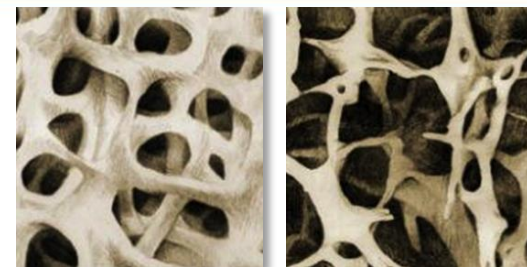


# United States

By the numbers: *DXA Testing*



2008

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

26%

Decline in the number of DXA physicians since 2008

9.4%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

3,680,948

Fewer woman to receive a DXA scan than projected since 2008

43,661

Additional hip fractures due to reduced screening

9,518

Additional hip fracture related deaths per year

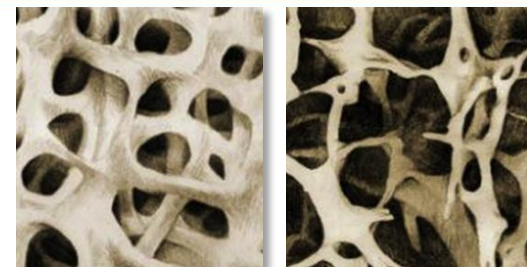
\$1.8B

Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.

# Alabama

By the numbers: *DXA Testing*



## Estimated Consequences

70%

Decline to \$42 reimbursement for DXA scans since 2006

7.5%

Decline in the number of DXA physicians since 2008

12.4%

Decline in DXA testing versus projection by 2016

21.5%

Decline in osteoporosis diagnosis nationally since 2009

34,360

Fewer woman to receive a DXA scan than projected since 2008

408

Additional hip fractures due to reduced screening

89

Additional hip fracture related deaths per year

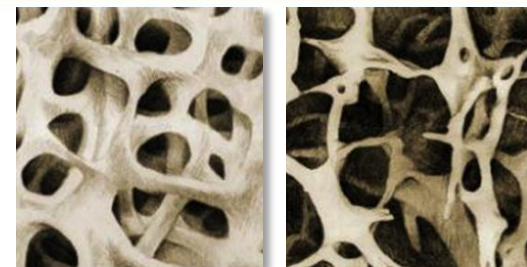
\$17M

Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.

# Alaska

By the numbers: *DXA Testing*



2005

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

5.9%

Decline in DXA testing of Medicare women since 2008

10.7%

Decline in DXA testing of Medicare women since its peak

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

7,487

Fewer woman to receive a DXA scan than projected since 2008

89

Additional hip fractures due to reduced screening

19

Additional hip fracture related deaths per year

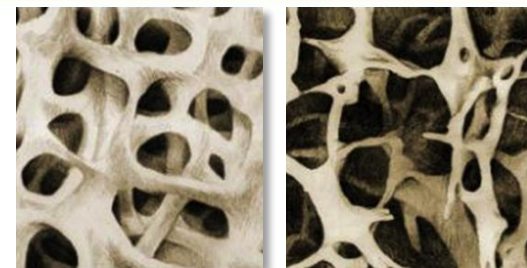
\$3.7M

Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.

# Arizona

By the numbers: *DXA Testing*



2008

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

24%

Decline in the number of DXA physicians since 2008

14.1%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

91,537

Fewer woman to receive a DXA scan than projected since 2008

1,086

Additional hip fractures due to reduced screening

237

Additional hip fracture related deaths per year

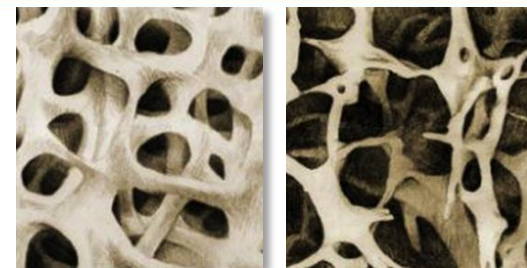
\$45M

Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.

# Arkansas

By the numbers: *DXA Testing*



2008

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

32%

Decline in the number of DXA physicians since 2008

16.8%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

58,967

Fewer woman to receive a DXA scan than projected since 2008

699

Additional hip fractures due to reduced screening

152

Additional hip fracture related deaths per year

\$29M

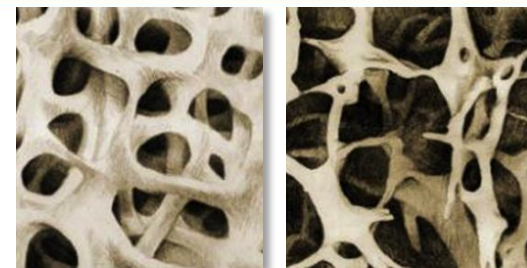
Additional cost to Medicare to treat hip fractures alone

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# California

By the numbers: *DXA Testing*



2011

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

21%

Decline in the number of DXA physicians since 2008

13.4%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

323,148

Fewer woman to receive a DXA scan than projected since 2008

3,833

Additional hip fractures due to reduced screening

836

Additional hip fracture related deaths per year

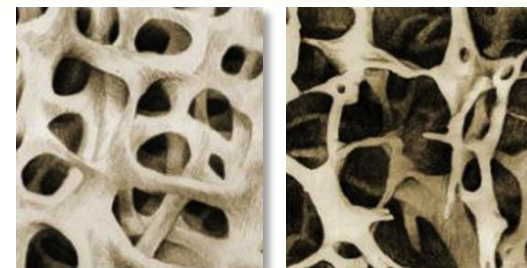
\$159M

Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.

