

BONE DENSITY INFORMATION FORM

Directions: Please provide the information below in order to determine medical necessity for the bone density scan.

Please Note: Men of any age and women younger than 45 years: An authorization is required for members with IPA/POS coverage. EPO/PPO/Traditional members: Claims are reviewed for medical necessity. Women 45 years and older: Authorizations and medical review are not required for any lines of business.

PHYSICIAN INFORMATION:	
Date: / / Physician's Name:	
Physician's Phone: ()	
Date of Service: / /	
Name of Facility:	
PATIENT INFORMATION:	
Patient's Name:	
Member ID#:	Patient's Age:
Is the patient menopausal?	
Is patient on hormone replacement? Yes No	If yes, date began: /
Is the patient on medication to treat osteoporosis?	□ Yes □ No If yes, date began: / /
Has the patient been on long term steroid therapy?	Yes No
Is the patient being treated for any thyroid disease?	Yes No
Has any osteopenia been demonstrated on X-ray?	Yes No
Is there any history of fractures?	Yes No
Date of last bone density scan: / /	_
Other pertinent information:	

Please fax the completed form to the Highmark Delaware Medical Management Department at 302.421.8864 or 800.670.4862.

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a claim containing any false, incomplete or misleading information may be guilty of a felony.