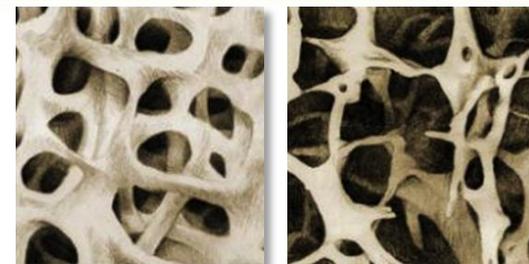


United States

By the numbers: *DXA Testing*



2008

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

37%

Decline in DXA office providers since 2008

7,597

Fewer DXA physicians down from 20,370 to 12,773

43%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

4,390,043

Fewer woman to receive a DXA scan than projected since 2008

55,304

Additional hip fractures due to reduced screening

12,056

Additional hip fracture related deaths

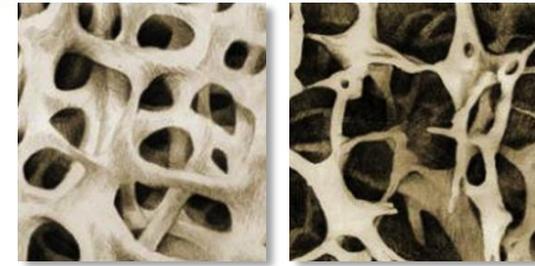
\$2.3B

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 21.8% 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

24.8%

Decline in DXA office providers since 2008

124

Fewer DXA physicians down from 498 to 374

41.7%

Undiagnosed and untreated osteoporosis in 2017

42,833

Fewer woman to receive a DXA scan than projected since 2008

540

Additional hip fractures due to reduced screening

118

Additional hip fracture related deaths

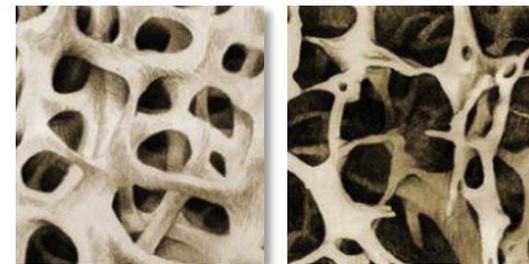
\$22M

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 21.8% 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

13.0%

Decline in DXA testing of Medicare women since 2006

17.5%

Decline in DXA testing of Medicare women since its peak

53.9%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

9,416

Fewer woman to receive a DXA scan than projected since 2008

119

Additional hip fractures due to reduced screening

26

Additional hip fracture related deaths

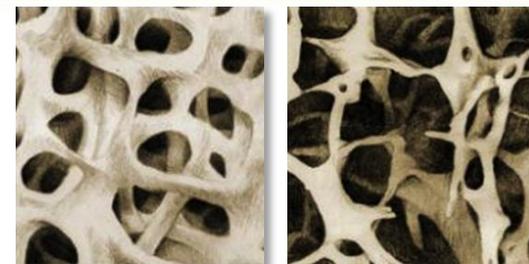
\$5M

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 21.8% 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

29.6%

Decline in DXA office providers since 2008

138

Fewer DXA physicians down from 465 to 327

34.3%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

110,600

Fewer woman to receive a DXA scan than projected since 2008

1,393

Additional hip fractures due to reduced screening

304

Additional hip fracture related deaths

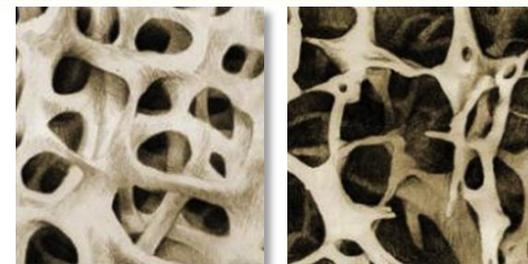
\$58M

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 21.8% 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

41.6%

Decline in DXA office providers since 2008

134

Fewer DXA physicians down from 323 to 189

46.2%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

70,450

Fewer woman to receive a DXA scan than projected since 2008

888

Additional hip fractures due to reduced screening

193

Additional hip fracture related deaths

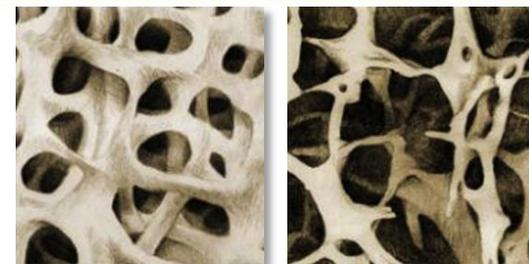
\$37M

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 21.8% of all hip fracture patients die within a year of the fracture.

