

REQUISITION FOR ORDERING A BONE DENSITY

Beth Israel Deaconess Medical Center-East Campus
Osteoporosis Prevention and Treatment Center
330 Brookline Avenue; Boston, MA 02215
Phone 617-667-9344 Fax 617-754-8630
E-mail - bonedensity@bidmc.harvard.edu

PATIENT NAME _____

MEDICAL RECORD # (OR SS #) _____

Date _____

Please check here if your patient needs extra help to get on and off of our exam table. For example, is your patient in a wheelchair or hemiplegic?

Yes No

The WHO diagnosis of osteoporosis really applies only to women after menopause, or at least perimenopausal. So that we can report your patient's BMD properly, is your patient perimenopausal or postmenopausal?

Below you will find a partial list of diagnoses that generally support medical necessity for a BMD. Please check off as many of the diagnoses listed below as apply to this patient:

- | | |
|---|---|
| <input type="checkbox"/> Primary Hyperparathyroidism (252.01) | <input type="checkbox"/> Post-Menopausal Status (v82.8/v49.81)* |
| <input type="checkbox"/> Long term (current) use of steroids (v58.65) | <input type="checkbox"/> Osteoporosis (733.00) |
| <input type="checkbox"/> Osteopenia (733.90) | <input type="checkbox"/> Other code not on list _____ |
| <input type="checkbox"/> Osteoporosis, drug-induced (733.09) | |
| <input type="checkbox"/> Vertebral fracture, pathologic (due to osteoporosis) (733.13) | |
| <input type="checkbox"/> Long term drug therapy with drugs associated with bone loss (i.e. aromatase inhibitors, depot-provera, seizure medications) (v58.69) | |

If using one of the below codes, you must also give us an initial diagnosis that prompted the treatment (choose from one of the above):

- Monitoring for treatment with FDA approved osteoporosis drug (Actonel, Fosamax, Evista, etc...) (v67.59)
 Monitoring for a patient who has completed drug therapy for osteoporosis (v67.51)

Please indicate any other diagnoses or relevant clinical information below:

- Please check here if you are also ordering a VFA (Vertebral Fracture Assessment/an AP and lateral view of the spine designed to screen for unsuspected vertebral compression fractures). For indications in regards to ordering a VFA, please visit <http://iscd.org/Visitors/positions/OfficialPositionsText.cfm>.
Please note that BCBS does NOT cover VFA studies.*

NOF guidelines suggest that treatment for osteopenic patients depends on their 10-year hip fracture risk according the FRAX model, which is calculated based on BMD and other clinical risk factors. Do you want us to calculate the 10 year fracture risk by FRAX for this patient Yes No

If you checked of YES for FRAX, we need certain clinical information which you must check off below. If you checked off "yes" above, we will calculate the 10-year fracture risk based on the "yes" responses given.

- Yes No Has the patient ever had a previous fracture in adult life occurring spontaneously, or a fracture arising from trauma which, in a healthy individual, would not have resulted in a fracture?
- Yes No Did either of the patient's parents ever fracture their hip?
- Yes No Has your patient EVER taken 5 or more mg/day of prednisone for 3 or more months?
- Yes No Does your patient CURRENTLY smoke?
- Yes No Does your patient take 3 or more alcoholic drinks daily?
- Yes No Does your patient have rheumatoid arthritis?

I am hereby ordering a bone mineral density to be performed on the abovementioned patient. The patient has the abovementioned diagnosis that supports his/her medical need for the measurement of bone density.

Referring Physician Name _____

Referring Physician Signature _____