RADIOLOGY MEDICAL GROUP
OF SANTA CRUZ COUNTY, INC.

# BONE DENSITOMETRY REFERRAL FORM

Referral is valid for 90 days from date of request

Phone: (831) 476-7711
Fax: (831) -476-6189
www.rmgscc.com

1. *Please fax this form **ALONG WITH PATIENT DEMOGRAPHIC AND INSURANCE INFORMATION** to 831-476-6189*
2. *Please give this to the patient. Instruct the patient to call (831) 476-7711 set up an appointment.*

Patient Name: _____ DOB:_____Phone:_____

Has the patient ever had a BMD test? Yes / No (if yes) Date of last exam?_____

Referring Physician:_____ Physician Signature:_____

Please select one

Study: _____**77080** – Axial BMD (hip, pelvis, or spine) _____**77081** – Peripheral BMD (forearm, heel, wrist)

_____**77082** – Lateral Vertebral Fracture Assessment (LVA)

## Please select risk factor (s) and/or condition / illnesses for ordering scan

*Note: Please refer to your local payer's coverage determination for complete details on indications and risk factors known to cause bone loss.*

| Medical Conditions (Screening) | |
|---|---|
| 242.9 | Hyperthyroidism |
| 252.00-252.02 | Hyperparathyroidism |
| 252.08 | Other hyperparathyroidism |
| 255.0 | Cushing's syndrome |
| 255.3 | Corticoadrenal overactivity, other |
| 256.2 | Postablative ovarian failure |
| 256.31 | Premature menopause |
| 256.39 | Other ovarian failure |
| 257.2 | Other testicular hypofunction |
| 259.3 | Ectopic hyperparathyroidism |
| 263.0-263.9 | Other and unspecified protein-calorie malnutrition |
| 268.2 | Osteomalacia, unspecified |
| 275.40-275.49 | Disorders of calcium metabolism |
| 307.1 | Anorexia nervosa |
| 555.0-555.9 | Crohn's disease |
| 579.0-579.9 | Intestinal malabsorption |
| 626.0 | Absence of menstruation |
| 627.0-627.9 | Menopause and postmenopausal disorders |
| 714.0 | Rheumatoid arthritis |
| 737.10 | Kyphosis |
| 753.12-753.19 | Cystic kidney disease |
| 758.6 | Gonadal dysgenesis |
| 780.39 | Other convulsions |
| 781.91 | Loss of height |

| ICD-9 Codes Osteoporosis (Monitoring TX) | |
|---|---|
| 255.0 | Cushing's syndrome |
| 733.00 | Osteoporosis, unspecified |
| 733.01 | Osteoporosis, Senile |
| 733.02 | Osteoporosis, Idiopathic |
| 733.03 | Disuse osteoporosis |
| 733.09 | Osteoporosis, other |
| 733.90 | Disorder of bone & cartilage, unspecified |

| Fracture ICD-9 codes | |
|---|---|
| 733.10-733.19 | Pathological fractures |
| 805.00-805.08 | Cervical vertebral fractures |
| 806.00-806.9 | FX of neck and trunk |
| 806.00-806.09 | FX of vertebral column w/spinal cord injury |
| 806.10-806.19 | Cervical FX closed w/spinal cord injury |
| 806.20-806.29 | Dorsal (thoracic) closed FX |
| 806.30-806.39 | Dorsal (thoracic) open FX |
| 806.4-806.5 | Lumbar FX, closed or open |
| 806.60-806.69 | Sacrum & coccyx FX, closed |
| 806.70-806.9 | Sacrum & coccyx FX, open |

| V-codes must be added to ICD-9 | |
|---|---|
| V49.81 | Asymptomatic postmenopausal status |
| V58.65 | Long-term (current use) of steroids |
| V58.69 | Long-term (current use) of other medications |
| V67.51 | Following completed tx w/high-risk meds |
| V67.59 | Unspecified, follow-up examination |
| V82.81 | Osteoporosis |
| V07.4 | Hormone Replacement Therapy |

**Referring Physician**

Enter diagnosis code:

_____ _____

_____ _____

*Special Instructions to Physicians and Patients*

*Indications:* Bone mineral density testing is typically ordered for patients with 2-3 risk factors in addition to medical conditions and/or medications known to cause bone loss. Indications vary by payer; therefore, it is strongly recommended that you check the patients insurance for complete details.

*Frequency:* Repeat bone mass measurements are usually not indicated more frequently than once every two years, however more frequent bone mass measurements may be considered medically necessary in the following examples.
***(Frequency guidelines vary by payer; please refer to your local payer for details)***

1. Monitoring individuals on long-term glucocorticoid (steroid) therapy or anticonvulsant therapy for more than three months.
2. Monitoring individuals on an FDA approved osteoporosis drug therapy
3. Confirmatory baseline when the initial exam was performed by another technique to permit monitoring of beneficiaries in the future.

*Risk Factors:*

**Other Medical Conditions that can lead to Osteoporosis**

- AIDS/HIV
- Ankylosing
- Blood and bone marrow disorders
- Breast Cancer
- Cushing's syndrome
- Diabetes mellitus
- Eating disorders
- Emphysema
- Female athlete triad
- Gastrectomy
- Gastrointestinal bypass procedures
- Idiopathic scoliosis
- Lupus
- Lymphoma and leukemia
- Multiple myeloma
- Multiple sclerosis
- Organ transplant
- Parkinson's disease
- Poor diet
- Post-polio syndrome
- Premature menopause
- Prostate Cancer
- Severe liver disease
- Stroke (CVA)
- Thalassemia
- Thyrotoxicosis
- Kidney disease
- Weight loss

**Medications that cause bone loss**

- Antacids containing aluminum
- Anti-seizure medications (Dilantin, Phenobarbital)
- Aromatase inhibitors (Arimidex, Aromasin)
- Cancer chemotherapeutic drugs
- Cyclosporine
- Glucocorticoids (Cortisone, Prednisone)
- Gonadotropin releasing hormone (GnRH)
- Heparin
- Lithium
- Medroxyprogesterone acetate (Depo-Provera)
- Methotrexate
- Proton pump inhibitors (PPIs) (Nexium, Prilosec)
- Selective serotonin inhibitors (SSRIs) (Prozac)
- Tamoxifen (premenopausal use)
- Thiazolidenediones (Actos, Aandia)
- Thyroid hormones in excess

## Patient Information

***Overview***

The word 'osteoporosis' means, literally, 'porous bone'. It is a condition that causes bone fractures in a third of women and a fifth of men after 50 years of age due to gradual loss of bone material making bones more fragile and more likely to break even after a light fall.

Osteoporosis is also known as "the silent crippler", as it usually lies undetected until too late. Unfortunately, in many cases, the first real "symptom" is a broken bone. Loss of height with gradual curvature of the back (caused by vertebral compression fractures) may be the only outward physical sign of osteoporosis. Osteoporosis and associated fractures are a leading cause of disability, mortality and morbidity.

***The Role of Densitometry***

Bone densitometry is an essential tool in osteoporosis management. Densitometry assists physicians in diagnosis, fracture risk assessment, and monitoring response to therapy.

***Diagnosis of Osteoporosis***

Physicians utilize bone densitometry to categorize patients as normal, osteopenic, or osteoporotic following World Health Organization (WHO) classifications. The patient's T-score (comparison to the young adult reference) is the critical variable in diagnosis. Typically, both femurs and the spine are assessed, with the diagnosis made using the lowest T-score. Patient examination, in addition to the T-score, is key to diagnosing osteoporosis.