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| <b>Department of Origin:</b><br>Integrated Healthcare Services                     | <b>Effective Date:</b><br>05/09/24                           |
| <b>Approved by:</b><br>Chief Medical Officer                                       | <b>Date Approved:</b><br>05/09/24                            |
| <b>Clinical Policy Document:</b><br>Preventive Coverage for Osteoporosis Screening | <b>Replaces Effective Clinical Policy Dated:</b><br>05/26/23 |
| <b>Reference #:</b><br>MP/P016   | <b>Page:</b><br>1 of 3                                       |

The Patient Protection and Affordable Care Act of 2010 (the “ACA”) requires that “non-grandfathered” insured and self-insured group health plans and individual insurance policies provide full coverage, with no cost-sharing for the member, for certain preventive care services that members receive from participating providers. The ACA defines preventive services to include for covered adults and children, as applicable, certain annual or periodic exam, screening, counseling and immunization services, and, for women with reproductive capacity, certain contraceptive methods and related counseling.

These preventive services are described in the United States Preventive Services Task Force (USPSTF) A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC), the Health Resources and Services Administration (HRSA) Guidelines including the Health and Human Services (HHS) Health Plan Coverage Guidelines for Women’s Preventive Services and the American Academy of Pediatrics (AAP) Bright Futures periodicity guidelines.

For fully insured individual, small and large groups, additional preventive services are covered in accordance with applicable state statutes. This coverage also applies to self-insured group plans that are sponsored by governmental entities and political subdivisions

#### **PURPOSE:**

The intent of this policy is to provide guidelines for coverage of osteoporosis screening services at the preventive/ no-cost sharing level of benefit.

Please refer to the member’s benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member’s benefit plan or certificate of coverage, the terms of the member’s benefit plan document will govern.

#### **POLICY:**

Health care services are a covered benefit with no cost-sharing in compliance with the ACA and state mandated requirements.

#### **COVERAGE:**

- The services are 100% or fully covered by the plan when they are received from PreferredOne’s participating providers. The plan’s benefit level will be lower (less than 100%) when these services are received from non-participating providers. Refer to the applicable COC or SPD for the applicable non-participating provider benefit level.
- These services are covered services under the plan, and the plan will pay for them only when, at the time of service, the member is eligible for and properly enrolled in coverage, and the member and/or employer have timely paid for your coverage.
- As new recommendations are issued or updated, coverage must commence in the next plan year that begins on or after exactly one year from the recommendation’s issue date.
- Generally, if a preventive service results in follow up treatment for an identified condition or illness, such follow up treatment is not a preventive health care service. Services that are not preventive may be covered as medical care or treatment services under another non-preventive provision of the plan, and subject to the applicable member cost-sharing.

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- Coverage and benefits for preventive health care services, and the frequency, method, treatment or setting for them is subject to any limits and exclusions set forth in the applicable certificate of coverage or contract, plan document or SPD, and to the plan's usual policies, processes and requirements.

| USPSTF RECOMMENDED PREVENTIVE CARE   |  |  |
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| <b>Coverage Provision</b><br><b>Date of Release and Rating</b><br><small>A date in this column is when the listed rating was released, not when the benefit is effective</small>   | <b>Services and Codes</b>  | <b>Notes</b>   |
| <b>Osteoporosis Screening: Postmenopausal Women Younger than 65 Years at Increased Risk of Osteoporosis</b><br>USPSTF (Jun 2018) Rating: B<br>The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool. | <b>Procedure Code(s):</b><br>76977, 77080, 77081, G0130<br><br><b>ICD-10 Diagnosis Code(s):</b><br>Z00.00, Z00.01, Z13.820, Z82.62 | <i>Bone mineral density studies - US, DXA, SEXA:</i><br>Payable when submitted with a procedure code in this row; and a diagnosis code in this row |
| <b>Osteoporosis Screening: Women 65 Years and Older</b><br>USPSTF (Jun 2018) Rating: B<br>The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.  | <b>Procedure Code(s):</b><br>76977, 77080, 77081, G0130<br><br><b>ICD-10 Diagnosis Code(s):</b><br>Z00.00, Z00.01, Z13.820, Z82.62 | <i>Bone mineral density studies - US, DXA, SEXA:</i><br>Payable when submitted with a procedure code in this row; and a diagnosis code in this row |

