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ISCD Meetings

Atlanta, GA
Osteoporosis Essentials for Technologists
August 24-25, 2013, 2013

Atlanta, GA
Osteoporosis Essentials for Clinicians
August 24-25, 2013

Denver, CO
Osteoporosis Essentials for Technologists
September 7-8, 2013, 2013

Denver, CO
Osteoporosis Essentials for Clinicians
September 7-8, 2013, 2013

Columbus, OH
Osteoporosis Essentials for Technologists
September 26-28, 2013, 2013

Columbus, OH
Osteoporosis Essentials for Clinicians
September 26-28, 2013, 2013

Baltimore, MD
Osteoporosis Essentials for Technologists
October 2-3, 2013, 2013

Baltimore, MD
Osteoporosis Essentials for Clinicians
October 2-3, 2013, 2013

Other Related Bone Meetings

ASBMR
Baltimore, MD
October 6-7, 2013

Clinical Update 2013 Society for Endocrinology
Cot at Broad, UK
November 4-6, 2013

41st Meeting of the British Society for Paediatric Endocrinology and Diabetes
Brighton, UK
November 13-15, 2013

UK IOGT 11th National Conference
London, UK
November 25, 2013

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From the Journal of Clinical Densitometry®

Articles in Press - July 29, 2013
Incomplete-Apical Femoral Fractures: Assessing the Diagnostic Utility of DEXA by Extending Femur Length

Just Released Articles - Vol 16 | No. 3 August 2013
DXA-based Model for Advanced Analysis of Body Shape Variation

Temporal Trends in Bone Mineral Density, Body Mass Index and Fracture Rates: Implications for Osteoporosis Diagnosis and FRAX

Imaging and Finite Element Analysis of the Spine, Hip, Radius, and Tibia Following 2 years of Treatment with Olanzapine in Postmenopausal Women

Read more...

Membership

Each year at the ISCDs Annual Meeting, ISCD members are recognized for their service to the ISCD and to the field of densitometry. Following are this years ISCD award recipients.

Dr. Paul D. Miller ISCD Service Award
Presented annually to an ISCD member for distinguished service and dedication to the ISCD.

This year award winner is:
Harry K. Gensler, MD, PhD

Dr. Oscar S. Gluck ISCD Humanitarian Award
Presented to an ISCD member with a history of contributing to the alleviation of human suffering, protection of life, outstanding service to the community, or the promotion of health in underserved populations with no expectation of compensation.

This year award winner is:
John Shepherd, PhD, CCD

Dr. John P. Bilézekian ISCD Global Leadership Award
Presented to an ISCD member for distinguished service and leadership in the global promotion of the field of bone densitometry and the ISCD.

This year award winner is:
Dolger B. Hani, PhD, MBA

Dr. Sydney Bonnick ISCD Technologist Award for Excellence in Densitometry
Awarded to the best ISCD technologists based on their contribution to the practice of densitometry.

This year award winner is:
Nancy C. Grinnell, CBDM

ISCD Clinician of the Year Award
Presented annually to an outstanding ISCD clinician for distinguished service to the field of densitometry in the areas of publication, education or leadership.

This year award winner is:
Christopher R. Shulmar, MD, CCD

ISCD Technologist of the Year Award
Presented annually to an outstanding ISCD technologist for distinguished service to the field of densitometry in the areas of publication, education or leadership.

This year award winner is:
Kyla Kent, CBDM

Award Nominations Open in early August

Education & Publications
ISCD is pleased to announce their collaboration with the International Osteoporosis Foundation in planning the 2014 meeting in Orlando, Florida. The meeting will contain most of the features ISCD members have come to expect from our meetings: high caliber presentations from internationally-known expert speakers, an engaging exhibit hall, clinician office hours and much more. The meeting program is still in the planning stages and the meeting website will be updated regularly as more information becomes available.

Key Dates:

Abstracts:
- Submission site opens August 23, 2013
- Submission site closes October 11, 2013

Registration
- Early registration opens October 1, 2013
- Regular registration opens December 12, 2013
- Late Registration opens February 6, 2014

Hotel Room Reservations
- Hotel Room Block site is already available!
- Hotel Room Block Rate ends January 27, 2014

Online Education

Slight Abduction/Adduction Deviations in Femur Positioning and Discordance in Femoral Neck Bone Density
Credits Available: CME (1.00) CE (1.00)
From the Journal of Clinical Densitometry (JCD 2010,13(1), 10-17), Slight Abduction/Adduction Deviations in Femur Positioning for Dual-Energy X-I Absorptiometry are Inconsequential
Author: Byram H Ozer, MD
Summary response: Harold Rosen, MD

From the Journal of Clinical Densitometry (JCD 2010,13(1), 24-28), Discordance in Femoral Neck Bone Density in Subjects with Unilateral Hip Osteoarthritis
Author: Julie Glowacki, PhD
Summary response: Harold Rosen, MD

