

CHARLES H. BONISKE MD

ARTHRITIS AND RHEUMATIC DISEASES

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MEDICARE BENEFICIARY AGREEMENT BONE DENSITY TESTING

Medicare has established these coverage guidelines for bone density testing:

1. post menopausal (estrogen-deficient) individuals who are *at risk* for osteoporosis- current estrogen replacement is not a contraindication
2. vertebral fractures, osteopenia or osteoporosis on vertebral X-ray
3. primary hyperparathyroidism
4. long term steroid therapy (7.5mg or higher prednisone > 3 months)
5. monitoring response to osteoporosis drug therapy
6. baseline study after screen by other technique (ultrasound)

Coverage for follow-up bone density measurements is every TWO YEARS unless medically necessary to measure more frequently.

Note: If you have had a DEXA at another site within the past two years, Medicare will probably deny your claim as medically unnecessary.

Our office will submit all claims to Medicare and will file an appeal of any denials that we feel are unjustified.

I have read the summary above and understand that, if I do not meet these criteria, Medicare will likely deny my claim. If Medicare denies payment, I agree to be personally responsible for payment.

Signed: _____
Beneficiary's signature

Date: _____