

## REQUEST FOR BONE DENSITY STUDY

### Endocrinology, Diabetes & Osteoporosis at the University of Vermont Medical Center

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\*Certified Clinical Densitometrist (CCD)  
International Society for Clinical Densitometry

**NOTICE:** Please advise patient **NOT** to have Contrast Study or Nuclear Medicine Study within 7 days prior to DXA procedure

<b>Referring Provider Name:</b>	<b>Office Contact:</b>
<b>Ref. Provider Signature:</b>	<b>Office Phone:</b>
<b>Date &amp; Time of Signature:</b>	<b>Additional Copy to:</b>
<b>DXA Scan Expected Date for This Order:</b>	
<b>Does Patient Require Assistance to Transfer onto the Scanning Bed? (please circle) YES / NO</b>	

#### STUDY REQUESTED:

<b>(DXA)-</b> Dual X-ray Absorptiometry (Axial): Spine & Hip 77080	<b>(VFA)-</b> Vertebral Fracture Assessment 77085
NOTE: VFA <u>will</u> be performed when the presence of a vertebral fracture will impact risk assessment (see pg. 2 for reference)	
* Trabecular Bone Score (TBS) will also be calculated and interpreted on all DXA studies	

ICD-10-CM CODES, COMMON DIAGNOSES, MARK ALL THAT APPLY (Bold Text = Covered by Medicare)					
	R93.7	Abnormal Radiologic Findings		<b>E21.0</b>	<b>Hyperparathyroidism, Primary</b>
	Z85.3	Breast Cancer, personal history		E21.1	Hyperparathyroidism, Secondary, Non Renal
				N25.81	Hyperparathyroidism, Secondary, Renal
	<b>E24.0</b>	<b>Cushing's Syndrome</b>		<b>E21.3</b>	<b>Hyperparathyroidism, Unspecified</b>
	E34.9	Endocrine Disorder unspecified		<b>Z79.83</b>	<b>Long Term current use bisphosphonate</b>
	Z82.62	Family History of Osteoporosis		<b>Z79.51</b>	<b>Long Term current use of (inhaled) glucocorticoid</b>
				<b>Z79.52</b>	<b>Long Term current use of (systemic) glucocorticoid</b>
		<b>FRACTURE:</b>		<b>Z79.3</b>	<b>Long Term current hormonal contracep.</b>
	<b>S52.501</b>	<b>Distal Radius</b>		<b>E28.319</b>	<b>Menopause, Premature Asymptomatic</b>
	<b>S82.301</b>	<b>Distal Tibia</b>		<b>E28.310</b>	<b>Menopause, Premature Symptomatic</b>
	<b>S72.90</b>	<b>Femur</b>		<b>Z78.0</b>	<b>Menopausal Status (natural)</b>
	<b>S42.209</b>	<b>Humerus</b>		N95.1	Menopausal Symptoms
	<b>S32.009</b>	<b>Vertebra, Lumbar</b>		N95.8	Menopausal Disorder, Specified
	<b>S32.009</b>	<b>Vertebra, Thoracic</b>		M83.9	Osteomalacia, Unspecified
	<b>M80.08</b>	<b>Vertebra, in Age Related Osteoporosis</b>		<b>M81.0</b>	<b>Osteoporosis, NOS (Age Related)</b>
	<b>M80.88</b>	<b>Vertebra, in Other Osteoporosis</b>		<b>M81.8</b>	<b>Osteoporosis, Drug Induced (Use T code)</b>
	<b>M84.58</b>	<b>Vertebra, in Neoplastic Disease</b>		<b>M81.8</b>	<b>Osteoporosis, Idiopathic</b>
	<b>M48.50</b>	<b>Vertebra, not elsewhere classified</b>		<b>M81.8</b>	<b>Osteoporosis, Other</b>
	<b>M84.68</b>	<b>Other Site, pathological fracture</b>		<b>M85.88</b>	<b>Osteopenia of spine or other site</b>
	M84.30	Stress fracture		<b>M85.89</b>	<b>Osteopenia of multiple sites</b>
				E89.40	Ovarian Failure, Post-Procedure

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Z09	Follow-Up after completion of non-cancer Rx	E28.39	Ovarian Failure, Other
Z98.0	Gastric/Intestinal Bypass	N25.0	Renal Osteodystrophy
<b>Q96.9</b>	<b>Gonadal Dysgenesis</b>	Z13.820	Special Screening for Osteoporosis
R29.890	Height Loss	E29.1	Testicular Hypofunction, Other
Z79.890	Hormone Replacement Therapy, Postmenopausal	E55.9	Vitamin D Deficiency, Unspecified
*** T codes require an additional code from the list of covered diagnosis codes***			
Adverse effect of drug in therapeutic use:			
T38.0X5D	Adrenal Cortical Steroids	T45.1X5D	Aromatase Inhibitors (Femara, Arimidex)
T42.75XD	Anti Convulsants (Tegretol)	T42.0X5D	Hydantoin Derivatives (Dilantin)

## REQUEST FOR BONE DENSITY STUDY

**\*\*Medicare approval requires at least a 23 month interval between screening studies. If study is requested sooner, patient will be asked to sign an Advanced Beneficiary Notice (ABN) or a Notice of Potential Non-Coverage at the time of visit indicating the understanding that services may not be covered\*\***

The 23 month interval does not pertain to Osteoporosis, Osteopenia, current use of Glucocorticoid, or Cushing's syndrome.

**THIS SECTION IS FOR REFERENCE ONLY, PAGES 1 AND 2 MUST BE COMPLETED AND FAXED BACK**

### REFERENCE FOR VFA- (CODE OPTIONS)

Vertebral Fracture Assessment (VFA) is a point-of-service procedure that can identify vertebral fractures which will influence risk of future fractures and sensitivity for treatment.

- † Documented height loss of >2cm or historic loss of >4cm. (R29.890)
- † History of a non spinal fracture after age 50 (R93.7; **M84.68**)
- † Commitment to long term (>3mos.) treatment with glucocorticoids (**M81.8; Z79.52**)
- † History of findings suggestive of a vertebral fracture not documented by recent radiologic study

### BONE MEASUREMENT ACT (Medicare) - (CODE OPTIONS)

- † A woman who is estrogen deficient and at clinical risk for osteoporosis (**Z78.0**)
- † A person with vertebral abnormalities on x-ray suggesting osteoporosis, low bone mass or vertebral fractures (R93.7)
- † A person receiving (or expecting to receive) glucocorticoid therapy equivalent to 5 mg/day of oral prednisone, or 800 ug/day of inhaled betamethasone, for more than 3 months (**Z79.52 systemic; Z79.51 inhaled**)
- † A person with primary hyperparathyroidism (**E21.0**) (request radius on DXA)
- † A person being monitored to assess the response to FDA-approved osteoporosis drug therapy (**M81.0; Z79.83; Z09**)