodeficiency Virus) screenings
- ☐ Lung cancer screenings
- ☐ Mammograms (Breast cancer screenings)
- ☐ Medical nutrition therapy services
- ☐ Medicare Diabetes Prevention Program
- ☐ Obesity behavioral therapy
- ☐ Pneumococcal shots
- ☐ Prostate cancer screenings
- ☐ Sexually transmitted infection screenings & counseling

For more details about Medicare's coverage of preventive services, including your costs in Original Medicare, visit [Medicare.gov/publications](https://www.medicare.gov/publications) to view or print the booklet "Your Guide to Medicare Preventive Services."

You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

This product was produced at U.S. taxpayer expense.

CMS Product No. 11420 • 05/2024

Deductible and Coinsurance for Preventive Services

- Medicare deductible and coinsurance waived for many preventive services
 - [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”



BMM Coverage

Osteoporosis Facts

- Osteoporosis: Chronic condition that weakens bones, especially of the neck, back and hips
- Considered “silent” disease as beneficiary often doesn’t know they have it until they break a bone
- Over 10 million Americans have osteoporosis, and more than 44 million Americans have low bone density, placing them at increased risk of the disease

Uncontrollable Risk Factors for Osteoporosis

- Being over age 50
- Being female
- Menopause
- Family history of osteoporosis
- Low body weight/being small and thin
- Broken bones or height loss

Controllable Risk Factors for Osteoporosis

- Not getting enough calcium and vitamin D
- Not eating enough fruits and vegetables
- Getting too much protein, sodium and caffeine
- Having an inactive lifestyle
- Smoking
- Drinking too much alcohol
- Losing too much weight

BMM Definition

- Radiologic, radioisotopic or other procedure meeting the following conditions
 - Performed to identify bone mass, detect bone loss or determine bone quality
 - Performed with either bone densitometer or bone sonometer system that has been cleared for marketing for BMM by FDA
 - Includes physician's interpretation of results
- Noncovered BMM tests
 - Single photon absorptiometry
 - Dual photon absorptiometry



Benefits of BMM

- Early diagnosis
- Early treatment
- Reduction/prevention of bone loss and fractures

Who Is Covered

- Beneficiaries who have Medicare Part B and meet at least one of the following criteria
 1. Estrogen-deficient female at clinical risk for osteoporosis based on medical history and other findings
 2. Individual with vertebral abnormalities demonstrated by x-ray to be osteoporosis, osteopenia or vertebral fracture
 3. Individual receiving/expecting to receive glucocorticoid therapy equivalent to average of 5 mg or greater of prednisone for more than three months
 4. Individual with primary hyperparathyroidism
 5. Individual monitored to assess response to FDA-approved drug therapy

BMM Coverage Conditions

- Ordered by qualified physician or NPP treating beneficiary
- Performed under appropriate level of physician supervision
- Reasonable and medically necessary to diagnose, treat, or monitor beneficiary
- Special considerations for tests performed with dual-energy x-ray absorptiometry system (axial skeleton)
 - When beneficiary being monitored to assess response to or efficacy of FDA-approved osteoporosis drug therapy
 - When beneficiary has confirmatory BMM and initial BMM not performed by dual-energy x-ray absorptiometry system
 - Confirmatory baseline BMM not covered if initial BMM performed by dual-energy x-ray absorptiometry system

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, for example
 - 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



BMM Coding and Billing

BMM Information on CWF

MAP175M		NATIONAL GOVERNMENT SERVICES, #13001 UAT										ACMFA561 07/18/23					
MXG9282		SC	ACCEPTED										A20233BP 12:15:00				
MID			NM		IT	DB		SX									
PRVN	SERV	TECH	D	PROF	D	PRVN	SERV	TECH	D	PROF	D	PRVN	SERV	TECH	D	PROF	D
TELH/99231	060111	060111				BONE/77085	060111	060111									
TELH/99232	060111	060111				COCS/		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			SVC			BONE/0556T											
BEHV/G0444	101411	101411				BONE/0557T											
BEHV/G0446	110811	110811				BONE/0558T											
BONE/77078	060111	060111				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															
BEHV/G0473	010115	010115															
HCAS/G0472	060214	060214															
PROCESS COMPLETED --- PLEASE CONTINUE																	
PRESS PF3-EXIT PF5-SCROLL BKWD PF7-PREV PAGE PF8-NEXT PAGE																	
4B		:00.1										02/16					

HCPCS/CPT Codes

HCPCS/CPT Code	Description
G0130	Single energy X-ray absorptiometry (SEXA) bone density study, one 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 (eg, hips, pelvis, spine)
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)
77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment

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	0771
85X	CAH outpatient	0320, 096X, 097X, 098X

ICD-10 Codes

- Refer to NCD coding file [150.3 Bone \(Mineral\) Density Studies](#)
- Can use more specific codes from the following ICD-10 categories or subcategories
 - E24, E28.3
 - M48, M81, M85.8
 - Q96
 - S12, S14, S22, S24
 - S32.0, S32.1, S32.2, S34.1
- Notes
 - Codes for unspecified body parts excluded
 - Additional ICD-10 codes may apply

