

# Bone Densitometry

## 2011 CODING & REIMBURSEMENT GUIDE

### Bone Density Measurement

#### Hospital Payment: Facility and Professional

CPT® CODE¹	DESCRIPTION	2011 NATIONAL PAYMENT AVERAGE²,³,⁴	
		Facility (APC)	Professional
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton	Facility (APC 0288)	\$70.52
		Professional	\$10.87
77081	Appendicular skeleton, peripheral DXA	Facility (APC 0655)	\$32.11
		Professional	\$9.85
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	Facility (APC 0340)	\$46.23
		Professional	\$2.72
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton	Facility (APC 0288)	\$70.52
		Professional	\$12.23
77082	Dual-energy X-ray vertebral fracture assessment	Facility (APC 0260)	\$45.04
		Professional	\$6.46

#### Global Payment: Office and Non-Hospital Imaging Center

CPT® CODE¹	DESCRIPTION	2011 NATIONAL PAYMENT AVERAGE²,⁴
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton	\$97.51
77081	Appendicular skeleton, peripheral DXA	\$28.88
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	\$10.53
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (Rate is capped under the Deficit Reduction Act of 2005.)	\$82.56
77082	Dual-energy X-ray vertebral fracture assessment	\$27.86

1. American Medical Association, CPT® 2010, Professional Edition and HCPCS 2010, Professional Edition.

2. Physician relative value units (RVUs) are based on a correction notice to the Medicare 2011 Physician Fee Schedule Final Rule published in the Federal Register on December 30, 2010. The National Average Medicare rates are based on the 2011 conversion factor of \$33.9764. 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. The payment rates could be further revised if Congress were to enact legislation that would change the conversion factor, which has typically occurred in recent years.

3. Medicare 2011 Outpatient Final Rule published in the Federal Register, November 2, 2010.

4. Physician rates for CPT codes 77080, 77082 are mandated by the *Patient Protection and Affordable Care Act*, signed March 23, 2010.

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