# Colorado

By the numbers: *DXA Testing*



2007

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

7.5%

Decline in the number of DXA physicians since 2008

13.4%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

66,890

Fewer woman to receive a DXA scan than projected since 2008

793

Additional hip fractures due to reduced screening

173

Additional hip fracture related deaths per year

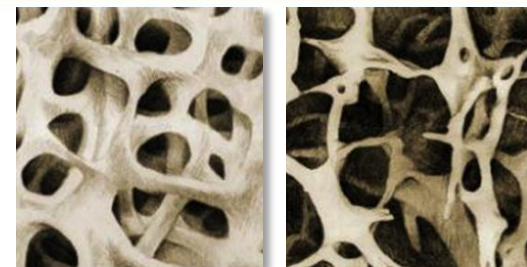
\$33M

Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.

# Connecticut

By the numbers: *DXA Testing*



2008

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

36%

Decline in the number of DXA physicians since 2008

13.1%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

53,974

Fewer woman to receive a DXA scan than projected since 2008

640

Additional hip fractures due to reduced screening

140

Additional hip fracture related deaths per year

\$27M

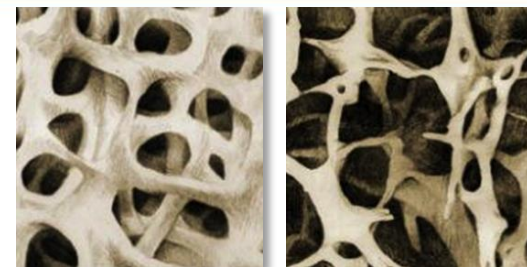
Additional cost to Medicare to treat hip fractures alone

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# Delaware

By the numbers: *DXA Testing*



2009

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

39%

Decline in the number of DXA physicians since 2008

11.2%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

17,756

Fewer woman to receive a DXA scan than projected since 2008

211

Additional hip fractures due to reduced screening

46

Additional hip fracture related deaths per year

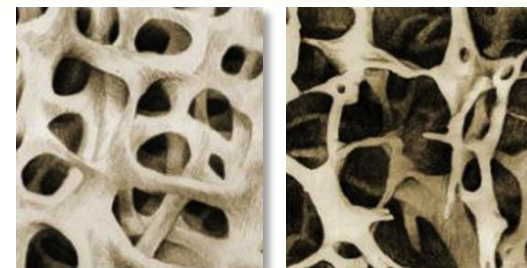
\$8.8M

Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.

# District of Columbia

By the numbers: *DXA Testing*



## Estimated Consequences

70%

Decline to \$42 reimbursement for DXA scans since 2006

10.5%

Decline in the number of DXA physicians since its peak

17.9%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

6,503

Fewer woman to receive a DXA scan than projected since 2008

77

Additional hip fractures due to reduced screening

17

Additional hip fracture related deaths per year

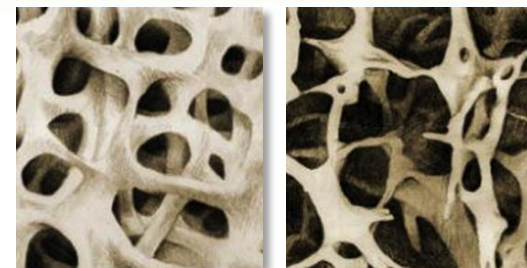
\$3.2M

Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.

# Florida

By the numbers: *DXA Testing*



2008

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

28%

Decline in the number of DXA physicians since 2008

12.7%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

288,248

Fewer woman to receive a DXA scan than projected since 2008

3,419

Additional hip fractures due to reduced screening

745

Additional hip fracture related deaths per year

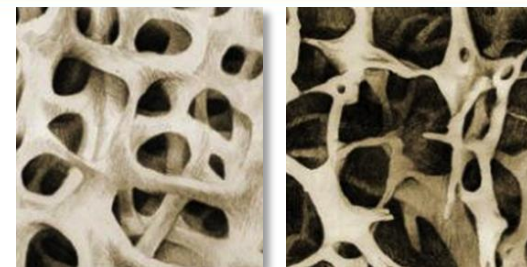
\$142M

Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.

# Georgia

By the numbers: *DXA Testing*



2011

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

14%

Decline in the number of DXA physicians since 2008

16.7%

Decline in DXA testing versus projection by 2016

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

65,195

Fewer woman to receive a DXA scan than projected since 2008

773

Additional hip fractures due to reduced screening

169

Additional hip fracture related deaths per year

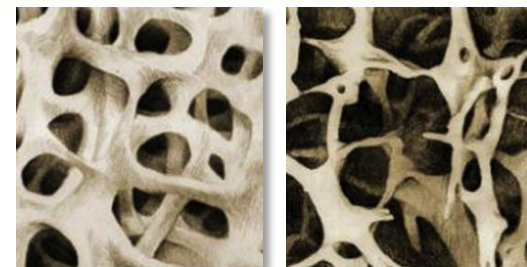
\$32M

Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.

# Hawaii

By the numbers: *DXA Testing*



2007

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

16%

Decline in the number of DXA physicians since 2008

9.0%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

14,278

Fewer woman to receive a DXA scan than projected since 2008

169

Additional hip fractures due to reduced screening

37

Additional hip fracture related deaths per year

\$7.0M

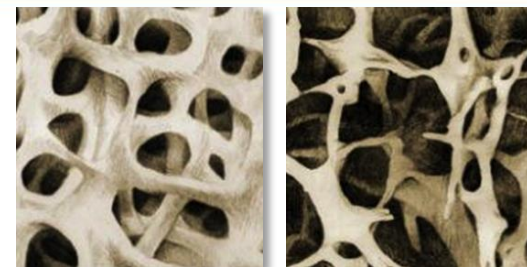
Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.