California

By the numbers: *DXA Testing*



2011

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

29.2%

Decline in office physicians from 1,395 to 987

10.6%

Decline in DXA testing of Medicare women since peak

35.6%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

398,010

Fewer woman to receive a DXA scan than projected since 2008

5,014

Additional hip fractures due to reduced screening

1,093

Additional hip fracture related deaths

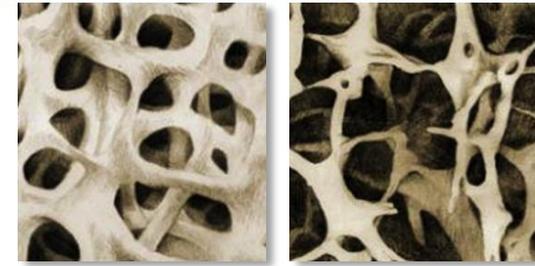
\$208M

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 21.8% 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

31.9%

Decline in DXA office providers since 2008

92

Fewer DXA physicians down from 264 to 172

44.6%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

78,738

Fewer woman to receive a DXA scan than projected since 2008

992

Additional hip fractures due to reduced screening

216

Additional hip fracture related deaths

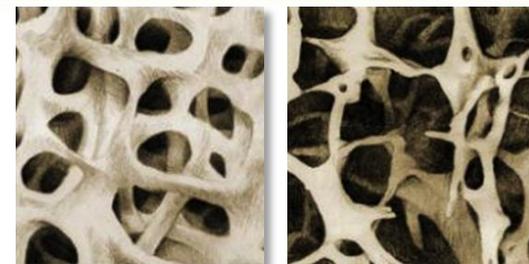
\$41M

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 21.8% 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

43.5%

Decline in DXA office providers since 2008

131

Fewer DXA physicians down from 301 to 170

35.1%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

62,427

Fewer woman to receive a DXA scan than projected since 2008

768

Additional hip fractures due to reduced screening

171

Additional hip fracture related deaths

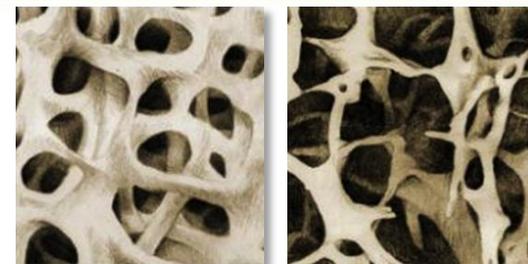
\$33M

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 21.8% of all hip fracture patients die within a year of the fracture.

Delaware

By the numbers: *DXA Testing*



2009

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

47.7%

Decline in DXA office providers since peak

28

Fewer DXA physicians down from 59 to 31

44.6%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

20,650

Fewer woman to receive a DXA scan than projected since 2008

260

Additional hip fractures due to reduced screening

57

Additional hip fracture related deaths

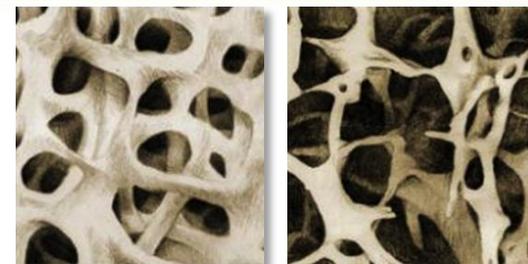
\$11M

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 21.8% 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

26.1%

Decline in DXA office providers since its peak in 2009

12

Fewer DXA physicians down from 45 to 33

52.3%

Undiagnosed and untreated osteoporosis in 2017

7,636

Fewer woman to receive a DXA scan than projected since 2008

96

Additional hip fractures due to reduced screening

21

Additional hip fracture related deaths

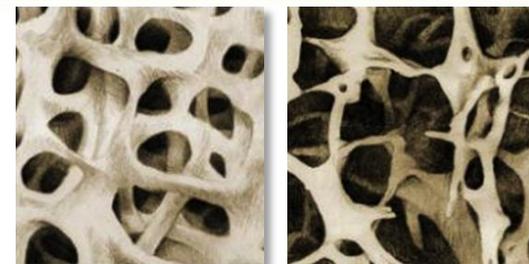
\$4M

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 21.8% 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

31%

Decline in DXA office providers since 2008

478

Fewer DXA physicians down from 1,538 to 1,060

28.8%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

354,118

Fewer women to receive a DXA scan than projected since 2008

4,461

Additional hip fractures due to reduced screening

973

Additional hip fracture related deaths

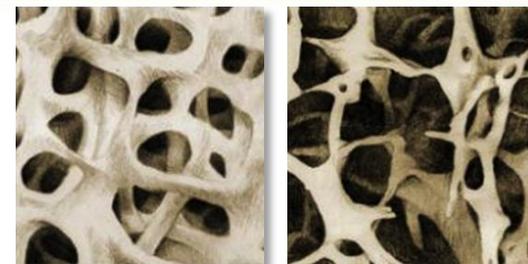
\$185M

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 21.8% of all hip fracture patients die within a year of the fracture.

