

### SKELETAL HEALTH SOLUTIONS



# Bone Densitometry Global and Physician Professional Payment

CPT <sup>®</sup> Code <sup>1</sup>	Description	Place-of-Service	RVU²	2024 National Average Medicare Rate³
73551	Radiologic examination, femur; 1 view	Global (Office/Freestanding)	0.88	\$29.29
		Professional (Facility)	0.24	\$7.99
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	Global (Office/Freestanding)	0.22	\$7.32
		Professional (Facility)	0.08	\$2.66
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	Global (Office/Freestanding)	3.10	\$103.19
77078		Professional (Facility)	0.35	\$11.65
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	Global (Office/Freestanding)	1.17	\$38.95
		Professional (Facility)	0.28	\$9.32
77001	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	Global (Office/Freestanding)	0.95	\$31.62
77081		Professional (Facility)	0.28	\$9.32
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)	1.6	\$53.26
77065		Professional (Facility)	0.42	\$13.98
77086	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)	Global (Office/Freestanding)	1.01	\$33.62
		Professional (Facility)	0.24	\$7.99
77089	Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture risk	Global (Office/Freestanding)	1.21	\$40.28
		Professional (Facility)	NA	NA
77090	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere	Global (Office/Freestanding)	0.08	\$2.66
		Professional (Facility)	NA	NA
77091	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only	Global (Office/Freestanding)	0.84	\$27.96
		Professional (Facility)	NA	NA
77002	Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture risk only, by other qualified healthcare professional	Global (Office/Freestanding)	0.29	\$9.65
77092		Professional (Facility)	0.29	\$9.65

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 (OPPS) 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)).

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<sup>1.</sup> American Medical Association (AMA), 2024 Current Procedural Terminology (CPT), Professional Edition. CPT copyright 2023 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

<sup>2.</sup> The 2024 physician relative value units (RVUs) are from the 2024 Physician Fee Schedule (PFS) Relative Value Files, file RVU23A available from the CMS website at https://www.cms.gov/files/zip/cy-2023-pfs-final-rule-addenda.zip.

<sup>3.</sup> The national average 2024 Medicare rates to physicians shown are based on the 2024 conversion factor of \$33.2875 and do not reflect payment cuts due to sequestration. Medicare payment for a given procedure in a given locality in 2023 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.



#### SKELETAL HEALTH SOLUTIONS



## Bone Densitometry Facility Payment

CPT <sup>®</sup> Code	Description	APC¹	Status Indicator (SI) <sup>1</sup>	2024 National Average Medicare Rate¹
73551	Radiologic examination, femur; 1 view	5521	Q1	\$86.67
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	5522	S	\$104.87
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	5521	S	\$86.67
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	5522	S	\$104.87
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	5521	S	\$86.67
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	\$104.87
77086	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)	5521	Q1	\$86.67
77089	Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture risk	NA	М	NA
77090	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere	5521	S	\$86.67
77091	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only	5521	S	\$86.67
77092	Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture risk only, by other qualified healthcare professional	NA	М	NA

#### Status Indicator Information<sup>1</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
M	Not paid under OPPS.

<sup>1.</sup> The national average 2024 Medicare hospital outpatient rates and status indicators are from the 2024 OPPS release, Addenda B, and D1 accessible at https://www.cms.gov/license/ama?file=/files/zip/2024-nfrm-opps-addenda.zip. 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 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.

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