# Idaho

By the numbers: *DXA Testing*



## Estimated Consequences

70%

Decline to \$42 reimbursement for DXA scans since 2006

28%

Decline in the number of DXA physicians since 2008

22%

Decline in DXA testing versus projection by 2016

21.5%

Decline in osteoporosis diagnosis since 2009

14,442

Fewer woman to receive a DXA scan than projected since 2008

171

Additional hip fractures due to reduced screening

37

Additional hip fracture related deaths per year

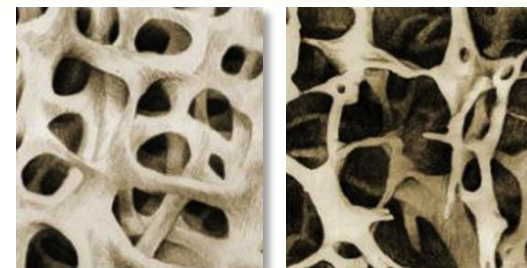
\$7.1M

Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.

# Illinois

By the numbers: *DXA Testing*



2008

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

37%

Decline in the number of DXA physicians since 2008

10.2%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

186,428

Fewer woman to receive a DXA scan than projected since 2008

2,211

Additional hip fractures due to reduced screening

482

Additional hip fracture related deaths per year

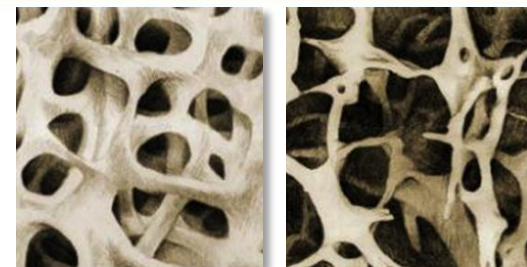
\$92M

Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.

# Indiana

By the numbers: *DXA Testing*



2009

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

35%

Decline in the number of DXA physicians since 2008

7.5%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

84,808

Fewer woman to receive a DXA scan than projected since 2008

1,006

Additional hip fractures due to reduced screening

219

Additional hip fracture related deaths per year

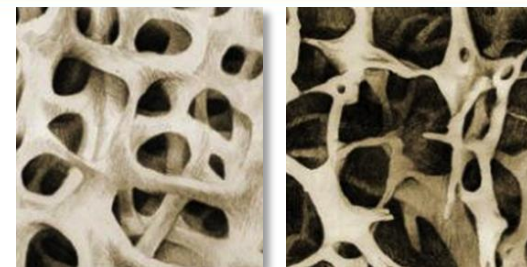
\$42M

Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.

# Iowa

By the numbers: *DXA Testing*



## Estimated Consequences

70%

Decline to \$42 reimbursement for DXA scans since 2006

21,733

Fewer woman to receive a DXA scan than projected since 2008

9%

Decline in the number of DXA physicians since 2008

258

Additional hip fractures due to reduced screening

11.7%

Decline in DXA testing versus projection by 2016

56

Additional hip fracture related deaths per year

21.5%

Decline in osteoporosis diagnosis since 2009

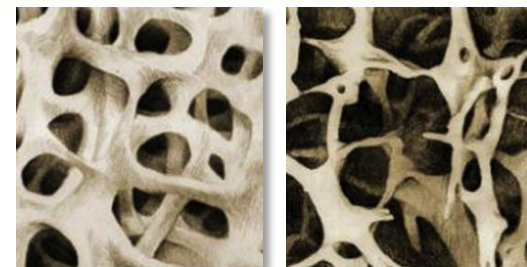
\$11M

Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.

# Kansas

By the numbers: *DXA Testing*



2010

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

7.4%

Decline in the number of DXA physicians since 2008

9.8%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

49,434

Fewer woman to receive a DXA scan than projected since 2008

586

Additional hip fractures due to reduced screening

128

Additional hip fracture related deaths per year

\$24M

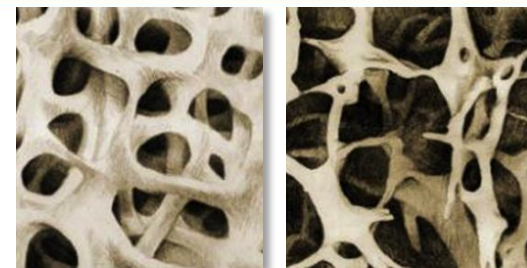
Additional cost to Medicare to treat hip fractures alone

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# Kentucky

By the numbers: *DXA Testing*



2008

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

24%

Decline in the number of DXA physicians since 2008

21.9%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

70,270

Fewer woman to receive a DXA scan than projected since 2008

833

Additional hip fractures due to reduced screening

182

Additional hip fracture related deaths per year

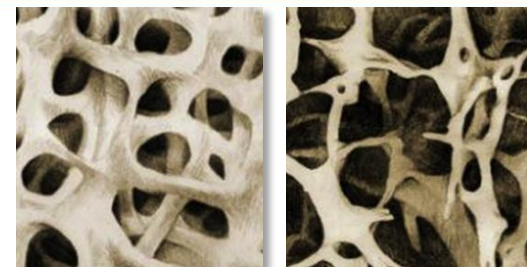
\$35M

Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.

