

Bone Densitometry Services under Medicare Questions & Answers

What is low bone density (osteopenia)?

Low bone density is known as osteopenia. It is the range of bone density between normal bone health and clinically diagnosed osteoporosis. If you are found to have osteopenia your doctor will consult with you to review your health, medications and risk factors to determine the appropriate treatment to support your bone health. Although osteopenia can progress to osteoporosis, this is not the case for everyone.

What is osteoporosis?

Osteoporosis is a common disease affecting over 1 million Australians. This disease makes bones become brittle leading to a higher risk of breaks than in normal bone. Osteoporosis occurs when bones lose minerals, such as calcium, more quickly than the body can replace them. This causes a loss of bone thickness (bone density or mass).

Osteoporosis can lead to fractures. As bones become thinner and less dense, even a minor bump or fall can cause a fracture. A fracture is a complete or partial break in a bone. Any bone can be affected by osteoporosis, but the most common sites are the hip, spine and wrist. Fractures in the spine due to osteoporosis can result in height loss or changes in posture. Osteoporosis usually has no symptoms until a fracture occurs. Fractures can lead to chronic pain, a loss of independence or disability, so managing bone health to avoid fractures is important.

What is bone densitometry?

Bone density (BD) or bone mineral density (BMD) can be tested using a medical procedure called bone densitometry. Most commonly, bone density test results are compared to the ideal or peak bone mineral density of a healthy young adult of the same gender. These test results are reported as t-scores. A t-score of 0 means your bone density is equal to the norm for a healthy young adult.

Differences between your bone density and that of the healthy young adult norm are measured in units called standard deviations (SDs). The more standard deviations below zero, the lower your bone density and the higher your risk of fracture. These t-scores will be reported as negative numbers.

Osteoporosis is usually diagnosed when a patient's t-score is 2.5 SDs or more from the young normal (same gender) norm. This means a person with a t-score of -2.5 or below will be diagnosed with osteoporosis. A person with a t-score of less than -1.5 or above -2.5 would be diagnosed with decreased bone density or osteopenia.

Bone densitometry can be performed using either dual energy X-ray absorptiometry (DEXA) or quantitative computed tomography (QCT).

Why do people have their bone density tested?

Bone density testing is used as an indirect indicator of osteoporosis and fracture risk.

It is most often used when people have:

- osteoporosis (or are postmenopausal and concerned about osteoporosis);

- a vertebral (spinal) deformity;
- osteopaenia (decreased bone density or mild bone loss); or
- a previous fracture.

What happens in a bone density (BD) test?

A bone density test or bone densitometry is a simple scan that measures the density of your bones. Patients remain clothed during the scan which simply involves lying flat on a padded table while the arm of the machine passes over your body. The scan takes approximately 10-15 minutes.

An examination under any of the Medicare Benefits Schedule (MBS) BD items covers the measurement of two or more sites and includes the interpretation and provision of a report, all of which are performed by the appropriate specialist or consultant physician in the practice of his or her specialty.

The two or more sites must include the measurement of bone density of the lumbar spine and proximal femur. If technical difficulties preclude measurement at these sites, other sites can be used for the purpose of measurements. The measurement of bone mineral density at either forearms or both heels or in combination is excluded for the purpose of a Medicare benefit.

What are the Medicare Benefits Schedule (MBS) BD items?

Medicare benefits are payable for:

- the diagnosis and monitoring of bone loss if a patient has certain specific medical conditions or is undergoing particular treatments likely to cause rapid bone loss;
- the confirmation of clinically suspected low bone mineral density, usually following a fracture;
- the subsequent monitoring of established low bone mineral density; and/or
- the measurement of bone density in patients aged 70 years or over.

Are there any limits on the frequency of BD testing under Medicare?

For Medicare purposes, most bone density testing is subject to a restriction on the time interval between tests, from one every 12 to 24 months, depending on the MBS item. For those specific medical conditions or for patients undergoing particular treatments that may cause more rapid bone loss, a rebate is available for repeat testing at 12 monthly intervals.

Why are there restrictions on the frequency of BD testing?