Georgia

By the numbers: *DXA Testing*



Estimated Consequences

70%

Decline to \$42 reimbursement for DXA scans since 2006

23.6%

Decline in DXA office providers since 2006 from 674 to 515

15.4%

Decline in DXA testing versus projection by 2017

46.6%

Undiagnosed and untreated osteoporosis in 2017

76,215

Fewer woman to receive a DXA scan than projected since 2008

960

Additional hip fractures due to reduced screening

209

Additional hip fracture related deaths

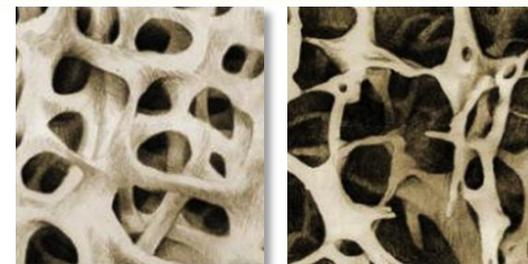
\$40M

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 21.8% 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

41.8%

Decline in DXA office providers since 2006

25

Fewer DXA physicians down from 60 to 35

9.5%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

16,613

Fewer woman to receive a DXA scan than projected since 2008

209

Additional hip fractures due to reduced screening

46

Additional hip fracture related deaths

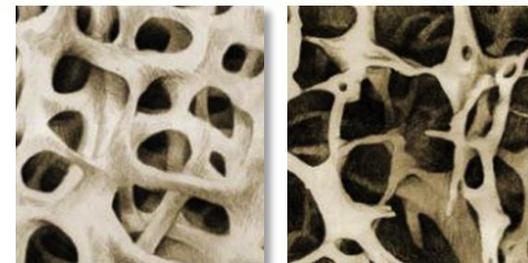
\$9M

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 21.8% 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

55.3%

Decline in DXA office providers since 2008

41

Fewer DXA physicians down from 74 to 33

53.4%

Undiagnosed and untreated osteoporosis in 2017

16,350

Fewer woman to receive a DXA scan than projected since 2008

206

Additional hip fractures due to reduced screening

45

Additional hip fracture related deaths

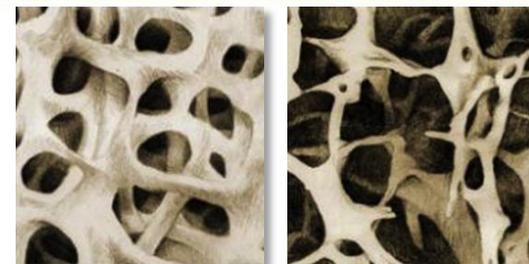
\$9M

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 21.8% of all hip fracture patients die within a year of the fracture.

Illinois

By the numbers: *DXA Testing*



Estimated Consequences

70%

Decline to \$42 reimbursement for DXA scans since 2006

53%

Decline in DXA office providers since 2008

361

Fewer DXA physicians down from 682 to 321

47.5%

Undiagnosed and untreated osteoporosis in 2017

213,865

Fewer woman to receive a DXA scan than projected since 2008

2,694

Additional hip fractures due to reduced screening

587

Additional hip fracture related deaths

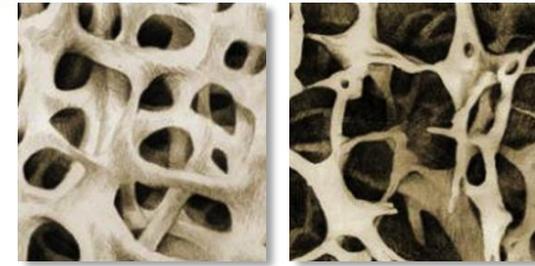
\$112M

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 21.8% of all hip fracture patients die within a year of the fracture.