Modifier – XU

- Use when service does not overlap usual components of main service

When billing both CPT codes...	Add -XU to CPT code...
77085 and 77081	77081
77080 and 77081	77080

Do not report 77080 with 77085 or 77086

Prolonged Preventive Services

- When service requiring direct patient contact goes beyond typical service time of primary procedure
 - Can be billed with all BMM codes except 77085
- Add-on code billed in addition to primary procedure
 - HCPCS code G0513 – first 30 minutes
 - HCPCS code G0514 – each additional 30 minutes
- [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 18, Section 240](#)

Prolonged Preventive Services – Examples

Situation	Claim Coding
Normal service time	<ul style="list-style-type: none">• Appropriate BMM code
First 30 minutes beyond normal service time	<ul style="list-style-type: none">• Appropriate BMM code• HCPCS code G0513 (1 unit)
One hour beyond normal service time	<ul style="list-style-type: none">• Appropriate BMM code• HCPCS code G0513 (1 unit)• HCPCS code G0514 (1 unit)
90 minutes beyond normal service time	<ul style="list-style-type: none">• Appropriate BMM code• HCPCS code G0513 (1 unit)• HCPCS code G0514 (2 units)

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

Billing Instructions for FQHCs and RHCs

- BMM testing does not qualify as stand-alone billable encounter
 - [FQHC Preventive Services Chart](#)
 - [RHC Preventive Services Chart](#)
- 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

Why Your 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/HCPCS codes billed

What You Should Do Now

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

Resources and References

Resources and References

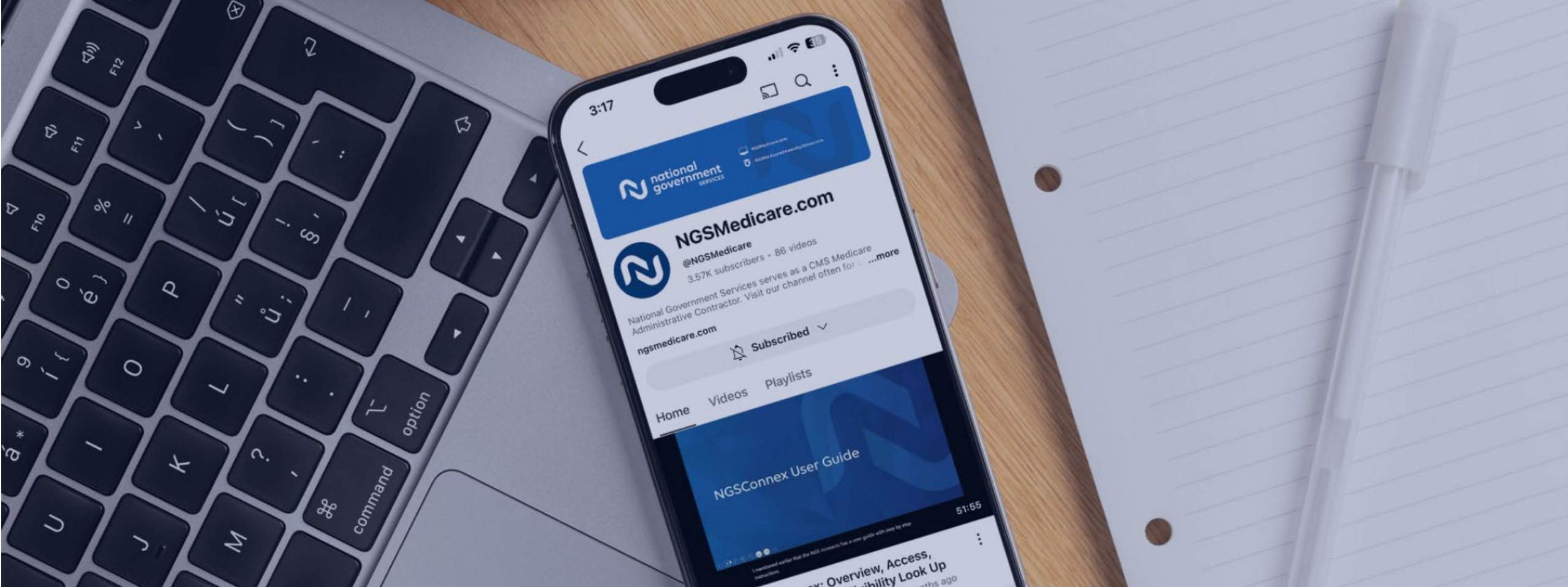
- [CMS Preventive Services Website](#)
 - Medicare > Coverage > Preventive Services
- [MLN® Products](#)
 - MLN® Educational Tool: [MLN006559 – Medicare Preventive Services](#)
 - Additional preventive services educational products
 - Web-based training courses
- [Osteoporosis Disparities in Medicare Beneficiaries: Data Snapshot 2021](#)
- [Are You at Risk for Developing Bone Disease?](#)

