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Osteoporosis Care Endangered: A Call to Action for US Members

Follow-up action to the July 21st OsteoFlash Regulatory Alert is required.

The Centers for Medicare & Medicaid Services (CMS) recently proposed regulations that will dramatically reduce reimbursement for the performance of DXA (CPT code 76075) from the current ~\$140 to ~\$40 by 2010 and VFA (CPT code 76077) from the current ~\$40 to ~\$25. *These cuts would be in addition to the already-enacted imaging cuts in the Deficit Reduction Act of 2005.* It is extremely likely that this regulatory change in the Medicare Physician Fee Schedule will markedly reduce the availability of high quality bone density measurement, with a consequent decline in quality osteoporosis care.

ISCD members must make a concerted effort to ensure this regulation is not adopted. You can help by doing the following:

1. **Contact CMS** with your concerns. Comments must be received by August 18th. [Click here to electronically submit comments to CMS.](#)
2. **Contact Congress.** Your US Senators and Representative need to hear from you. [Click here to find your Senators and Representative.](#)

When contacting CMS and Congress, please be sure to:

- Identify yourself as a health care professional interested in providing high quality skeletal health care. Briefly describe your practice (location, specialty, office or hospital based).
- Discuss the importance of DXA and VFA testing in the evaluation and management of patients with suspected osteoporosis.
- Explain the potential impact of these cuts on your ability to perform DXA and VFA studies, and the effect this will have on your ability to care for patients.
- Remind them that these cuts are at odds with multiple Federal initiatives to reduce the personal and societal cost of osteoporosis. The Bone Mass Measurement Act, the US Preventative Task Force recommendations and the Surgeon General's Report on Osteoporosis all underscore the importance of DXA in the prevention and treatment of osteoporosis.
- Explain how these Federal initiatives, coupled with the introduction of new medications for the prevention and treatment of osteoporosis have improved skeletal health and dramatically reduced osteoporotic fractures. It is the result of these patient directed initiatives, not excessive use of imaging, that have increased the clinical use of central DXA bone densitometry in your own practice over the past ten years.

- Highlight the fact that some of the assumptions used to recalculate the Medicare Physician Fee Schedule were inaccurate. For example:
 1. CMS calculated the practice expense (technical component), utilizing pencil beam instrumentation at a cost of \$41,000 instead of the \$85,000 assigned to VFA, which is done on fan beam densitometers. Since fan beam instruments comprise the vast majority of densitometers currently available in practice, argue that the equipment costs for DXA should be listed at \$85,000.
 2. Challenge the equipment rate utilization that CMS assigned to DXA. CMS assumed that all diagnostic equipment is in use 50% of the time, based on high volume imaging centers. However, diagnostic equipment such as DXA and VFA, used to evaluate single disease states, should be expected to have lower utilization rates estimated at 15-20%.
 3. Point out that in determining practice expenses, additional densitometry costs such as phantoms, necessary service contracts/software upgrades and office upgrades to allow electronic image transmission were omitted.
 4. Express your disagreement with the CMS conclusion used to calculate the physician work component for DXA. Specifically, CMS felt that the actual physician work of DXA interpretation is "less intense and more mechanical" than was accepted previously. Emphasize that high quality DXA reporting requires skilled interpretation of the multiple results generated by the instrument.

Your letters should be personal and sincere, with the greatest emphasis on patient need and quality care. Your comments will be more persuasive when you include a vignette that demonstrates how DXA and or VFA greatly enhance the care of your patients. **Please send ISCD a copy of your CMS or Congressional letters so that we can coordinate our advocacy activities.** Forward a copy via e-mail to dfiorentino@iscd.org.

As your professional organization, ISCD is taking a leadership role in compiling information on this complex issue. We have created two task forces, headed by Drs. Sanford Baim and Andrew Laster, charged with understanding the assumptions utilized by CMS to acquire additional data to assist us in crafting ISCD's formal response to CMS. As part of this data acquisition process, ISCD will conduct an online survey which will be available this week. **Your participation in this survey is critical to our rebuttal to CMS.**

I recognize that we all have limited time. However, this threat to quality skeletal health assessment requires our immediate response. The time to act is now. Thank you for your help.

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