Bone density loss is considered to be a relatively slow process. Changes in bone loss cannot be reliably measured by yearly testing. Repeat testing within 24 months is unlikely to assist in clinical decision making.

Why are MBS bone densitometry items changing from 1 November 2017?

An expert, clinician-led Medicare Benefits Schedule (MBS) Review Taskforce was established in April 2015 under the Government's Healthier Medicare initiative, to lead a programme of MBS reviews aiming to align MBS funded services with contemporary clinical evidence and improve health outcomes for patients.

The Taskforce has made a number of recommendations to date including some changes to the MBS bone densitometry items. The Government has decided, as announced on 22 August 2017, by Professor Bruce Robinson the Taskforce Chair, to implement the recommended MBS bone densitometry changes.

What are the MBS BD changes?

From 1 November 2017, the following changes recommended by the Taskforce will be made:

- specifying that the person performing the DEXA items (12306, 12312, 12315, 12321 and the two new items 12320 & 12322) holds a radiation license, as required by State or Territory law and the scan is performed under the supervision of an appropriate specialist or consultant physician;
- specifying that an appropriate specialist or consultant physician must be available to monitor and influence the conduct of the Quantitative Computed Tomography (QCT) scan (i.e. 12320 and 12322, when performed using QCT) and personally attend the patient if required;
- introducing the requirement that the interpretation and report for all MBS bone densitometry services will be provided by a specialist or consultant physician;
- replacing item 12323 for people aged 70 years or over with two time-restricted items (new items 12320 & 12322) based on patient bone mineral density t-scores. Item 12320 continues to make available an initial bone densitometry service for those patients aged 70 years or over who have not already had this service; and
- deleting the QCT items 12309 and 12318 from the MBS.

The removal of MBS items 12309 and 12318 is not expected to impact adversely on patients, who will continue to be able to have clinically appropriate scans via the MBS DEXA items.

The Taskforce has recommended the removal of MBS QCT items 12309 and 12318 on the basis that QCT provides lower value care in comparison to DEXA, which is considered to be the superior test for bone densitometry.

I am 70 years old. How do the changes affect me?

From 1 November 2017, time restrictions apply on the frequency of BD testing for patients aged 70 years or over.

From 1 November 2017 two new MBS items replace the current BD MBS item for patients 70 years or over. The new items will introduce two and five year interval restrictions for BD testing for patients 70 years or over, based on their bone mineral density t-score measurements.

How will bone mineral density be measured from 1 November 2017?

From 1 November 2017 two new MBS items will apply for bone mineral density testing in patients aged 70 years or over.

Patients 70 years or over are eligible for an initial screening study (item 12320).

Patients with a bone mineral density t-score of -1.5 or above are eligible for one scan every 5 years (item 12320).

Patients with a bone mineral density t-score less than -1.5 and above -2.5 will be eligible for one scan every two years (item 12322).

Current evidence indicates that these testing frequencies are clinically appropriate. A testing interval of one year is not considered reliable in detecting change attributable to actual bone loss in the screening setting.

What if I am diagnosed with osteoporosis?

Patients diagnosed with osteoporosis will continue to be able to use the existing clinically appropriate bone densitometry MBS items. The Taskforce did not recommend changes to eligibility and time restrictions for these items.

Will there be changes to Medicare services for people already diagnosed with specific health conditions affecting their bone density?

The current MBS items for people with a range of specified conditions that affect their bone mineral density will continue to have access to the same items. The Taskforce did not recommend changes to eligibility and time restrictions for these items.

Are Medicare recommended fees and benefits changing?

There are no changes to the MBS recommended fees and benefits.

It remains the case that medical and health practitioners, including diagnostic imaging providers, are free to set their own fees for the services they provide and to determine their own billing practices. Consumers are responsible for any difference between the applicable Medicare benefit and the fee set by the provider. Where a provider chooses to bulk bill there should be no out of pocket costs.

Consumers are under no obligation to attend the diagnostic imaging service provider listed on their imaging request form, and may find it useful, where possible, to contact different diagnostic imaging providers to see what fees they will charge for a requested service. It may also be worthwhile discussing different provider options with your requesting practitioner.