Indiana

By the numbers: *DXA Testing*



Estimated Consequences

70%

Decline to \$42 reimbursement for DXA scans since 2006

51%

Decline in DXA office providers since 2008

217

Fewer DXA physicians down from 420 to 203

49.4%

Undiagnosed and untreated osteoporosis in 2017

98,196

Fewer woman to receive a DXA scan than projected since 2008

1,237

Additional hip fractures due to reduced screening

270

Additional hip fracture related deaths

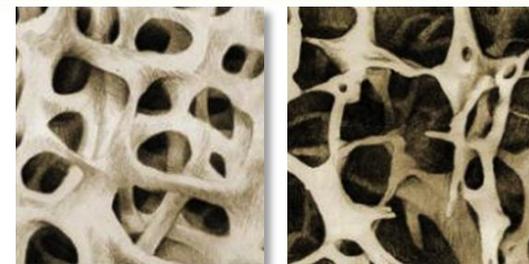
\$51M

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 21.8% 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

28.3%

Decline in DXA office providers since 2007

63

Fewer DXA physicians down from 223 to 160

54.4%

Undiagnosed and untreated osteoporosis in 2017

22,844

Fewer woman to receive a DXA scan than projected since 2008

288

Additional hip fractures due to reduced screening

63

Additional hip fracture related deaths

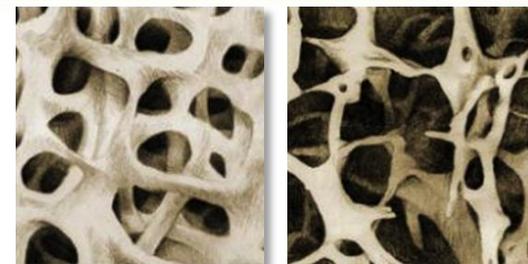
\$12M

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 21.8% 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

24.3%

Decline in DXA office providers since 2008

69

Fewer DXA physicians down from 282 to 213

50.9%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

58,987

Fewer woman to receive a DXA scan than projected since 2008

743

Additional hip fractures due to reduced screening

162

Additional hip fracture related deaths

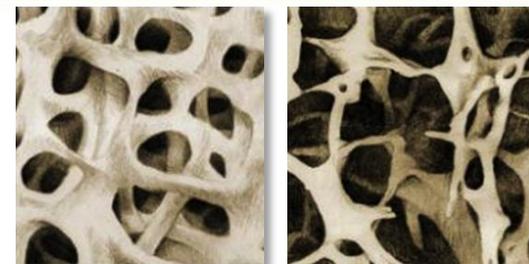
\$31M

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 21.8% of all hip fracture patients die within a year of the fracture.

Kentucky

By the numbers: *DXA Testing*



2008

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

45.6%

Decline in DXA office providers since 2006

178

Fewer DXA physicians down from 390 to 212

54.3%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

83,001

Fewer woman to receive a DXA scan than projected since 2008

1,046

Additional hip fractures due to reduced screening

228

Additional hip fracture related deaths

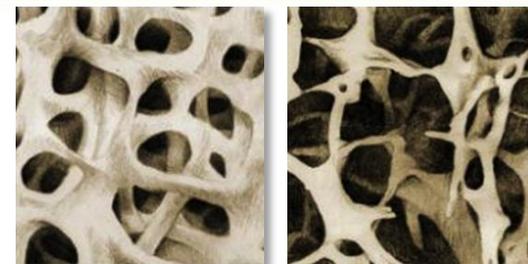
\$43M

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 21.8% 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

43.1%

Decline in DXA office providers since 2005

162

Fewer DXA physicians down from 376 to 214

47.4%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

80,779

Fewer woman to receive a DXA scan than projected since 2008

1,018

Additional hip fractures due to reduced screening

222

Additional hip fracture related deaths

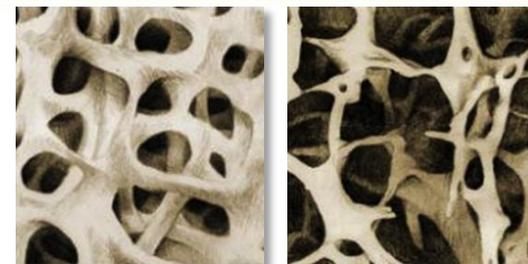
\$42M

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 21.8% 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

76.4%

Decline in DXA office providers since 2006

55

Fewer DXA physicians down from 72 to 17

58.4%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

32,006

Fewer woman to receive a DXA scan than projected since 2008

403

Additional hip fractures due to reduced screening

88

Additional hip fracture related deaths

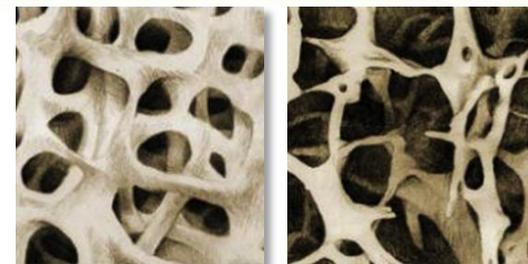
\$17M

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 21.8% 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

