

Bone Densitometry - Physician Payment

2009 CODING & REIMBURSEMENT GUIDE

Bone Density Measurement

Hospital Payment: Facility and Professional

CPT® CODE ¹	DESCRIPTION	2009 NATIONAL PAYMENT AVERAGE ³
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton	Facility (APC 0288) \$71.92 Professional \$10.10
77081	Appendicular skeleton, peripheral DXA	Facility (APC 0655) \$31.70 Professional \$10.82
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	Facility (APC 0340) \$42.69 Professional \$2.89
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton	Facility (APC 0288) \$71.92 Professional \$12.62
77082	Dual-energy X-ray vertebral fracture assessment	Facility (APC 0260) \$44.70 Professional \$8.30

Global Payment: Office and Non-Hospital Imaging Center

CPT® CODE ¹	DESCRIPTION	2009 NATIONAL PAYMENT AVERAGE ²
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton	\$71.77
77081	Appendicular skeleton, peripheral DXA	\$30.30
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	\$14.43
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton	\$170.23
77082	Dual-energy X-ray vertebral fracture assessment	\$29.21

1. American Medical Association, CPT® 2007, Professional Edition and HCPCS 2007, Nineteenth edition.

2. Physician relative value units (RVUs) are based on the Medicare 2009 Physician Fee Schedule Final rule published in the Federal Register, October 30, 2008. National average Medicare rates, rounded to the nearest dollar, are based on these RVUs and account for the work RVU adjustment completed by CMS for Medicare budget neutrality purposes. The 2009 conversion factor is \$36.067. Actual payment to a physician will vary based on geographic location. Payment for a given procedure in a given locality is available in the Medicare Physician Fee Schedule Look-up file posted in the Physician Center of the CMS website.

3. Ambulatory Payment Classification (APC) payment rate is based upon the CMS Hospital Outpatient Prospective Payment System final rule published in the Federal Register, October 30, 2008.

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