

## Collagen Cross Links Tests as Markers of Bone Turnover

Also known as	<div><div>1. MicroVue™ DPD</div><div>2. Osteomark® NTx assays</div><div>3. Serum CrossLaps®</div></div>				
Description	<p>Collagen cross links are biochemicals that can be used to indicate either removal of bone from the body or new bone formation. Analysis of these products are purported to provide information regarding bone metabolism and associated conditions, such as osteoporosis. They can be measured alone or with standard bone density measurements. Urinary collagen type I cross-linked Ntelopeptide (NTx) and urinary collagen type I crosslinked C-telopeptide (CTx) are two examples of collagen cross-link markers; there are many others.</p>				
See also	<div><div>Similar, related, or easily confused documents.</div><div><div>• <a href="#">Bone Density Test</a> - An outpatient test for measurement of bone density.</div></div></div>				
Table of Contents	<div><div>The following topics are included in this document:</div><div><div>• <a href="#">Commercial</a></div><div>• <a href="#">Government Programs</a></div><div>• <a href="#">Individual and Family Business (IFB)</a></div></div></div>				
Document history	<div><div>The document history for the past 12 months is outlined below.</div><table><tr><th>Date</th><th>Description</th></tr><tr><td>3.11.24</td><td>Updated to new template.</td></tr></table></div>	Date	Description	3.11.24	Updated to new template.
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Commercial

**Introduction** This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).

**Dean (DHP, Prevea360)** Medical Policy, *Lab Testing (MP9539)*, applies.

**Tip:** For instructions on locating policies, see [Coverage and Prior Authorization Guidelines](#).

- Considered investigative, not covered.
- **DOS after 4.1.24:** Effective 4.1.24, *Collagen Cross Links Tests as Markers of Bone Turnover (MP9677)*, applies.

<b>Mayo Medical Plan (MMP)</b>	Coverage depends on the provider.	
	<b>Provider</b>	<b>Coverage</b>
	Mayo provider	<ul style="list-style-type: none"><li>• Quote laboratory benefits. When done in a facility, also quote facility benefits.</li></ul>
	Non-Mayo provider	<ul style="list-style-type: none"><li>• Medica’s Coverage Policy, <i>Collagen Cross Links Tests as Markers of Bone Turnover</i>, applies.</li><li>• <b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</li><li>• Considered investigative, not covered.</li></ul>

**Medica (including MHPS)** Medica’s Coverage Policy, *Collagen Cross Links Tests as Markers of Bone Turnover*, applies.

**Tip:** For instructions on locating policies, see [Coverage and Prior Authorization Guidelines](#).

- Considered investigative, not covered.

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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.						
AccessAbility (SNBC),  Minnesota Senior Care Plus (MSC+)	<p><a href="#">Medicaid only groups</a>:</p> <ul style="list-style-type: none"><li>• See <a href="#">Medicaid</a> below.</li></ul> <p><a href="#">Medicare eligible groups</a>:</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.<ul style="list-style-type: none"><li>– <b>Note:</b> If the member says this is medically necessary, offer a <a href="#">Member-Initiated PA (Organization Determination) Request</a>.</li></ul></li><li>• Follows Medicare guidelines.</li><li>• Medicare is the primary payer.</li><li>• If no Medicare eligibility, Medicaid applies. See <a href="#">Medicaid</a> below.</li></ul>						
AccessAbility Enhanced (I-SNBC),  DUAL (MSHO)	<p>Medica’s Coverage Policy, <i>Collagen Cross Links Tests as Markers of Bone Turnover</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.<ul style="list-style-type: none"><li>– <b>Note:</b> If the member says this is medically necessary, offer a <a href="#">Member-Initiated PA (Organization Determination) Request</a>.</li></ul></li><li>• Medica is the only payer.</li></ul>						
Cost (Prime)	<p>Check for an LCD or NCD. If one does not exist, Medica’s Coverage Policy, <i>Collagen Cross Links Tests as Markers of Bone Turnover</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.<ul style="list-style-type: none"><li>– <b>Note:</b> If the member says this is medically necessary, offer a <a href="#">Member-Initiated PA (Organization Determination) Request</a>.</li></ul></li><li>• Follows Medicare guidelines.</li></ul>						
Med Advantage	<p>Medica’s Coverage Policy, <i>Collagen Cross Links Tests as Markers of Bone Turnover</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.<ul style="list-style-type: none"><li>– <b>Note:</b> If the member says this is medically necessary, offer a <a href="#">Member-Initiated PA (Organization Determination) Request</a>.</li></ul></li><li>• Follows Medicare guidelines.</li><li>• Medica is the only payer.</li></ul>						
Med Supp (Select, Signature)	<p>Considered investigative, not covered.</p> <ul style="list-style-type: none"><li>• Follows Medicare guidelines.</li><li>• Medicare supplement.</li><li>• Medicare is the primary payer.</li></ul>						
Medicaid	<p>Medica’s Coverage Policy, <i>Collagen Cross Links Tests as Markers of Bone Turnover</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.</li></ul>						
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## Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>				
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Medical Policy, <i>Lab Testing (MP9539)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>Considered investigative, not covered.</li><li><b>DOS after 4.1.24:</b> Effective 4.1.24, <i>Collagen Cross Links Tests as Markers of Bone Turnover (MP9677)</i>, applies.</li></ul>				
Medica	<p>Medica’s Coverage Policy, <i>Collagen Cross Links Tests as Markers of Bone Turnover</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>Considered investigative, not covered.</li></ul>				
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