Vertebral Fracture Assessment Now Has Its Own CPT Code

BY MARK S. LESNEY
Associate Editor

Medicare has agreed to reimburse for vertebral fracture assessment by dual-energy x-ray absorptiometry using the newly approved CPT code 76077, according to the International Society for Clinical Densitometry.

"Vertebral fractures are a powerful barometer in predicting future bone fragility in a patient," said E. Michael Lewiecki, M.D., osteoporosis director of the New Mexico Clinical Research & Osteoporosis Center in Albuquerque, and president of the ISCD. "The new code gives physicians the opportunity to accurately evaluate a patient's future fracture risk and therefore improve the accuracy of the diagnosis."

With the code, physicians will have the opportunity to accurately evaluate a patient's future fracture risk and thus improve diagnostic accuracy.

Previous vertebral fracture is a major risk factor for future fragility fractures. "Vertebral fractures are present in about one-third of women over age 65 and are highly related to increased fracture risk at the spine and hip independent of a patient's bone density," according to Hologic Inc., one of two manufacturers of the dual-energy x-ray absorptiometry (DXA) systems covered under the new code.

Women with such fractures also have less ability to perform daily activities and a significantly higher morbidity, the company added.

Vertebral fracture assessment (VFA) also is a more sensitive measure of identifying osteoporosis than is bone mineral density analysis.

"Based upon BMD alone and the central site measured, 11%-18% of women with vertebral fractures would have been classified as normal," according to Vance J. Bray, M.D., of the Denver Arthritis Clinic, in a report in the ISCD newsletter, Osteoflash. Such vertebral deformities occur in approximately 11 per 100 women aged 50-59 years and in 54 per 100 women aged 80 years and older, according to Dr. Bray.

The CPT is a continually updated listing of descriptive terms and identifying codes developed and maintained by the American Medical Association, which recently approved implementing the new CPT code for physicians to diagnose vertebral fractures.

Physicians use CPT codes to refer to (and to report providing) medical services and procedures. The CPT is the most widely accepted nomenclature used for service claims under private and public health insurance programs.

Implementation of a new code is recognition of the importance of a new procedure and a vehicle for its inclusion in insurance claims for reimbursement

The ISCD testified to the AMA about the value of this technique to facilitate approval of the new code.

The Health Insurance Portability and Accountability Act of 1996 requires that the most current code be used in all covered health care transactions, and the new code must be used for dates of service as of Jan. 1, 2005.

The Centers for Medicare and Medicaid Services reimbursement for vertebral fracture assessment is set for a national average of about $40, according to Dr. Bray.

Reimbursement for this new imaging technique recognizes its importance, according to the ISCD. "Health care providers will be able to use VFA to select those patients who are at the highest risk for fractures and structure treatment plans to be most beneficial and cost effective," the organization said.

ISCD is developing educational programs to teach physicians high-quality acquisition and interpretation of vertebral fracture assessment using DXA technology. In February 2005, the ISCD annual meeting in New Orleans will offer an updated bone densitometry class that will incorporate 1-hour VFA introductory lectures for clinicians and technologists.

Criteria for the performance of vertebral fracture assessment are being developed by an ISCD task force and will be discussed at the 2005 ISCD Position Development Conference in Vancouver, B.C., in July, according to Dr. Bray.

DXA has been called the "gold standard" of analysis for measurement of bone mineral density and will continue to be covered by CPT code 76075 for that purpose. ■

Depo-Provera Receives a Black Box Warning for Bone Mineral Density Loss

The U.S. Food and Drug Administration has added a black box warning to Depo-Provera to emphasize the potential for bone mineral density loss with long-term use of the injectable contraceptive.

Depo-Provera has been used throughout the world for decades and remains a safe and effective method of birth control, the FDA said in a statement.

However, a recent review of the drug's long-term effects on bone mineral density (BMD) by the FDA and Pfizer Inc., which manufactures the drug, prompted the addition to the label.

