

THE HILL



Preserve Medicare Funds for DXA Imaging

From Andrew Laster, M.D., Vice President, International Society for Clinical Densitometry

Your Sept. 12 article, “Medical imaging executives lobby White House advisers on Medicare payments,” highlighted congressional efforts to save Medicare dollars by reining in spiraling imaging costs through the Deficit Reduction Act. However, in the case of osteoporosis testing, the cost-cutting measures will have the opposite effect.

DXA (dual energy X-ray absorptiometry) is the gold-standard test used to diagnose and treat osteoporosis. The test is different from advanced imaging procedures and therefore was not an appropriate target of the DRA.

Indications for DXA testing are well defined and legislated. In addition, local Medicare carriers require specific diagnostic codes for reimbursement. As such, inappropriate use of the test is effectively prevented.

Despite appropriate increases in DXA volume, osteoporosis screening remains abysmal, with only 9 percent of qualified women tested in 2006.

With a median cost per test of \$134, DXA is a relatively low-cost procedure. Unlike other advanced imaging services, DXA is most often done by primary care physicians as part of clinical preventive services that CMS promotes in the “Welcome to Medicare” exam.

The impact of the DRA cuts to DXA reimbursement is already being felt, as 37 percent of practices will eliminate this service by the end of 2007. When additional cuts take effect, dropping DXA reimbursement by 75 percent to \$35 in 2010, nearly all practitioners in the office setting — 93 percent — indicate they will stop performing DXA for Medicare beneficiaries.

This reduced access to care comes as osteoporosis reaches epidemic proportions, with 1 out of every 2 American women sustaining a fracture in their lifetime. Moreover, U.S. healthcare costs for osteoporosis are already at \$16 billion per year and lead to more deaths annually than breast cancer.

A recent study by the Lewin Group estimates that freezing DXA reimbursement rates at 2006 levels would result in an actual five-year savings of \$1.14 billion from reduced osteoporotic fractures.

Congress needs to act now to guarantee that all qualified women have access to DXA testing. Like mammography, which was exempted from the DRA, DXA testing should not be included with other advanced imaging services.

West Hartford, Conn.

<http://thehill.com/letters/fisafails-miserably-as-a-way-to-gather-intelligence-quickly-2007-09-27.html>