

# Bone Densitometry

## Global and Physician Professional Payment

CPT® Code¹	Description	Place-of-Service Component	RVU²	2021 National Average Medicare Rate³
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	Global (Office/Freestanding)	1.11	\$38.73
		Professional (Facility)	0.28	\$9.77
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	Global (Office/Freestanding)	0.92	\$32.10
		Professional (Facility)	0.29	\$10.12
77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment	Global (Office/Freestanding)	1.53	\$53.39
		Professional (Facility)	0.43	\$15.00
77086	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)	Global (Office/Freestanding)	0.98	\$34.20
		Professional (Facility)	0.24	\$8.37
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	Global (Office/Freestanding)	3.32	\$115.85
		Professional (Facility)	0.35	\$12.21
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	Global (Office/Freestanding)	0.21	\$7.33
		Professional (Facility)	0.08	\$2.79
73551	Radiologic examination, femur; 1 view	Global (Office/Freestanding)	0.86	\$30.01
		Professional (Facility)	0.24	\$8.37

**Notes:** Global and technical payments reflect the Technical Component (TC) cap required by law. This TC cap only affected the payment rates for CPT code 77078. The Medicare Physician Fee Schedule (MPFS) TC rates for the other CPT® codes were lower than the Hospital Outpatient Prospective Payment System (HOOPS) TC rates, and therefore were not affected. For those Global payment rates with a TC component affected by the TC cap; the Global rate reflects the reduced TC component (i.e., Global = Professional (26) + Technical (TC)).

- American Medical Association (AMA), 2021 Current Procedural Terminology (CPT), Professional Edition. CPT codes and descriptions only are copyright 2020 AMA. All rights reserved. The AMA assumes no liability for data contained herein. No fee schedules, basic units, relative or related listings are included in CPT. Applicable FARS/DFARS Restrictions Apply for Government Use.
- The 2021 physician relative value units (RVUs) are from the 2021 Physician Fee Schedule (PFS) Final Rule, Addendum B available from the CMS website at <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-federal-regulation-notices/cms-1734-f>.
- The national average 2021 Medicare rates to physicians shown are based on the 2021 conversion factor of \$34.8931 and do not reflect payment cuts due to sequestration. Medicare payment for a given procedure in a given locality in 2021 should be available in the Medicare Physician Fee Schedule Look-up file accessible through the CMS website at <https://www.cms.gov/apps/physician-fee-schedule/overview.aspx>. Any payment rates listed may be subject to change without notice. Actual payment to a physician will vary based on geographic location and may also differ based on policies and fee schedules outlined as terms in your health plan and/or payer contracts.

Hologic Inc., provides this coding guide for informational purposes only. This guide is not an affirmative instruction as to which codes and modifiers to use for a particular service, supply, procedure or treatment. It is the provider's responsibility to determine and submit the appropriate codes and modifiers for any service, supply, procedure or treatment rendered. Actual codes and/or modifiers used are at the sole discretion of the treating physician and/or facility. Contact your local payer for specific coding and coverage guidelines. Hologic cannot guarantee medical benefit coverage or reimbursement with the codes listed in this guide.

# Bone Densitometry

## Facility Payment

CPT® Code <sup>1</sup>	Description	APC <sup>2</sup>	Status Indicator (SI) <sup>2</sup>	2021 National Average Medicare Rate <sup>2</sup>
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	5522	S	\$108.97
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	5521	S	\$80.90
77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment	5522	Q1	\$108.97
77086	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)	5521	Q1	\$80.90
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	5521	S	\$80.90
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	5522	S	\$108.97
73551	Radiologic examination, femur; 1 view	5521	Q1	\$80.90

### Status Indicator Information<sup>2</sup>

Status Indicator (SI)	Explanation
S	Significant procedure not subject to multiple procedure discount
Q1	Payment is packaged if billed on the same date of service as a HCPCS code assigned status indicator "S", "T", or "V"; otherwise payment is made through a separate APC payment

1. American Medical Association (AMA), 2021 Current Procedural Terminology (CPT), Professional Edition. CPT codes and descriptions only are copyright 2020 AMA. All rights reserved. The AMA assumes no liability for data contained herein. No fee schedules, basic units, relative or related listings are included in CPT. Applicable FARS/DFARS Restrictions Apply for Government Use.

2. The national average 2021 Medicare rates and status indicators for the hospital outpatient setting are from the 2021 Hospital Outpatient Prospective Payment System (OPPS) Final Rule, Addenda B and D1, accessible at <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notice/cms-1736-fc>. Any payment rates listed are Medicare national averages that may be subject to change without notice and do not reflect payment cuts due to sequestration. Actual payment to a hospital or ambulatory surgical center will vary based on geographic location and may also differ based on policies and fee schedules outlined as terms in your health plan and/or payer contracts.

Hologic Inc., provides this coding guide for informational purposes only. This guide is not an affirmative instruction as to which codes and modifiers to use for a particular service, supply, procedure or treatment. It is the provider's responsibility to determine and submit the appropriate codes and modifiers for any service, supply, procedure or treatment rendered. Actual codes and/or modifiers used are at the sole discretion of the treating physician and/or facility. Contact your local payer for specific coding and coverage guidelines. Hologic cannot guarantee medical benefit coverage or reimbursement with the codes listed in this guide.

[hologic.com](http://hologic.com) | [Hologic@thepinnaclehealthgroup.com](mailto:Hologic@thepinnaclehealthgroup.com) | 1.866.369.9290