# Louisiana

By the numbers: *DXA Testing*



2009

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

20%

Decline in the number of DXA physicians since 2008

15.2%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

71,259

Fewer woman to receive a DXA scan than projected since 2008

845

Additional hip fractures due to reduced screening

184

Additional hip fracture related deaths per year

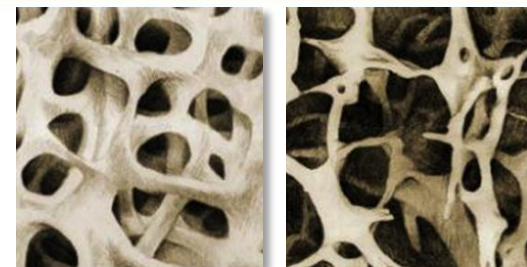
\$35M

Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.

# Maine

By the numbers: *DXA Testing*



2011

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

44%

Decline in the number of DXA physicians since 2008

22.2%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

26,611

Fewer woman to receive a DXA scan than projected since 2008

316

Additional hip fractures due to reduced screening

69

Additional hip fracture related deaths per year

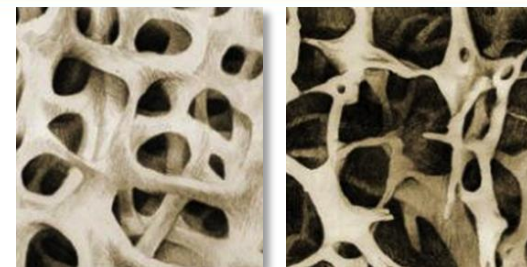
\$13M

Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.

# Maryland

By the numbers: *DXA Testing*



2009

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

29%

Decline in the number of DXA physicians since 2008

18.5%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

101,644

Fewer woman to receive a DXA scan than projected since 2008

1,206

Additional hip fractures due to reduced screening

263

Additional hip fracture related deaths per year

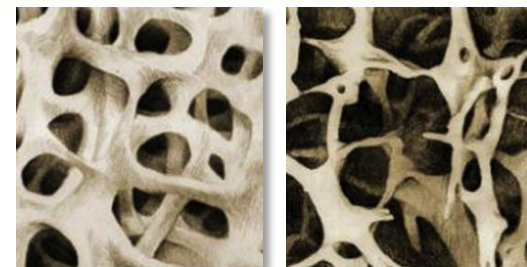
\$50M

Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.

# Massachusetts

By the numbers: *DXA Testing*



2008

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

29%

Decline in the number of DXA physicians since 2008

13.8%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

105,792

Fewer woman to receive a DXA scan than projected since 2008

1,255

Additional hip fractures due to reduced screening

274

Additional hip fracture related deaths per year

\$52M

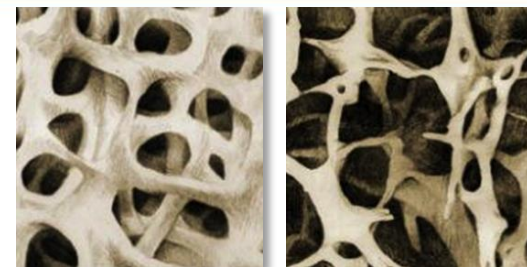
Additional cost to Medicare to treat hip fractures alone

