Medical Policy
Vertebral Fracture Assessment with Densitometry

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Policy Number: 449
BCBSA Reference Number: 6.01.44
NCD/LCD: NA

Related Policies
- Bone Mineral Density Studies, #450
- Whole Body Dual X-Ray Absorptiometry to Determine Body Composition, #577

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Screening for vertebral fractures using dual x-ray absorptiometry (DEXA or DXA) is INVESTIGATIONAL.

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products. See below for situations where prior authorization may be required or may not be required for outpatient services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Outpatient</th>
<th>Commercial Managed Care (HMO and POS)</th>
<th>This is not a covered service.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Commercial PPO and Indemnity</td>
<td>This is not a covered service.</td>
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<tr>
<td></td>
<td>Medicare HMO BlueSM</td>
<td>This is not a covered service.</td>
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<tr>
<td></td>
<td>Medicare PPO BlueSM</td>
<td>This is not a covered service.</td>
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CPT Codes / HCPCS Codes / ICD Codes
Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.
Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The following CPT codes are considered investigational for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

CPT Codes

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>77085</td>
<td>Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment</td>
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<tr>
<td>77086</td>
<td>Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)</td>
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Description

Vertebral fractures are highly prevalent in the elderly population, and are associated with an increased risk of future spine or hip fractures independent of bone mineral density (BMD). Most vertebral fractures are discovered incidentally on lateral spine radiographs. Lateral spine x-rays have not been recommended as a component of risk assessment for osteoporosis because of the cost, radiation exposure, and the fact that the x-ray would require a separate procedure in addition to the BMD study using dual x-ray absorptiometry (DEXA). However, several densitometers with specialized software are able to perform vertebral fractures assessment (VFA) in conjunction with DEXA.

VFA differs from radiologic detection of fractures, as VFA uses a lower radiation exposure and can detect only fractures, while traditional x-ray images can detect other bone and soft tissue abnormalities in addition to spinal fractures.

Examples of vertebral fractures assessment include Instant Vertebral Assessment from Hologic and Dual Energy Vertebral Assessment from GE. All screening for vertebral fractures using dual x-ray absorptiometry is considered investigational regardless of the commercial name, the manufacturer or FDA approval status.

Summary

There is a lack of direct evidence from screening trials comparing densitometry with and without VFA that VFA improves health outcomes. Since direct evidence was not available, a causal chain of indirect evidence was examined. Some evidence exists regarding the diagnostic performance of vertebral assessment. Using the vertebra as the unit of analysis, sensitivity ranged from 54% to 72% and specificities ranged from 94% to 99%. Regarding clinical utility, studies have found that vertebral fracture assessment can identify individuals with low bone density who may be appropriate candidates for treatment. However, there is limited evidence on the effectiveness of treatment in this population. No trials have been published that were designed to evaluate whether treating patients with low bone density and vertebral fracture reduces risk of future fracture. The available data are 2 post hoc subanalyses from larger treatment trials including patients with low bone density and baseline vertebral fractures with medication versus placebo; both found a benefit of treatment. Baseline vertebral fracture was defined differently in the 2 analyses; clinical or radiographically detected vertebral fracture in one study and radiographically detected vertebral fracture-only in the other. No treatment data have been published in patients whose vertebral fracture had been identified using VFA software with densitometry. Moreover, data are only available on postmenopausal women. Thus, screening for vertebral fractures using DEXA is considered investigational.

Policy History

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<tr>
<th>Date</th>
<th>Action</th>
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<tr>
<td>10/2017</td>
<td>New references added from BCBSA National medical policy.</td>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

References