CMS Regulations

- [CMS website](#)
 - Transmittals (Medicare > Regulations & Guidance)
 - CR [5521](#): Bone Mass Measurements (BMMs)
 - CR [5847](#): Clarification of Bone Mass Measurement (BMM) Billing Requirements Issued in CR 5521
 - Internet Only Manuals (Medicare > Regulations & Guidance > Manuals)
 - [Publication 100-02, Medicare Benefit Policy Manual](#)
 - Chapter 15, Section 80.5
 - [Publication 100-04, Medicare Claims Processing Manual](#)
 - Chapter 13, Section 140

NGS Resources

- [NGS Preventive Services Resource Guide](#)
- [NGSConnex](#)
 - [NGSConnex User Guide](#)
- [Subscribe](#) to Email Updates
- Contact Us – [Provider Contact Center](#)



On-Demand Education at Your Fingertips



[YouTube Channel](https://www.youtube.com/@ngsmedicare)

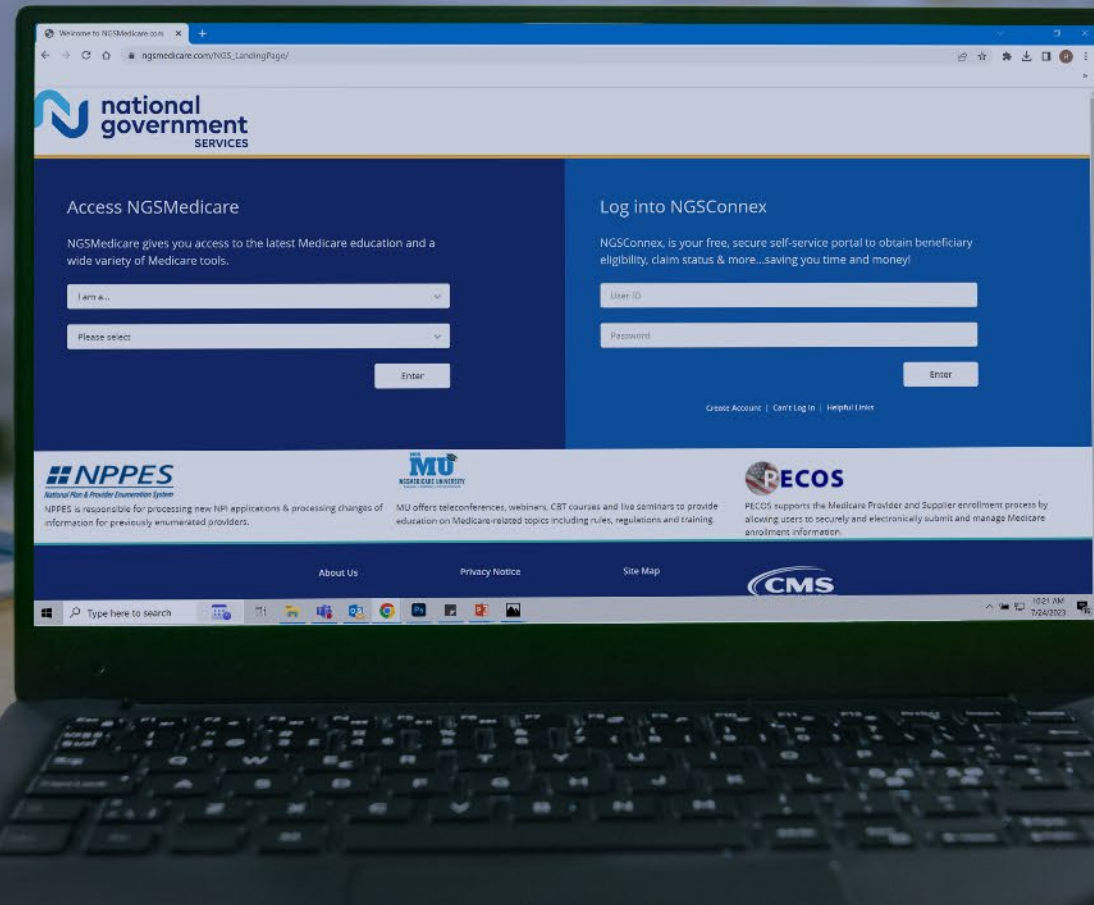
www.youtube.com/@ngsmedicare



[Medicare University](https://ngsmedicareuniversity.litmos.com)

ngsmedicareuniversity.litmos.com

Find us online



www.NGSMedicare.com

Online resources, event calendar, LCD/NCD, and tools



[IVR System](#)

The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries



[NGSConnex](#)

Web portal for claim information



[Sign up for Email Updates](#)

Subscribe for Email updates at the top of any NGS Medicare.com webpage to stay informed of news

Questions?

Thank you!