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# Michigan

By the numbers: *DXA Testing*



2007

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

46%

Decline in the number of DXA physicians since 2008

17.1%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

148,895

Fewer woman to receive a DXA scan than projected since 2008

1,766

Additional hip fractures due to reduced screening

385

Additional hip fracture related deaths per year

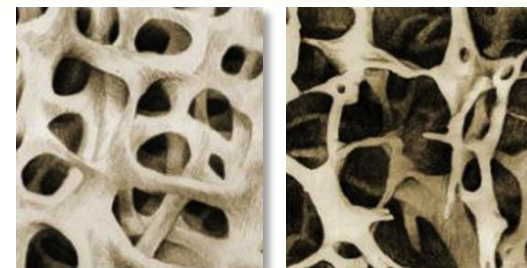
\$73M

Additional cost to Medicare to treat hip fractures alone

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# Minnesota

By the numbers: *DXA Testing*



2007

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

47%

Decline in the number of DXA physicians since 2008

22.3%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

64,247

Fewer woman to receive a DXA scan than projected since 2008

762

Additional hip fractures due to reduced screening

166

Additional hip fracture related deaths per year

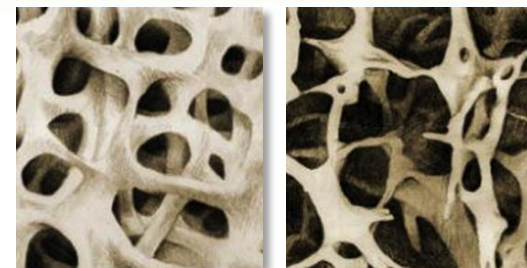
\$32M

Additional cost to Medicare to treat hip fractures alone

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# Mississippi

By the numbers: *DXA Testing*



2009

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

26%

Decline in the number of DXA physicians since 2008

8.8%

Decline in DXA testing of Medicare women since its peak

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

18,698

Fewer woman to receive a DXA scan than projected since 2008

222

Additional hip fractures due to reduced screening

48

Additional hip fracture related deaths per year

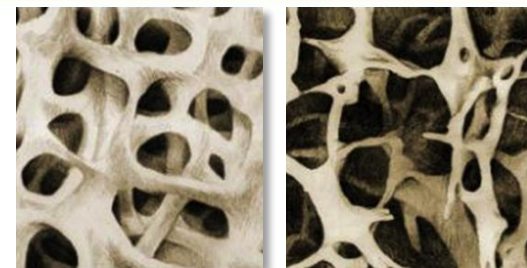
\$9.2M

Additional cost to Medicare to treat hip fractures alone

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# Missouri

By the numbers: *DXA Testing*



2007

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

29%

Decline in the number of DXA physicians since 2008

20.8%

Decline in DXA testing versus projection by 2016

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

69,134

Fewer woman to receive a DXA scan than projected since 2008

820

Additional hip fractures due to reduced screening

179

Additional hip fracture related deaths per year

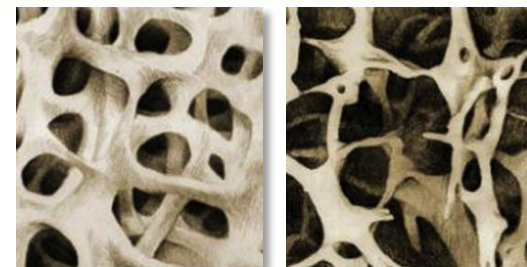
\$34M

Additional cost to Medicare to treat hip fractures alone

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# Montana

By the numbers: *DXA Testing*



2009

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

6.0%

Decline in the number of DXA physicians since 2008

21.0%

Decline in DXA testing versus projection by 2016

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

15,695

Fewer woman to receive a DXA scan than projected since 2008

186

Additional hip fractures due to reduced screening

41

Additional hip fracture related deaths per year

\$7.7M

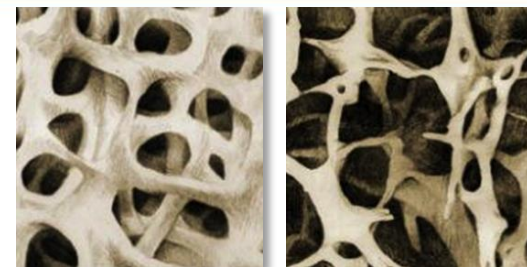
Additional cost to Medicare to treat hip fractures alone

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# Nebraska

By the numbers: *DXA Testing*



2011

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

1.7%

Decline in the number of DXA physicians since its peak

18.5%

Decline in DXA testing versus projection by 2016

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

23,884

Fewer woman to receive a DXA scan than projected since 2008

283

Additional hip fractures due to reduced screening

62

Additional hip fracture related deaths per year

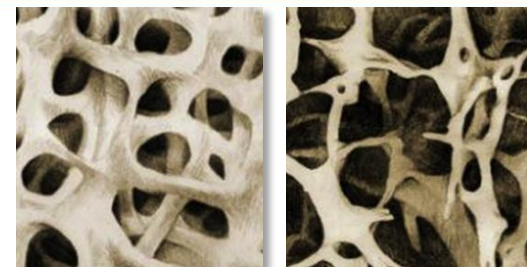
\$12M

Additional cost to Medicare to treat hip fractures alone

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# Nevada

By the numbers: *DXA Testing*



2010

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

19%

Decline in the number of DXA physicians since 2008

18.2%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

33,000

Fewer woman to receive a DXA scan than projected since 2008

391

Additional hip fractures due to reduced screening

85

Additional hip fracture related deaths per year

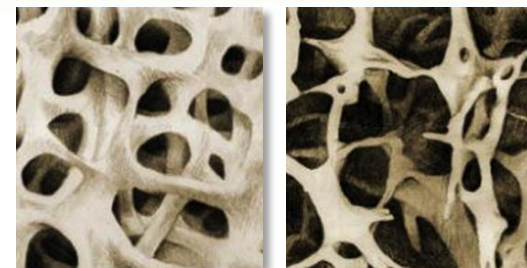
\$16M

Additional cost to Medicare to treat hip fractures alone

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# New Hampshire

By the numbers: *DXA Testing*



2008

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

16%

Decline in the number of DXA physicians since 2008

18.8%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

35,522

Fewer woman to receive a DXA scan than projected since 2008

421

Additional hip fractures due to reduced screening

92

Additional hip fracture related deaths per year

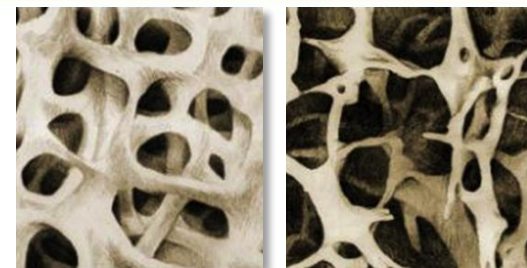
\$17M

Additional cost to Medicare to treat hip fractures alone

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# New Jersey

By the numbers: *DXA Testing*



2009

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

30%

Decline in the number of DXA physicians since 2008

10.4%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

129,693

Fewer woman to receive a DXA scan than projected since 2008

1,538

Additional hip fractures due to reduced screening

335

Additional hip fracture related deaths per year

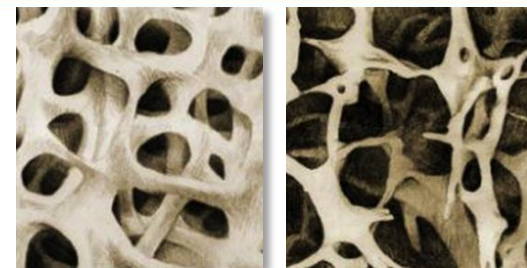
\$64M

Additional cost to Medicare to treat hip fractures alone

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# New Mexico

By the numbers: *DXA Testing*



2005

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

6%

Decline in the number of DXA physicians from its peak

13.2%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

27,436

Fewer woman to receive a DXA scan than projected since 2008

325

Additional hip fractures due to reduced screening

71

Additional hip fracture related deaths per year

\$13M

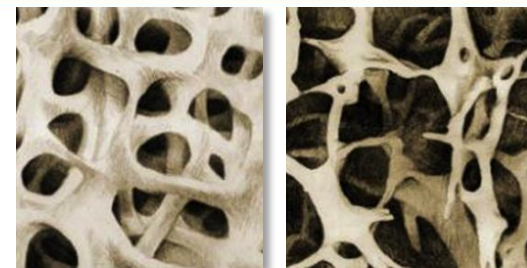
Additional cost to Medicare to treat hip fractures alone

