

Medical Policy: Medical Policy for DEXA Scan

Effective Date: 08/14/14

Revised Date: 11/1/11, 4/17/12, 8/10/23

Reviewed/No Updates: 1/28/13, 2/13/14, 2/12/15, 2/11/16,
11/10/16, 2/9/17, 2/8/18, 2/14/19, 2/13/20, 2/11/2, 2/17/22,
2/2/23, 2/8/24, 2/20/25

Medical Policy for DEXA Scan

NOTE: This guideline refers to axial DEXA scans. Peripheral scans will be considered only for those who are bed-bound or unable to move or be moved easily or in those cases where the axial scan cannot be interpreted accurately.

For DEXA scans in children, Milliman Care Guidelines will continue to be followed. This policy has been written in consultation with Endocrinology specialists and utilizing the World Health Organization task force studies and the National Osteoporosis Foundation literature.

Initial Bone Density Testing may be approved for any of the following:

1. Adult receiving, or anticipated to receive, glucocorticoid therapy at dosage-equivalent of 2.5 mg of prednisone daily for 3 months or more [re-number below]
2. Women ages 65 and older and men ages 70 and older, regardless of additional risk factors.
3. Any age with FRAX (Fracture Risk Assessment Tool) score of 10-year probability of hip fracture of >3% or of all fractures of >20%. The following website tool can be used for calculations: <http://www.shef.ac.uk/FRAX/tool.aspx>. Choose the calculation tool for the United States.
4. Postmenopausal women under 65 years old with one or more of the following risk factors:
 - a. Previous fracture sustained after age 50
 - b.
 - c. Parental history of hip fracture
 - d. Low body weight (Body weight less than 127 pounds (57.6 kg) or BMI less than 21 BMI Calculator BMI Calculator)
 - e. Current cigarette smoking
 - f. Excessive alcohol consumption (3 or more drinks per day)
 - g. Presence of a disorder associated with osteoporosis (see Appendix -for complete list), i.e., Rheumatoid arthritis, systemic lupus, premature menopause <45 years old, malabsorption, chronic liver disease, inflammatory bowel disease, Type I Diabetes Mellitus, osteogenesis imperfecta, untreated long-standing hyperthyroidism, Turner's syndrome, panhypopituitarism, Cushing's syndrome.
 - h. Aromatase inhibitor therapy
 - i. osteopenia or osteoporosis on plain x-ray
 - j. Use of medications associated with bone loss or reduced bone mineralization
 - k. Menopause (either natural or surgical) at age younger than 45 years

Medical Policy: Medical Policy for DEXA Scan

Effective Date: 08/14/14

Revised Date: 11/1/11, 4/17/12, 8/10/23

Reviewed/No Updates: 1/28/13, 2/13/14, 2/12/15, 2/11/16,
11/10/16, 2/9/17, 2/8/18, 2/14/19, 2/13/20, 2/11/2, 2/17/22,
2/2/23, 2/8/24, 2/20/25

- l. Hypogonadism as child or delayed puberty, or untreated, before age 45 years
5. Premenopausal female with 1 or more of the following:
 - Chemotherapy-induced ovulatory failure (eg, cyclophosphamide)
 - Estrogen deprivation therapy (eg, gonadotropin-releasing hormone agonists for breast cancer)
6. Transgender woman with 1 or more of the following:
 - Age 60 years or older
 - Baseline examination needed

Repeat Bone Density Testing may be approved for the following:

1. Every 2 years for patients with diagnosed osteoporosis undergoing treatment who have not achieved <3% risk of hip fracture or <20% risk for all fractures by FRAX Tool fracture risk estimate.
2. Every 2 years for patients with diagnosed osteoporosis not undergoing treatment.
3. Every 15 years for normal to mild osteopenia (T score greater than -1.5)
4. Every 5 years for moderate osteopenia (T score -1.5 to -1.99)
5. Every 2 years for advanced osteopenia (T score -2.00 to -2.49)

Any other requests not meeting the above criteria will be reviewed on a case-by-case basis by a physician reviewer. In such cases, the requestor must include specific risk factors or other information pertinent to the case for the referral to be considered for approval.

When bone density testing is appropriate, an axial skeleton (central, e.g. hips, pelvis, spine) study will be approved. An appendicular skeleton (peripheral, e.g. radius, wrist, heel) will be approved only if the above study cannot be performed, such as in the case of a debilitated nursing home resident.

