

## PROBLEM

**Medicare payment policy for dual energy x-ray absorptiometry (DXA) testing of the hip and spine and vertebral fracture risk assessment (VFA) threatens patient access to high quality care for osteoporosis prevention, diagnosis and treatment. This new Medicare policy conflicts with government initiatives to increase fracture prevention efforts. It also may increase costs to Medicare and Medicaid.**

## FACTS ABOUT PREVALANCE & BURDEN OF OSTEOPOROSIS

- The Surgeon General states that unless the U.S. acts now, “in 2020 one in two Americans over the age of 50 will have, or be at high risk of developing, osteoporosis.”
- The estimated annual national costs of direct care (e.g. nursing homes, hospitals) for osteoporotic fractures are \$18 billion in 2002 dollars and the cost is rising.
- The government pays for most of the costs of osteoporotic fractures: Medicaid covers almost one-quarter of the expense and Medicare pays nearly one-half.

## DXA BACKGROUND

- **The World Health Organization** and the **US Surgeon General** recognize DXA testing as the standard of care for osteoporosis prevention, diagnosis and treatment.
- **The U.S. Preventive Services Task Force Recommendations on Osteoporosis** urge routine osteoporosis screening for all women age 65 and older to identify those at risk for fracture and that routine screening begin for women age 60 at increased risk for fractures.
- The **Centers for Medicare and Medicaid Services (CMS)** recognizes DXA testing for osteoporosis as one of its key preventive services for its “Welcome to Medicare” visit.

## CURRENT POLICY AND POTENTIAL EFFECTS

Medicare reimbursement rates for DXA testing for osteoporosis in settings outside of hospitals were cut from a national average of ~\$140 in 2006 to ~\$72 in 2009. By 2010, when Medicare Physician Fee Schedule payment revisions have been fully implemented, reimbursement will have dropped by approximately 64%. Reimbursement for VFA will be cut by 50%. As a result, quality of care will be compromised, patient access to DXA and VFA tests will be significantly reduced, and prevention efforts will be undermined because physicians will be unable to afford to offer the service in their office.

- **Reduction in Quality of Care:** Optimal osteoporosis care requires the synthesis of clinical risk factors with bone density value to assess risk for fracture. Patients may well lose the benefit of having their physician’s knowledge of their medical history integrated into the interpretation of the test results.
- **Prevention Efforts Fail:** Currently, only ~20% of eligible Medicare patients have had their bone density measured. Without an increase in preventive efforts, the number of osteoporotic fractures is projected to increase by ~50% by 2025 leading to an annual cost of over \$22 billion. Reducing DXA testing availability in physicians’ offices will doom efforts to reduce the number, morbidity, mortality and cost of these fractures.
- **Reduced Access for Medicare Patients in Rural Areas:** Medicare beneficiaries in rural areas may be forced to drive long distances for DXA testing due to a lack of providers. The inconvenience or hardship imposed may create a barrier to care and contribute to the failure of preventive efforts.

**Please consider supporting legislation to halt the cuts to DXA and VFA payments and help ensure that patients continue to have access to this vital test.**