

## 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 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. Parental history of hip fracture
  - c. Low body weight (Body weight less than 127 pounds (57.6 kg) or BMI less than 21 BMI Calculator BMI Calculator)
  - d. Current cigarette smoking
  - e. Excessive alcohol consumption (3 or more drinks per day)
  - f. 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.
  - g. Aromatase inhibitor therapy
  - h. osteopenia or osteoporosis on plain x-ray
  - i. Use of medications associated with bone loss or reduced bone mineralization
  - j. Menopause (either natural or surgical) at age younger than 45 years
  - k. Hypogonadism as child or delayed puberty, or untreated, before age 45 years

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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  
Cirrhosis or chronic liver disease

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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](http://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](http://www.nof.org)
4. <http://www.shef.ac.uk/FRAX/tool.jsp>

**Attachments: None**

**History:**

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

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8/10/23	Yes	Howard Taekman, MD; Robert Sterling, MD	Modified the following: 3g. disorders associated with osteoporosis, added “see Milliman Care Guidelines for a complete list”

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			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.
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)