

---

## 42 C.F.R. § 410.31

---

### Bone mass measurement: Conditions for coverage and frequency standards.

---

(a) *Definition.* As used in this section unless specified otherwise, the following definition applies:

*Bone mass measurement* means a radiologic, radioisotopic, or other procedure that meets the following conditions:

- (1) Is performed for the purpose of identifying bone mass, detecting bone loss, or determining bone quality.
- (2) Is performed with either a bone densitometer (other than single-photon or dual-photon absorptiometry) or with a bone sonometer system that has been cleared for marketing for this use by the FDA under 21 CFR part 807, or approved for marketing by the FDA for this use under 21 CFR part 814.
- (3) Includes a physician's interpretation of the results of the procedure.

(b) *Conditions for coverage.* (1) Medicare covers a medically necessary bone mass measurement if the following conditions are met:

- (i) Following an evaluation of the beneficiary's need for the measurement, including a determination as to the medically appropriate procedure to be used for the beneficiary, it is ordered by the physician or a qualified nonphysician practitioner (as these terms are defined in § 410.32(a)) treating the beneficiary.

This document is only available to subscribers. Please [log in](#) or [purchase access](#).

[Purchase Login](#)