OVERVIEW
Effective June 1, 2014 Pre-Authorization is no longer required for these services.

Bisphosphonate drugs act to inhibit osteoclast-mediated bone resorption and are used to treat post-menopausal osteoporosis, as well as Pagets disease and hypercalcemia associated with some cancers.

PRIOR AUTHORIZATION
Prior Authorization is not required.

POLICY STATEMENT
BlueCHiP for Medicare and Commercial
Intravenous administration of ibandronate sodium or zoledronic acid for osteoporosis is a covered service.

Note: The FDA has approved the use of zoledronic acid for the treatment of Paget's disease and hypercalcemia associated with some cancers. This policy does not address those treatments, however zoledronic acid is covered for treatment of Paget's disease and hypercalcemia.

MEDICAL CRITERIA
Not applicable.

BACKGROUND
The World Health Organization (WHO) has defined osteoporosis on the basis of bone mineral density (BMD) measurements to help identify individuals at risk. The bone density Dual X-ray Absorptiometry (DXA) test is one that measures the bone mineral density and compares it to an established norm or standard resulting in a score. The results are compared to the ideal or peak bone mineral density of a healthy 30-year-old adult called a T-score. A T-score is the number of standard deviations (SD) the BMD measurement is above or below the young adult mean bone mineral density.

A T-score between +1 and −1 is considered normal or healthy. A T-score between −1 and −2.5 indicates that you have low bone mass (osteopenia), although not low enough to be diagnosed with osteoporosis. A T-score of −2.5 or lower indicates that you have osteoporosis. The greater the negative number, the more severe the osteoporosis.

These bisphosphonate medications may be administered orally (daily, weekly, or monthly) or by intravenous injection. In addition to its use in the treatment of post-menopausal osteoporosis, zoledronic acid is used in the treatment of Paget's disease and hypercalcemia associated with some cancers, however this policy only addresses the treatment of osteoporosis and Paget's disease.

COVERAGE
Benefits may vary between groups/contract. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable infusion benefit/coverage and prescription drug benefit/coverage.
CODING
BlueCHiP for Medicare and Commercial
The following codes are covered:

J1740, J3489

RELATED POLICIES
Not applicable.

PUBLISHED
Provider Update  Jun 2014
Provider Update  Aug 2013
Provider Update  Jun 2012
Provider Update  Jul 2011
Provider Update  Jul 2010
Provider Update  May 2009
Provider Update  Apr 2008

REFERENCES
Centers for Medicare and Medicaid Services. Local Coverage Determination (LCD) for Bisphosphonate Drug Therapy (L30139)

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