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# New York

By the numbers: *DXA Testing*



2008

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

32%

Decline in the number of DXA physicians since 2008

15.9%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

258,185

Fewer woman to receive a DXA scan than projected since 2008

3,062

Additional hip fractures due to reduced screening

668

Additional hip fracture related deaths per year

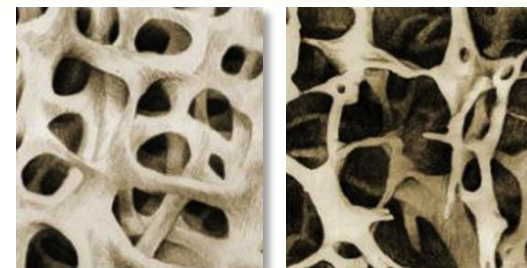
\$127M

Additional cost to Medicare to treat hip fractures alone

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# North Carolina

By the numbers: *DXA Testing*



2008

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

21%

Decline in the number of DXA physicians since 2008

22.8%

Decline in DXA testing versus projection by 2016

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

114,505

Fewer woman to receive a DXA scan than projected since 2008

1,358

Additional hip fractures due to reduced screening

296

Additional hip fracture related deaths per year

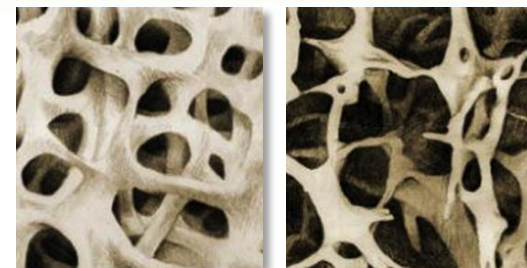
\$56M

Additional cost to Medicare to treat hip fractures alone

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# North Dakota

By the numbers: *DXA Testing*



2011

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

32%

Decline in the number of DXA physicians since 2008

18%

Decline in DXA testing versus projection by 2016

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

9,981

Fewer woman to receive a DXA scan than projected since 2008

118

Additional hip fractures due to reduced screening

26

Additional hip fracture related deaths per year

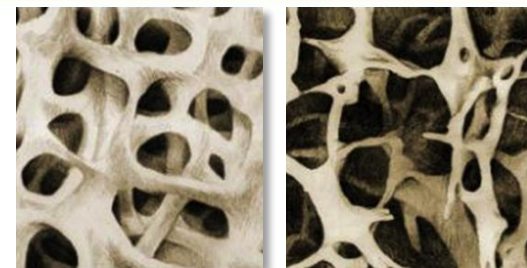
\$4.9M

Additional cost to Medicare to treat hip fractures alone

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# Ohio

By the numbers: *DXA Testing*



2009

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

38%

Decline in the number of DXA physicians since 2008

25.5%

Decline in DXA testing versus projection by 2016

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

106,350

Fewer woman to receive a DXA scan than projected since 2008

1,261

Additional hip fractures due to reduced screening

275

Additional hip fracture related deaths per year

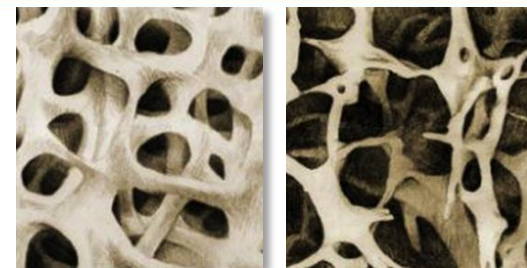
\$52M

Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.

# Oklahoma

By the numbers: *DXA Testing*



2007

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

22%

Decline in the number of DXA physicians since 2008

14.1%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

66,740

Fewer woman to receive a DXA scan than projected since 2008

792

Additional hip fractures due to reduced screening

173

Additional hip fracture related deaths per year

\$33M

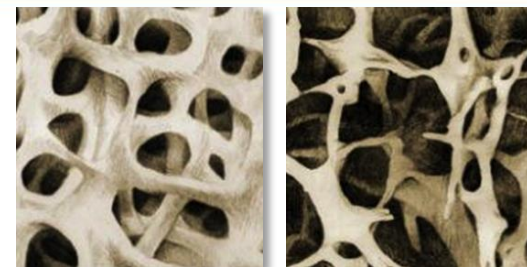
Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.



# Oregon

By the numbers: *DXA Testing*



2016

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

7%

Decline in the number of DXA physicians since 2008

14.2%

Decline in DXA testing versus projection by 2016

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

20,010

Fewer woman to receive a DXA scan than projected since 2008

237

Additional hip fractures due to reduced screening

52

Additional hip fracture related deaths per year

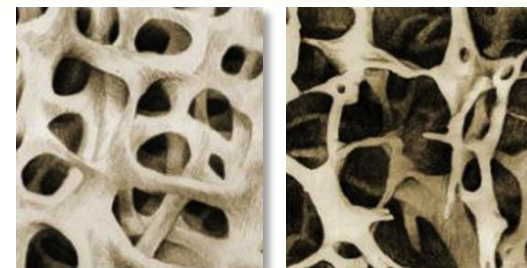
\$9.9M

Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.

