



528.2 BONE DENSITY TESTING

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DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations and other practitioner information.

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POLICY METADATA

Policy ID = 528.2
Policy Author = Professional Services
Policy Status = Pending
Creation Date = 4/1/2013

Initial Approval Date = 4/1/2013
Initial Effective Date = 4/1/2013
Last Revised Date = 12/15/2014
Revision Approval Date = TBD
Next Review Date = TBD

BACKGROUND

West Virginia Medicaid covers diagnostic and therapeutic radiology and nuclear medicine services. Prior authorization is required for specific services. If the radiology service is a covered service and requires prior approval, the prior authorization is required before the service is rendered regardless of the place of service unless medically necessary during an emergent visit at an emergency room. A referring/treating provider must order all covered services. The treating provider is the provider responsible for the management of the member's specific medical problems.

POLICY

528.2.1 COVERED SERVICES

West Virginia Medicaid covers bone density scans in order to prevent the morbidity associated with osteoporosis and osteoporotic fracture. Routine screening of individuals without symptoms or risk factors is not covered. The bone density test may be routinely performed for dialysis members. The following rules apply:

- The bone density test is limited to 1 every 2 years. More frequent requests will require prior authorization with documentation of the medical necessity.
- Only axial testing is allowed for monitoring osteoporosis therapy. Photo-densitometry of a peripheral bone and ultrasound bone densitometry are not allowed as part of this monitoring.

Only 1 scan may be billed regardless of how many sites are tested during the session. For those providers who are also the treating physician, a separate written interpretation of the scan must be included in the member's chart, as the procedure codes' descriptions include interpretation and report.

Refer to the [528.1, Radiology Services Policy](#) for additional information regarding prior authorization, retrospective review, and documentation requirements.

528.2.2 NON-COVERED SERVICES

Non-Covered services include, but are not limited to:

- Routine screening for individuals without risk factors
- Photo-densitometry of a peripheral bone for monitoring osteoporosis
- Ultrasound bone densitometry for monitoring osteoporosis

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Non-Covered radiology services are not eligible for DHHR Fair Hearings or Desk/Document Reviews.

GLOSSARY

Definitions in [Chapter 200, Definitions and Acronyms](#) apply to all West Virginia Medicaid services, including those covered by this chapter. Definitions in this glossary are specific to this chapter.

Nuclear Medicine: A diagnostic and treatment imaging process that uses special cameras and radioactive materials to form images of the body.

Utilization Management Contractor (UMC): The UMC is authorized to grant prior authorization for radiology services provided to West Virginia Medicaid members. The UMC utilizes nationally recognized medical appropriateness criteria established and approved by BMS for medical necessity reviews.

REFERENCES

West Virginia State Plan references radiology services at sections [3.1-A\(3\)](#) and [3.1-B\(3\)](#).

CHANGE LOG

REPLACE	TITLE	CHANGE DATE	EFFECTIVE DATE
Entire Chapter			TBD