



Related MLN Matters Article #: MM5847

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### *Clarification of Bone Mass Measurement (BMM) Billing Requirements Issued in Change Request (CR) 5521*

#### Key Words

MM5847, R1416CP, CR5847, CR5521, Billing, Bone, Mass, BMM

#### Provider Types Affected

Physicians, providers, and suppliers submitting claims to Medicare Carriers, Fiscal Intermediaries (FIs), and/or Part A/B Medicare Administrative Contractors (A/B MACs) for BMM services provided to Medicare beneficiaries

#### Key Points

- The effective date of the instruction is January 1, 2007.
- The implementation date is February 20, 2008.
- The Social Security Act (Sections 1861(s)(15) and (rr)(1)) (as added by the Balanced Budget Act of 1997 (BBA; §4106)) standardize Medicare coverage of medically necessary BMMs by providing for uniform coverage under Medicare Part B.
- Effective for dates of service on and after January 1, 2007, the Calendar Year 2007 Physician Fee Schedule final rule expanded the number of beneficiaries qualifying for BMM by reducing the dosage requirement for glucocorticoid (steroid) therapy from 7.5 mg of prednisone per day to 5.0 mg.
- It also changed the definition of BMM by removing coverage for a single-photon absorptiometry as it is not considered reasonable and necessary under the Social Security Act (§1862 (a)(1)(A)).
- Finally, it required in the case of monitoring and confirmatory baseline BMMs that they be performed with a dual-energy x-ray absorptiometry (axial) test.
- The Centers for Medicare & Medicaid Services (CMS) has learned that the updated policy and claims processing instructions for BMM tests described in CR5521 is not being implemented uniformly, and some covered services are being denied in error.

- CR5847 clarifies the claims processing instructions contained in CR5521 and lists only those business requirements changing from CR5521.

### BMM Clarifications

- The following are key clarifications for BMM that were effective January 1, 2007.
  - Certain BMM tests are covered when used to screen patients for osteoporosis subject to the frequency standards described in §80.5.5 of the *Medicare Benefit Policy Manual*, which may be found at <http://www.cms.hhs.gov/Manuals/IOM/list.asp> on the CMS website.
  - Medicare contractors will **pay** claims for screening tests when the claims contain:
    - Current Procedural Terminology (CPT) procedure code 77078, 77079, 77080, 77081, 77083, 76977, or G0130; and
    - A valid International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) diagnosis code indicating the reason for the test is postmenopausal female, vertebral fracture, hyperparathyroidism, or steroid therapy. Contractors are to maintain local lists of valid codes for the benefit's screening categories.
  - Contractors will **deny** claims for screening tests when the claims:
    - Contain CPT procedure code 77078, 77079, 77081, 77083, 76977 or G013; but
    - Do not contain a valid ICD-9-CM diagnosis code indicating the reason for the test is postmenopausal female, vertebral fracture, hyperparathyroidism, or steroid therapy.
  - Dual-energy x-ray absorptiometry (axial) tests are covered when used to monitor Food and Drug Administration (FDA)-approved osteoporosis drug therapy subject to the 2-year frequency standards described in §80.5.5 of the *Medicare Benefit Policy Manual*.
  - Contractors will **pay** claims for monitoring tests when the claims:
    - Contain CPT procedure code 77080; and
    - Contain 733.00, 733.01, 733.02, 733.03, 733.09, 733.90, or 255.0 as the ICD-9-CM diagnosis code.
  - Contractors will **deny** claims for monitoring tests when the claims:
    - Contain CPT procedure code 77078, 77079, 77081, 77083, 76977 or G0130; and
    - Contain 733.00, 733.01, 733.02, 733.03, 733.09, 733.90, or 255.0 as the ICD-9-CM diagnosis code but do not contain valid ICD-9-CM diagnosis codes from the local lists of valid ICD-9-CM diagnosis codes maintained by the Medicare contractor for the benefit's screening categories, indicating the reason for the test is postmenopausal female, vertebral fracture, hyperparathyroidism, or steroid therapy.

- Single photon absorptiometry tests are **not covered**. Contractors will deny CPT procedure code 78350.

**Note: These are clarifications and the BMM benefit policy is not changing.** Medicare contractors will not search their files to reprocess claims already processed, but they will adjust claims brought to their attention.

## Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5847.pdf> on the CMS website.

The official instruction (CR5847) regarding this change may be viewed at

<http://www.cms.hhs.gov/Transmittals/downloads/R1416CP.pdf> on the CMS website.

Providers can review the MLN Matters article related to CR5521 at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5521.pdf> on the CMS website.

If providers have questions regarding this issue, they may contact their carrier, FI, or A/B MAC at their toll-free number, which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.