# Pennsylvania

By the numbers: *DXA Testing*



2009

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

24%

Decline in the number of DXA physicians since 2008

20.8%

Decline in DXA testing versus projection by 2016

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

110,459

Fewer woman to receive a DXA scan than projected since 2008

1,310

Additional hip fractures due to reduced screening

286

Additional hip fracture related deaths per year

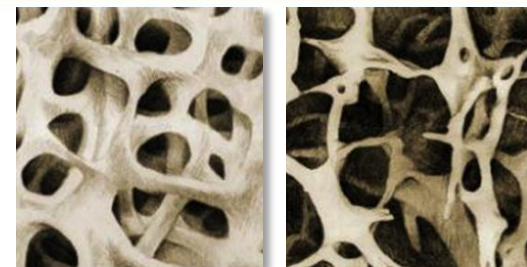
\$54M

Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.

# Rhode Island

By the numbers: *DXA Testing*



2009

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

27%

Decline in the number of DXA physicians since 2008

14.9%

Decline in DXA testing of Medicare women since its peak

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

10,865

Fewer woman to receive a DXA scan than projected since 2008

129

Additional hip fractures due to reduced screening

28

Additional hip fracture related deaths per year

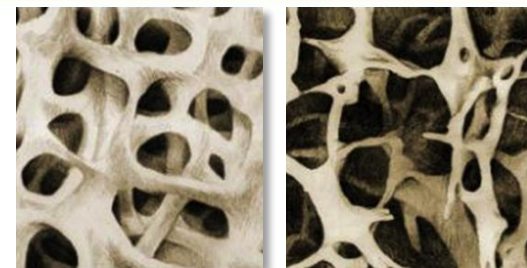
\$5.4M

Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.

# South Carolina

By the numbers: *DXA Testing*



2010

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

27%

Decline in the number of DXA physicians since 2008

21.7%

Decline in DXA testing versus projection by 2016

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

56,744

Fewer woman to receive a DXA scan than projected since 2008

673

Additional hip fractures due to reduced screening

147

Additional hip fracture related deaths per year

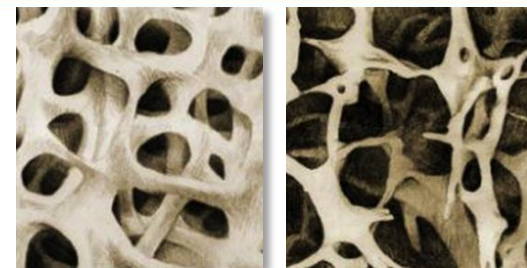
\$28M

Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.

# South Dakota

By the numbers: *DXA Testing*



2009

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

34%

Decline in the number of DXA physicians since 2008

14.0%

Decline in DXA testing of Medicare women since its peak

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

12,764

Fewer woman to receive a DXA scan than projected since 2008

151

Additional hip fractures due to reduced screening

33

Additional hip fracture related deaths per year

\$6.3M

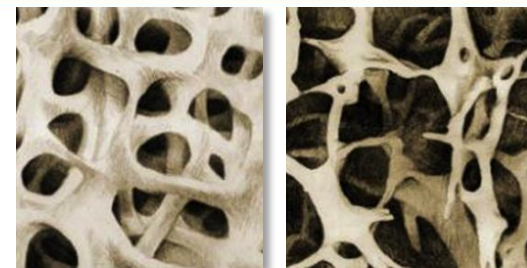
Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.



