

CAR Practice Guideline on Bone Mineral Densitometry Reporting

2024 Update – Selected Tables (B2, B3, B4) and Ontario OHIP Follow-up Dates

Tables B2, B3, and B4 are reproduced from the Canadian Association of Radiologists Journal practice guideline (Burrell et al., 2025). The clinical management content in Tables B2 and B3 is harmonized with the 2023 Osteoporosis Canada guideline (Morin et al., 2023); the normative database guidance in Table B4 is drawn from the 2023 ISCD adult official positions. The final section summarizes Ontario OHIP follow-up intervals from the Schedule of Benefits (D16 amendment, effective April 1, 2026) and the April 29, 2026 Ministry of Health interpretation and billing clarification.

Table B2. Suggested Timelines for Reassessment of BMD and Fracture Risk

Centres using FRAX		Centres using CAROC*	
If initiated pharmacotherapy:	3 years	If initiated pharmacotherapy:	3 years
If not a candidate for or chose not to take pharmacotherapy:		If not a candidate for or chose not to take pharmacotherapy:	
If 10-year fracture risk <10%	5 to 10 years	If 10-year fracture risk <10% (low risk)	5 to 10 years
If 10-year fracture risk 10% to 15%	5 years	If 10-year fracture risk 10% to 20% (moderate risk)	3 to 5 years
If 10-year fracture risk >15%	3 years	If 10-year fracture risk >20% (high risk)	3 years

* CAROC-based recommendations are a best fit of the FRAX-based recommendations.

Source: Burrell et al., 2025 (Table B2), adapted from Morin et al., 2023.

Table B3. Pharmacotherapy Recommendations

Adapted from the Osteoporosis Canada guidelines (Morin et al., 2023).

Fracture risk and T-score	Pharmacotherapy recommendation
10-year fracture risk <15% AND T-score* >-2.5	Do not recommend pharmacotherapy
10-year fracture risk 15% to 19.9% OR T-score** ≤-2.5 and age <70 years	Suggest pharmacotherapy
10-year fracture risk ≥20% OR T-score** ≤-2.5 and age ≥70 years OR Previous hip or spine fracture	Recommend pharmacotherapy

Fracture risk and T-score	Pharmacotherapy recommendation
OR ≥2 fracture events	

* T-score at all of femoral neck, total hip, lumbar spine.

** T-score at any of femoral neck, total hip, lumbar spine.

Source: Burrell et al., 2025 (Table B3), adapted from Morin et al., 2023.

Table B4. Summary of Normative Databases Used in BMD Assessment

Parameter	Population	Normative database	Comments
T-score	Postmenopausal women Men aged 50 years or older	White female NHANES III for femoral neck and total hip White female vendor database for other sites	This T-score is used for both diagnostic category and fracture risk assessment Though fracture risk is then established (FRAX, CAROC) using sex-specific fracture data
Z-score	Used clinically only in premenopausal women and men aged less than 50 years However, vendor BMD output typically includes the Z-score for all patients	Population-specific vendor database for all sites	Z-scores should be population specific where adequate reference data exist This should include sex-specific data It may include ethnicity-specific, using the patient's self-reported ethnicity, if adequate reference data exists

Source: Burrell et al., 2025 (Table B4), based on the 2023 ISCD adult official positions.

OHIP Schedule of Benefits Follow-up Dates

Under the Schedule of Benefits (D16 amendment, effective April 1, 2026), OHIP covers BMD testing at the following minimum intervals:

- **Baseline:** once per lifetime
- **Subsequent (low or medium risk):** once every 5 years
- **Subsequent (high risk, therapy monitoring, or risk factor for secondary osteoporosis):** once every 3 years
- **Additional test (other risk factors):** once every year

On April 29, 2026, the Ministry clarified that annual BMD remains available for any diagnostic or medically necessary testing where the results inform therapeutic management, not only Cushing’s syndrome or high-dose glucocorticoid therapy. Eligibility is under independent consideration without manual review; the clinical circumstance must be documented in the patient’s permanent medical record. The clarification applies to all services from April 1, 2026, and previously rejected claims may be resubmitted.

References

1. Burrell S, Desaulniers M, Jen H, Maguire C, Stilwell M. *CAR Practice Guideline on Bone Mineral Density Reporting: 2024 Update*. Canadian Association of Radiologists Journal. 2025;1–10. doi:10.1177/08465371241307524
2. Morin SN, Feldman S, Funnell L, et al. *Clinical practice guideline for management of osteoporosis and fracture prevention in Canada: 2023 update*. CMAJ. 2023;195(39):E1333–E1348. doi:10.1503/cmaj.221647
3. The International Society for Clinical Densitometry. *2023 ISCD Official Positions Adult*. 2023. Available at: <https://iscd.org/wp-content/uploads/2024/03/2023-ISCD-Adult-Positions.pdf>
4. Siminoski K, O'Keeffe M, Brown JP, et al. *Canadian Association of Radiologists technical standards for bone mineral density reporting*. Can Assoc Radiol J. 2013;64(4):281–294. doi:10.1016/j.carj.2013.07.006
5. Ontario Ministry of Health. *Schedule of Benefits for Physician Services, D16 amendment, Diagnostic Radiology – Bone Mineral Density (BMD) Measurement*. March 9, 2026 (effective April 1, 2026). Toronto: Ministry of Health.
6. Ingo J, Ontario Ministry of Health, Provider Services Branch. *Interpretation and Billing Clarification for Bone Mineral Density Services*. Kingston, ON: Ministry of Health; April 29, 2026.