The black box warning notes that women who use Depo-Provera may experience a significant decrease in BMD that might not be completely reversible after discontinuing use. Consequently, Depo-Provera should be used as a long-term birth control method (more than 2 years) only if other methods are inadequate.

The warning also states that it's not known whether Depo-Provera use during adolescence or early adulthood will reduce peak bone mass and increase the risk of osteoporotic fracture in later life.

Since the U.S. approval of Depo-Provera in 1992, the prescribing information has included a warning that use of the contraceptive may be considered among the risk factors for development of osteoporosis, Pfizer noted in a statement.

Additional clinical research was initiated in the 1990s to clarify the effects of Depo-Provera on BMD. Results of those studies were considered in the review and led to the labeling revisions.

One of the studies included 540 women aged 25-38 years who used Depo-Provera for 5 years and were then followed for 2 years.

The review also included data from an ongoing investigation of nearly 400 adolescents aged 12-18 years that will end in 2006 after 5 years of treatment and 2 years of follow-up, said Pfizer spokesperson Rebecca Hamm.

Physicians should encourage patients to consider other contraceptive options for long-term use, Ms. Hamm noted.

If women choose to continue using Depo-Provera long-term, physicians should consider periodic BMD tests and advise these patients to take calcium supplements, quit smoking, and engage in moderate exercise to help prevent BMD loss, Ms. Hamm advised.

—Heidi Splete

BMD Early in Menopause Predicts 10-Year Bone Health

BY DIANA MAHONEY
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HARROGATE, ENGLAND — A single bone mineral density measurement early in menopause is a strong predictor of future bone status in women not considered at risk for osteoporosis, a study has shown.

Despite various rates of bone mineral loss among individuals and measurement sites, baseline bone mineral density measures of 766 women from the Danish Osteoporosis Prevention Study predicted 75% of the variation in lumbar spine bone mineral density and 74% of femoral neck bone minderal density variation over 10 years, reported Bo Abrahamsen, M.D., at the annual conference of the National Osteoporosis Society.

'Women with lumbar spine osteopenia at baseline had a 46% risk for developing osteoporosis of the femoral neck or lumbar spine.'

None of the women in the investigation were receiving hormone therapy or treatment with antiresorptive drugs.

The baseline scans were acquired within 2 years of menopause.

Baseline lumbar spine T-scores greater than –1.2 were associated with a 90% negative predictive value for developing osteoporosis over the course of 10 years.

However, a lumbar spine T-score greater than 0.5 had a negative predictive value of 100%.

A baseline femoral neck T-score greater than –1.7 had a 90% negative predictive value for femoral neck osteoporosis.

"No women developed femoral neck osteoporosis in the absence of baseline femoral neck osteopenia," said Dr. Abrahamsen of Odense (Denmark) University Hospital.

At baseline, having a lumbar spine T-score greater than –1.0 or a femoral neck T-score greater than –0.5 was associated with a 90% negative predictive value for osteoporosis of the lumbar spine and/or the femoral neck.

"Women with lumbar spine osteopenia at baseline had a 46% risk for developing osteoporosis of the femoral neck or lumbar spine," explained Dr. Abrahamsen.

At the same time, fewer than 10% of women whose T-scores of the spine or femoral neck dipped below –2.5 within 10 years had spinal osteopenia at their initial visit, he said.

The findings support the role of bone density measurements in the first years after menopause, Dr. Abrahamsen said.

"There is an increasing demand for [bone density measurement] with the onset of menopause due to concerns about the safety of hormone replacement therapy and a possible need for considering other treatment," he said.

"We know that, despite the fact that the average rate of bone mineral loss is only a few percent per year, there is much individual variation in those rates," Dr. Abrahamsen said.

"These results tell us that much of the variation in future bone mineral density can be predicted by baseline bone mineral density," Dr. Abrahamsen added.

As such, baseline measures should be considered for long-term treatment planning, Dr. Abrahamsen concluded. ■