# Tennessee

By the numbers: *DXA Testing*



2016

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

18%

Decline in the number of DXA physicians since 2008

15.9%

Decline in DXA testing versus projection by 2016

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

53,744

Fewer woman to receive a DXA scan than projected since 2008

637

Additional hip fractures due to reduced screening

139

Additional hip fracture related deaths per year

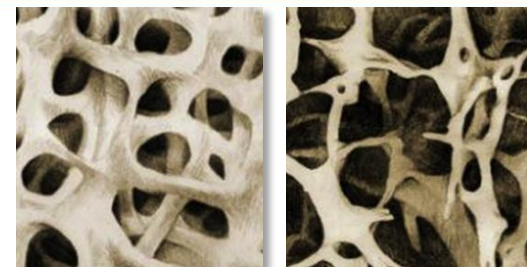
\$26M

Additional cost to Medicare to treat hip fractures alone

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# Texas

By the numbers: *DXA Testing*



2009

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

31%

Decline in the number of DXA physicians since 2008

12.9%

Decline in DXA testing of Medicare women since its peak

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

238,583

Fewer woman to receive a DXA scan than projected since 2008

2,830

Additional hip fractures due to reduced screening

617

Additional hip fracture related deaths per year

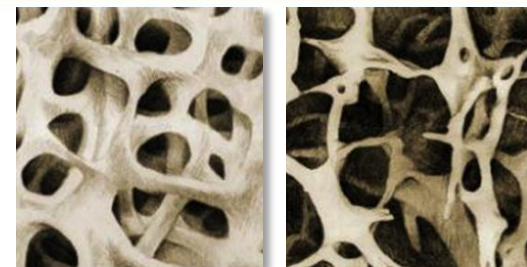
\$118M

Additional cost to Medicare to treat hip fractures alone

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# Utah

By the numbers: *DXA Testing*



2008

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

10%

Decline in the number of DXA physicians since 2008

8.5%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

23,158

Fewer woman to receive a DXA scan than projected since 2008

275

Additional hip fractures due to reduced screening

60

Additional hip fracture related deaths per year

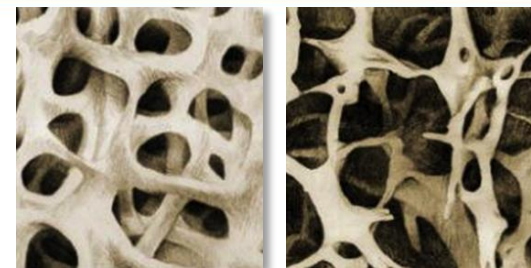
\$11M

Additional cost to Medicare to treat hip fractures alone

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# Vermont

By the numbers: *DXA Testing*



2009

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

7.7%

Decline in the number of DXA physicians since its peak

17.3%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

13,724

Fewer woman to receive a DXA scan than projected since 2008

163

Additional hip fractures due to reduced screening

35

Additional hip fracture related deaths per year

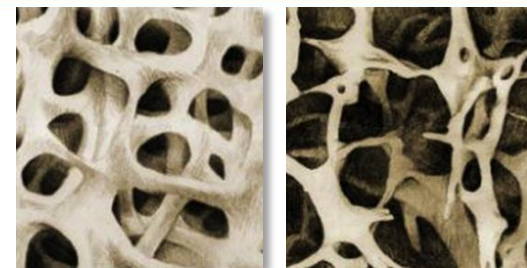
\$6.8M

Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.

# Virginia

By the numbers: *DXA Testing*



2009

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

22%

Decline in the number of DXA physicians since 2008

9.6%

Decline in DXA testing of Medicare women since its peak

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

103,193

Fewer woman to receive a DXA scan than projected since 2008

1,224

Additional hip fractures due to reduced screening

267

Additional hip fracture related deaths per year

\$51M

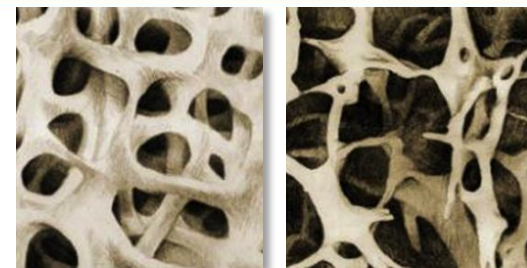
Additional cost to Medicare to treat hip fractures alone

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# Washington

By the numbers: *DXA Testing*



2008

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

25%

Decline in the number of DXA physicians since 2008

20.7%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

121,786

Fewer woman to receive a DXA scan than projected since 2008

1,445

Additional hip fractures due to reduced screening

315

Additional hip fracture related deaths per year

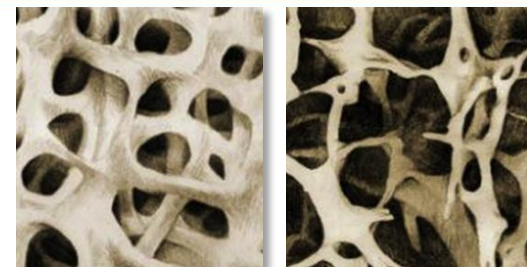
\$60M

Additional cost to Medicare to treat hip fractures alone

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# West Virginia

By the numbers: *DXA Testing*



2009

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

8.2%

Decline in the number of DXA physicians since 2008

5.5%

Decline in DXA testing of Medicare women since its peak

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

17,022

Fewer woman to receive a DXA scan than projected since 2008

202

Additional hip fractures due to reduced screening

44

Additional hip fracture related deaths per year

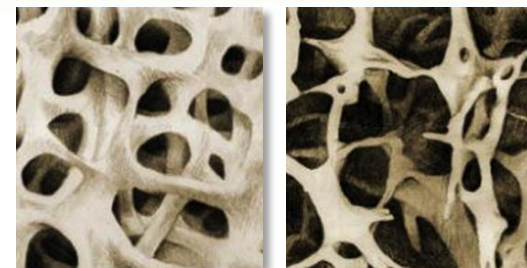
\$8.4M

Additional cost to Medicare to treat hip fractures alone

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# Wisconsin

By the numbers: *DXA Testing*



## Estimated Consequences

70%

Decline to \$42 reimbursement for DXA scans since 2006

35,879

Fewer woman to receive a DXA scan than projected since 2008

22%

Decline in the number of DXA physicians since 2008

426

Additional hip fractures due to reduced screening

6.7%

Decline in DXA testing of Medicare women since its peak

93

Additional hip fracture related deaths per year

21.5%

Decline in osteoporosis diagnosis since 2009

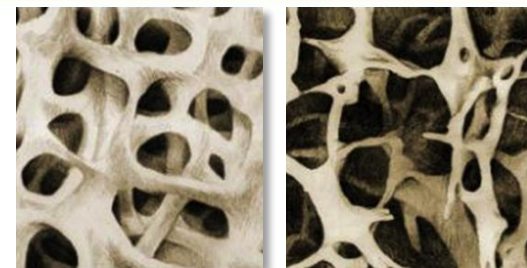
\$17.7M

Additional cost to Medicare to treat hip fractures alone

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# Wyoming

By the numbers: *DXA Testing*



2008

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

19%

Decline in the number of DXA physicians since 2008

23.3%

Decline in DXA testing of Medicare women since 2008

21.5%

Decline in osteoporosis diagnosis since 2009

## *Estimated Consequences*

11,730

Fewer woman to receive a DXA scan than projected since 2008

139

Additional hip fractures due to reduced screening

30

Additional hip fracture related deaths per year

\$5.8M

Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.