#### BACKGROUND:

This coverage position is based on the following:

- June 2018 USPSTF Final Recommendation Statement for Osteoporosis to Prevent Fractures: Screening, including the following clinical consideration:

#### Patient Population Under Consideration

This recommendation applies to older adults without a history of low-trauma fractures and without conditions that may cause secondary osteoporosis (such as metabolic bone disease or untreated hyperthyroidism) and patients without conditions that may increase their risk of falls. This recommendation does not apply to persons who take long-term medications that may cause secondary osteoporosis (eg, glucocorticoids, aromatase inhibitors, or gonadotropin-releasing hormone agonists).

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- Comprehensive guidelines supported by the Health Resources & Services Administration (HRSA) for women, as found in the Women's Preventive Services Guidelines and for infants, children, and adolescents, as found in the Periodicity Schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care, and the Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children (SACHDNC).

#### REFERENCES:

- Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
- Clinical Policy: Coverage Determination Guidelines (MP/C009)
- Clinical Policy: Preventive Coverage of Health Care Services (MP/P012)
- U.S. Department of Labor: July 19, 2010 IRS Interim Rules. Retrieved from [http://www.irs.gov/irb/2010-29\\_IRB/index.html](http://www.irs.gov/irb/2010-29_IRB/index.html) Accessed 05-07-24.
- U.S. Department of Labor: Employee Benefits Security Administration. Affordable Care Act. Retrieved from <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers> Accessed 05-07-24.
- U.S. Department of Labor: Employee Benefits Security Administration. Affordable Care Act Implementation Frequently Asked Questions. Retrieved from <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/aca-implementation-faqs>. Accessed 05-07-24.
- Women's Preventive Services: Required Health Plan Coverage Guidelines. Date Last Reviewed: January 2022. Retrieved from <https://www.hrsa.gov/womens-guidelines-2019>. Accessed 05-07-24.
- Published Recommendations, U.S. Preventive Services Task Force: <http://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations>. Accessed 05-07-24.

#### DOCUMENT HISTORY:

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| <b>Created Date:</b> 05/28/19  |
| <b>Reviewed Date:</b> 05/19/20, 05/18/21, 05/03/22, 05/03/23, 05/02/24 |
| <b>Revised Date:</b> 05/20/22, 05/24/23                                |

# Nondiscrimination & Language Access Policy



Discrimination is Against the Law. Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:

Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If you believe that Aspirus Health Plan, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a *grievance* with:

Nondiscrimination Grievance Coordinator  
Aspirus Health Plan, Inc.  
PO Box 1890  
Southampton, PA 18966-9998  
Phone: 1-866-631-5404 (TTY: 711)  
Fax: 763-847-4010  
Email: customerservice@aspirushealthplan.com

You can file a *grievance* in person or by mail, fax, or email. If you need help filing a *grievance*, the Nondiscrimination Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. This notice is available at Aspirus Health Plan, Inc.'s website: [https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim\\_Lang-Assist-Notice.pdf](https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf).

## Language Assistance Services

**Albanian:** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-332-6501 (TTY: 711).

**Arabic:** تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن أعلى رقم الهاتف 1-800-332-6501 (رقم هاتف الصم والبك : 711)

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

**Hindi:** यान द : य द आप िहंदी बोलते ह तो आपके िलए मु त म भाषा सहायता सेवाएं उपल थ ह 1-800-332-6501 (TTY: 711) पर कॉल कर ।

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-332-6501 (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-332-6501 (TTY: 711) 번으로 전화해 주십시오.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-332-6501 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-332-6501 (телетайп: 711).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-6501 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

**Traditional Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-6501 (TTY: 711)

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-6501 (TTY: 711).

**Pennsylvania Dutch:** Wann du Deutsch (Pennsylvania German / Dutch) schwetzscht, kannst du mitaue Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

**Lao:** ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສັຽຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-332-6501 (TTY: 711).