APPENDIX (Disorders associated with osteoporosis):

Ankylosing spondylitis
Anorexia nervosa
Bariatric surgery
Celiac disease
Chronic kidney disease
Chronic obstructive lung disease
Chronic pancreatitis

Medical Policy: Medical Policy for DEXA Scan

Effective Date: 08/14/14

Revised Date: 11/1/11, 4/17/12, 8/10/23

Reviewed/No Updates: 1/28/13, 2/13/14, 2/12/15, 2/11/16,
11/10/16, 2/9/17, 2/8/18, 2/14/19, 2/13/20, 2/11/2, 2/17/22,
2/2/23, 2/8/24, 2/20/25

Cirrhosis or chronic liver disease
Cushing syndrome
Cystic fibrosis
Diabetes mellitus
Hemoglobinopathies
HIV/AIDS
Hyperparathyroidism
Hyperthyroidism
Hypogonadism (male or female)
Inflammatory bowel disease
Malabsorption (eg, inflammatory bowel disease, celiac disease, prior bowel surgery, cystic fibrosis)
Multiple myeloma
Osteomalacia
Prolonged severe loss of mobility (ie, unable to ambulate outside home without wheelchair for 1 year or longer)
Rheumatoid arthritis and other inflammatory arthropathies
Solid organ, allogeneic hematopoietic stem cell transplant, or female autologous hematopoietic stem cell transplant recipient
Spinal cord injury
Systemic mastocytosis

References:

1. www.uptodate.com: osteoporosis screening
2. <http://www.aace.com/pub/pdf/guidelines/OsteoGuidelines2010.pdf>
3. National Osteoporosis Foundation Clinician's Guide to Prevention and Treatment of Osteoporosis 2015. www.nof.org
4. <http://www.shef.ac.uk/FRAX/tool.jsp>

Attachments: None

History:

Reviewer/Author: Catherine Sanders, MD; Date: 08/11/14

Committee Review: UM: August 14, 2014; QAC: September 02, 2014

Reviewed/No Updates by: Faustine Dela Cruz, RN & Catherine Sanders, MD

Committee Review: UM: February 12, 2015; QAC: February 24, 2015

Reviewed/No Updates by: Faustine Dela Cruz, RN & Catherine Sanders, MD

Medical Policy: Medical Policy for DEXA Scan

Effective Date: 08/14/14

Revised Date: 11/1/11, 4/17/12, 8/10/23

Reviewed/No Updates: 1/28/13, 2/13/14, 2/12/15, 2/11/16, 11/10/16, 2/9/17, 2/8/18, 2/14/19, 2/13/20, 2/11/2, 2/17/22, 2/2/23, 2/8/24, 2/20/25

Committee Review: UM: February 11, 2016; QAC: February 23, 2016
 Reviewed/Updated by: Catherine Sanders, MD
 Committee Review: UM: November 10, 2016; QAC: November 22, 2016
 Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD
 Committee Review: UM: February 9, 2017; QAC: February 28, 2017
 Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD
 Committee Review: UM: February 8, 2018; QAC: February 27, 2018
 Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD
 Committee Review: UM: February 14, 2019; QAC: February 26, 2019
 Reviewed/No Updates by: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: February 13, 2020; QAC: February 25, 2020
 Reviewed/No Updates by: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: February 11, 2021; QAC: February 23, 2021
 Reviewed/No Updates by: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: February 17, 2022; QAC: February 22, 2022
 Reviewed/No Updates by: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: February 2, 2023; QAC: February 7, 2023
 Reviewed/ Updated: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: August 10, 2023; QAC: August 29, 2023
 Reviewed/No Updates by: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: February 8, 2024; QAC: February 27, 2024
 Reviewed/Updated by: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: February 20, 2025; QAC: February 25, 2025

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
2/9/17	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/8/17	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/14/19	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/13/20	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
2/11/21	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
2/17/22	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
2/2/23	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
8/10/23	Yes	Howard Taekman, MD; Robert Sterling, MD	Modified the following: 3g. disorders associated with osteoporosis, added "see Milliman Care

Medical Policy: Medical Policy for DEXA Scan

Effective Date: 08/14/14

Revised Date: 11/1/11, 4/17/12, 8/10/23

Reviewed/No Updates: 1/28/13, 2/13/14, 2/12/15, 2/11/16, 11/10/16, 2/9/17, 2/8/18, 2/14/19, 2/13/20, 2/11/2, 2/17/22, 2/2/23, 2/8/24, 2/20/25

			<p>Guidelines for a complete list” 3b. changed “Prednisolone to Prednisone” -striked the first sentence and add in its place a disclaimer regarding peripheral DEXA scans: NOTE: Note: This guideline refers to axial DEXA scans. Peripheral scans will be considered only for those who are bed-bound or unable to move or be moved easily or in those cases where the axial scan cannot be interpreted accurately.</p>
2/8/24	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
2/20/25	Yes	Howard Taekman, MD; Robert Sterling, MD	Modified criteria for initial bone density testing and added Appendix (Disorders associated with osteoporosis)