PASSPORT BY MOLINA HEALTHCARE

Payment Policy 88
Radiology – Bone Density (DXA)

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Passport by Molina Healthcare's (Passport) reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document may supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval.

Policy Overview

Dual Energy Xray Absorptiometry (DXA) bone density studies, include CPT codes 77080, 77081, and 77085. These codes are covered when billed in accordance with applicable coverage requirements. Reimbursement determinations are based on medical necessity, age-based screening criteria, and appropriate diagnostic coding.

DXA studies are performed solely for routine osteoporosis screening and are subject to established age thresholds and clinical indication requirements. Claims submitted without a qualifying medical diagnosis or outside-defined screening criteria are not considered medically necessary and are therefore not reimbursable. This policy applies to outpatient and professional claims submitted on behalf of Passport members.

Reimbursement Guidelines

Passport by Molina Healthcare will cover bone density scanning when the below criteria is met.

1. **Covered Services**
   - CPT **77080** (DXA, axial skeleton), **77081** (DXA, appendicular skeleton), and **77085** (DXA, axial skeleton) may be reimbursed when medical necessity criteria are met and supported by an appropriate diagnosis consistent with LCD L36460 and associated CMS billing articles.

2. **Age Based Screening Coverage**
   - DXA screening may be reimbursed when billed with ICD-10-CM Z13.820 only if the member meets the following age criteria:
     - Women aged 65 years and older
     - Men aged 70 years and older
   - Claims must otherwise meet all applicable coding, documentation, and frequency requirements outlined in LCD L39268.

3. **Screening-Only Diagnosis Limitations**
   - Claims for DXA bone density studies will deny when osteoporosis screening is the only diagnosis reported (ICD-10-CM Z13.820) and the member does not the meet minimum age requirements.
     - Women under age 65
     - Men under age 70
   - In these scenarios, screening is not considered medically necessary under CMS and Kentucky

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Medicaid guidelines.

4. **Medical Necessity Beyond Screening**
   - DXA studies billed with diagnoses reflecting known osteoporosis, osteopenia, fracture history, or other CMS recognized risk factors may be reimbursed regardless of age, provided documentation supports medical necessity in accordance with LCD L39268 and related CMS articles.
5. **Coding and Documentation Requirements**
   - Claims must include:
     - An eligible CPT code (77080, 77081, and 77085)
     - A qualifying ICD-10-CM diagnosis that supports medical necessity
   - Claims that do not meet these requirements are subject to denial.
6. **Regulatory Alignment**
   - Passport follows CMS Medicare coverage guidance for bone mass measurement as the standard for Kentucky Medicaid reimbursement unless otherwise directed by the Commonwealth of Kentucky. Updates to LCD L39268 or CMS billing articles will supersede this policy as applicable.

Audit and Recovery Process:

- **Review:** Claims will be meticulously examined against Passport by Molina Healthcare's standards.
- **Discrepancy Identification:** Any inconsistencies or errors identified will be documented.
- **Recovery:** Overpayments due to inaccuracies will be recovered either by offsetting from future payments or through direct refund requests.
- **Appeals:** Providers reserve the right to contest any claim adjustments or denials. Details of the appeal process will accompany the notification.

Policy Monitoring, Review, and Updates:

- The policy will undergo annual reviews or as required, ensuring its alignment with industry best practices, regulatory mandates, and Passport by Molina Healthcare's operational necessities. Any updates will be promptly communicated to providers.

Supplemental Information

CPT Codes	Description
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)
77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine), including vertebral fracture assessment (VFA)

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Definitions

Term	Definition
CMS	The Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.
Dual Energy Xray Absorptiometry (DXA)	A medical imaging technique used to measure bone mineral density (BMD) and assess body composition (such as fat and lean mass)

Documentation History

Type	Date	Action
Effective Date	09/21/2026	New Policy
Revised Date		
Revised Date		

Coding

CODING DISCLAIMER. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes not effective when the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Passport by Molina Healthcare adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Passport by Molina Healthcare has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Passport reserves the right to revise this policy as needed.

References

1. **Centers for Medicare & Medicaid Services (CMS)**

   a. Billing and Coding Article (A57132). Bone Mass Measurement.
   Link: Article - Billing and Coding: Bone Mass Measurement (A57132)

   b. Local Coverage Determination (LCD) L39268. Bone Mass Measurement.
   Link: LCD - Bone Mass Measurement (L39268)

   c. Medicaid NCCI Claims Manual, Chapter 9, Section 14
   Link: Medicaid NCCI 2026 Coding Policy Manual – Chapter 9

   d. Medicare Claims Manual, Chapter 13, Section 140
   Link: Medicare Claims Processing Manual

This policy is designed to provide guidance and is not a guarantee of payment. Healthcare providers should make medical necessity determinations based on the individual clinical circumstances of each patient.