

Medical Policy:

Medical Policy for DEXA Scan

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Medical Policy for DEXA Scan

This policy is intended to be used instead of the Milliman Care Guidelines used previously to determine medical necessity of Bone Density Testing in adults. 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. Women age 65 and older and men age 70 and older, regardless of additional risk factors.
2. 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.
3. Women under 65 years old with one or more of the following risk factors:
 - a. Previous fracture sustained after age 50
 - b. Glucocorticoid therapy (3 months of use at a dose equivalent to prednisolone 5 mg daily or more)
 - c. Parental history of hip fracture
 - d. Low body weight
 - e. Current cigarette smoking
 - f. Excessive alcohol consumption
 - g. Presence of a disorder associated with osteoporosis, 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

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)



VENTURA COUNTY
HEALTH CARE PLAN

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 in order 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.

A. 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>

B. Attachments: None

C. History:

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VENTURA COUNTY
HEALTH CARE PLAN

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