What Should DXA Reports Contain? and Consultative DXA Reporting Improves Guideline-Driven Quality Care
Credits Available: CME (1.00) CE (1.00)
Author: Neil C. Binkley, MD
Summary response: Harold Rosen, MD

From the Journal of Clinical Densitometry (JCD 2010, 13(3), 315-319), Consultative DXA Reporting Improves Guideline-Driven Quality Care Implicati for increasing DXA Reimbursement
Author: Brian Oppermann, MD
Summary response: Harold Rosen, MD

Log in to the Online Learning Center Today!
Certification is the formal recognition of the specialized knowledge, skills, and experience demonstrated by existing best practices and standards in the field of credentialing. Successful programs build on a foundation of core competencies identified and updated periodically by practitioners in the field. Voluntary at all experience levels and topic specialties legitimize the program through their participation at each stage of the process. ISCD Certification is for an individual and is separate from ISCD membership. The ISCD Certifies Clinicians and Technologists.

**What is the difference between the ISCD CCD & ISCD CBDT CCD Exam?**

The ISCD Certified Clinical Densitometrist (CCD) is a professional designation awarded to clinicians who interpret bone densitometry examinations and includes physicians, certified nurse practitioners, certified physician assistants, fellows, residents and PhDs. Those who meet specified knowledge requirements measured through a standardized testing process for the interpretation of bone densitometry (offered in the U.S. and internationally).

The ISCD Certified Bone Densitometry Technologist (CBDT) is accredited by the National Commission for Certifying Agencies (NCCA), professional certification in the field of bone densitometry for technologists who perform human bone densitometry scans and meet the eligibility requirements as specified in the CBDT Handbook. The CBDT credential signifies that an individual has passed an examination that has been designed to meet established certification industry standards and best practices in the United States. (Offered in the U.S. and Internationally).

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**Facility Accreditation**

**Spine Phantom Quality Assurance**

Regular performance of Spine Phantom Quality Control is advised by the ISCD Official Positions, recommended by the Osteoporosis Essentials courses, and required the Facility Accreditation Program. According to the ISCD Official Positions The Quality Control (QC) program at a DXA facility should include adherence to manufacturer guidelines for system maintenance, and in addition, if not recommended in the manufacturer protocol, the following QC procedures are advised: Perform periodic (at least once per week) phantom scans for any DXA system as an independent assessment of system calibration.

What is Spine Phantom QC and why should it be done?
Spine Phantom Quality Control is a test of the DXA equipment in which an artificial spine of known density is scanned using the same acquisition parameters as when scanning a patient. The purpose of Spine Phantom QC is to monitor the stability of the DXA machine. The Spine Phantom is an inanimate object; its density does not change, so its measurements should remain essentially stable. The ability of the equipment to measure BMD should not vary significantly over time. If your DXA measurements do fluctuate significantly over time, how you know if your patient has a real biological change in the bone density? Or is the BMD change due to a shift in the performance of the DXA equipment?

How do you evaluate the results of Spine Phantom QC?
When the DXA equipment is functioning properly, Spine Phantom measurements should not exceed +1.5% or -1.5% of the established Spine Phantom BMD (as established by the manufacturer or calculated by averaging a series of phantom measurement performed at the site where the phantom was placed into service). If you typically use L.1-4 for diagnosis in your patient scans, you should also use L.1-4 for monitoring the equipment with the Spine Phantom. For example, if your established L.1-4 Spine Phantom BMD is 1.176g/cm2, then the upper limit of the acceptable range of measured Spine Phantom BMD would be 1.194g/cm2, and the lower limit would be 1.158g/cm2.

The Spine Phantom Plot Graph (Control Chart)
Another important way to monitor your Spine Phantom measurements is by using a Spine Phantom Plot Graph. By plotting measured Spine Phantom BMD on a graph over time, you create a Control Chart for visual inspection for significant trends, shifts, drifts, and fluctuations in the DXA equipments ability to measure density. The midline on your graph should be equal to your established Spine Phantom BMD. Upper and lower limits of the acceptable range (+/- 1.5%) should also be visible on the graph. Additionally to monitoring BMD over time, you should monitor either BMC or Area. Remember BMD = BMC/Area.

![Spine Phantom Plot Graph](image)

**Article Contributed by:**
Wendy Tolman-Andrews, BS RT(R) (BD), CBDT
ISCD Advocacy Efforts Continue during Congressional August Recess

As Congress adjourns for the August Recess, the ISCD will continue efforts to include a DXA reimbursement relief provision in a larger Medicare bill. Congress will most likely delay voting on that bill until sometime in December. The proposed DXA provision would partial restore Medicare DXA reimbursement to a national average of $98 and VFA reimbursement to $25.

