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**To order *VirtuOst* for your patient, the following two items are required:**

- ***VirtuOst Order Form*** (*send by secure fax or mail*)
  - ✓ This PDF-fillable form needs to be hand-signed both by the ordering physician and the patient.
  - ✓ For patients in traditional Medicare ("Part B"): 1) please also include a copy of the patient's insurance card (both sides); and 2) if you think Medicare will likely not cover the test, please also include a completed *VirtuOst ABN Form*, signed by the patient (see instructions below).
- ***The patient's CT scan*** (*see below for options*)

**Mail To:** O.N. Diagnostics  
Attention: IDTF  
1936 University Ave, Suite 280  
Berkeley, CA 94704

**Fax To:** (877) 554-0688  
Attention: IDTF

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**Forms and documents:**

[\*VirtuOst Order Form\*](#)

[\*VirtuOst ABN Form\*](#)

[\*VirtuOst CT Scan Selection\*](#)

**Test Choices:** Biomechanical Computed Tomography analysis (BCT), or BCT with concurrent Vertebral Fracture Assessment (BCT with VFA). Specify your preference on the *Order Form*. VFA is not available as a stand-alone test.

**Reimbursement & Payment:** O.N. Diagnostics (OND) accepts Medicare Part B (traditional Medicare) insurance and self payment. *We are not currently accepting private insurance (including Medicare Advantage).* Self-pay patients are invoiced after the service is performed; they can check with their plan on reimbursement for *VirtuOst* (code 0556T for BCT; 0743T for BCT with VFA) and may submit their own claim to their plan. For 2024, the discounted fees for self-pay patients are \$275 for BCT and \$350 for BCT with VFA, plus \$25 (BCT) or \$35 (BCT with VFA) for a radiologist's professional medical interpretation (available only for California residents)

**Professional Medical Interpretation:** Because of regulations that control the practice of medicine across state lines, a professional medical interpretation is currently only available for patients who reside in California; otherwise, the ordering physician should arrange for a medical interpretation.

**CT Scan Requirements:** For hip BCT, most types of hip-containing CT scans are suitable. For spine BCT and VFA, the scan's slice thickness must be 3.0 mm or less. Also, for spine BCT, the scan cannot contain intravenous contrast. See *VirtuOst CT Scan Selection* for more details. Please don't hesitate to contact OND with any questions.

**CT Scan Transmission:** Indicate on the *Order Form* if you are mailing the patient's CT scan or if OND should arrange to retrieve it. If the former, please request the CT scan in DICOM format on a DVD and then mail the DVD to the address above. If the latter, please complete all the information for the Radiology Facility on the *Order Form*.

**ICD Coding & Documentation:** Use multiple ICD codes if appropriate. To support any reimbursement claims, the patient's condition and reason for testing should be fully documented in the medical record *before the test is ordered*.

**Other Info:** Use this field in the *VirtuOst Test Information* section to provide any additional information of relevance.

**Pre-operative Spinal Fusion Patients:** Use the appropriate field in the *VirtuOst Test Information* section to specify the planned upper instrumented vertebral (UIV) level. For these patients, an extra measurement of trabecular BMD is performed at the UIV level, if measurable.

**Returning Results:** Results (high-resolution color report in PDF format) are usually returned within 1–2 days of OND receiving the CT scan. Results are sent by secure email to all addresses in the *Physician Information* section. If you'd also like results by secure fax, provide a fax number in the "Other Info" field of the *VirtuOst Test Information* section.

**ABN Form:** If this form is needed, please print it out (it is not PDF-fillable), fill in your name and address ("Notifier") and the patient's name, check one box each for the type of test and reason of non-coverage, and then have the patient choose one of their three options and sign off. In doing so, please explain the options to the patient as best you can.

**Questions:** Please *email* OND or call (510) 204-0688 and ask for IDTF.