During the August Recess, the ISCD will enhance our grassroots efforts by connecting ISCD leaders with key members of Congress. As part of this effort, ISCD will assist in scheduling Congressional visits back in the Congressional district. We will use our members to deliver important new data on the effects of the DXA cuts both nationally and by state. (See below for more information on 2012 Medicare data). We are also working to identify patients in each of the targeted districts to reinforce our message. If you would like to meet with Congressional staff in your state during the August recess, please contact Donna Fiorentino for assistance with scheduling.

We will step up our regular grassroots activities after Labor Day, calling on ISCD members to reach out to their own Congressional delegations through our Votervoice system. This grassroots campaign, in combination with our grassroots activities, will help to reinforce the need to address DXA in the Medicare package.

CMS Proposes New Physician Fee Schedule for 2014

The Centers for Medicare & Medicaid Services (CMS) has issued a new physician fee schedule: CMS-1600-P. Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Medicare Part B for CY 2014. The proposed rule includes a further decrease in reimbursement for DXA in 2014 from the current $51 to $46.49. Reimbursement for VFA will drop slightly from $28.58 to 27.45. The ISCD will submit comments to oppose the further decline in reimbursement and to highlight the effect that the cuts have already had on patient care. Comments are due by September 6, 2013.

DXA Medicare Claims Decline Sharply in 2012

The latest data from the Center for Medicare and Medicaid Services shows another significant decline in DXA testing in older women in 2012. DXA testing provided in the office setting declined by 10% while testing in the hospital outpatient setting declined by 3 percent. Declines in older men were even greater, with 12% fewer men receiving DXA scans in 2012.

Declines in Medicare payment rates continue to have a detrimental effect on DXA testing rates:

- After almost a decade of growth in DXA testing among older women, testing rates leveled off for two years in 2007 and 2008 after DXA cuts were implemented.
- There was a sharp drop in testing from 2009-2010 when Medicare reimbursement for DXA fell to $62.
- In 2011, testing rates again leveled off when the DXA payment relief provided by the Affordable Care Act reached physicians.
- In 2012, DXA testing declined sharply by 8% when payment dropped to $56. This was largest decline since the DXA cuts first began in 2007.
- The ISCD will further develop the most recent Medicare data to present to Congress to show the direct effects of Medicare's failed payment policy on patients across the country. Fewer DXA tests translate into higher fracture rates. Older women who had a DXA test had a 22% reduction in fragility fractures and 35% reduction in hip fractures during the following three years.

State Issues

Precision Testing- Minnesota

The ISCD has intervened with the state of Minnesota to try to overturn a long-standing policy prohibiting precision testing. (Department of Health Information Notice 2003-1 prohibiting precision testing for DXA).

The Departments rationale for the prohibition includes: (a) lack of direct benefit to the patient; (b) that precision testing constitutes either training, instruction, demonstration, or research; and (c) that the patient is being exposed to unnecessary radiation.

The ISCD has drafted a request to the Department to reconsider the current policy. ISCD will argue that the Notice:

- Is contrary to the medical literature,
- Jeopardizes patient health and safety by causing false readings, incorrect diagnoses, and makes it impossible to monitor patients for changes in BMD over time;
- Denies DXA providers in Minnesota the opportunity to have their facilities accredited by ISCD; and
- Makes Minnesota the only state to prohibit precision testing.

Proposed Technologist Licensure Requirements in North Carolina

The state of North Carolina has proposed legislation (S 390 and H 742, companion bills) that would require all radiologic technologists to be licensed in the state. North Carolina remains one of a handful of states that does not require licensure or certification for radiologic technologists. Unfortunately, the bills as currently drafted do not include or recognize ISCD certification as an option for those technologists performing DXA testing.

ISCD is asking the bill sponsors to amend the legislation to recognize the ISCDs NOCA-approved technologist certification program for individuals performing bone density testing.

ISCD will keep its North Carolina members informed of our efforts and progress and will be calling on them to assist in our efforts.

CMS Proposes Bundling DXA and VFA for Reimbursement

In an effort to reduce spending, the Centers for Medicare and Medicaid Services has continued its initiative to bundle services in cases where particular procedures are performed together more than 75 percent of the time. While the issue of bundling DXA and VFA had been considered several times in the past few years, ISCD and the Fracture Prevention Coalition were able to defeat those efforts. However, this year the decision to bundle DXA and VFA has been approved by the AMA's Relative Value Unit Committee. Separate codes for DXA a
VFA will be maintained if only one of the services is provided on a given day. However, a third code will be created for DXA and VFA if performed together.

Many physicians who perform DXA and VFA have already received surveys to collect data regarding the time, intensity and complexity of performing the two services separately and then together. The new bundled code is expected to be put into effect in 2014.