28.4%

Decline in DXA office providers since 2008

124

Fewer DXA physicians down from 437 to 313

45.6%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

121,447

Fewer woman to receive a DXA scan than projected since 2008

1,530

Additional hip fractures due to reduced screening

334

Additional hip fracture related deaths

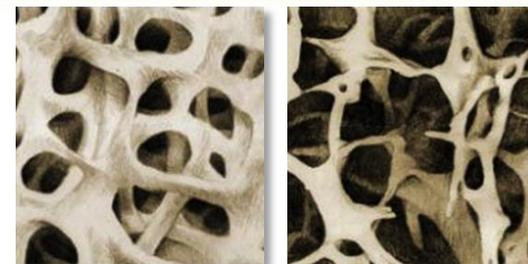
\$64M

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 21.8% 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

50.7%

Decline in DXA office providers since 2008

145

Fewer DXA physicians down from 286 to 141

35%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

124,934

Fewer woman to receive a DXA scan than projected since 2008

1,574

Additional hip fractures due to reduced screening

343

Additional hip fracture related deaths

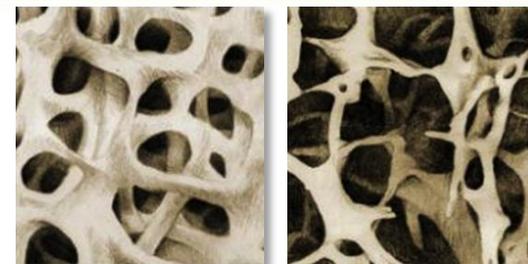
\$65M

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 21.8% of all hip fracture patients die within a year of the fracture.

Michigan

By the numbers: *DXA Testing*



2007

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

64.7%

Decline in DXA office providers since 2006

626

Fewer DXA physicians down from 968 to 342

52.8%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

176,176

Fewer woman to receive a DXA scan than projected since 2008

2,219

Additional hip fractures due to reduced screening

484

Additional hip fracture related deaths

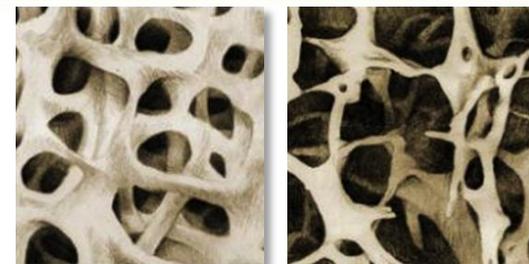
\$92M

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 21.8% of all hip fracture patients die within a year of the fracture.

Minnesota

By the numbers: *DXA Testing*



2007

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

63%

Decline in DXA office providers since 2005

265

Fewer DXA physicians down from 418 to 153

49.2%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

71,058

Fewer woman to receive a DXA scan than projected since 2008

895

Additional hip fractures due to reduced screening

195

Additional hip fracture related deaths

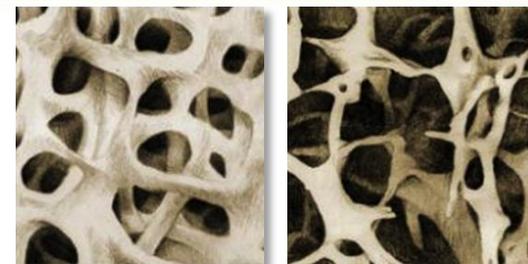
\$37M

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 21.8% of all hip fracture patients die within a year of the fracture.

Mississippi

By the numbers: *DXA Testing*



Estimated Consequences

70%

Decline to \$42 reimbursement for DXA scans since 2006

53.2%

Decline in DXA office providers since 2007

116

Fewer DXA physicians down from 218 to 102

55.3%

Undiagnosed and untreated osteoporosis in 2017

22,152

Fewer woman to receive a DXA scan than projected since 2008

279

Additional hip fractures due to reduced screening

61

Additional hip fracture related deaths

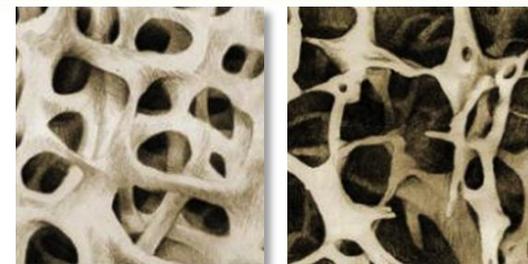
\$12M

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 21.8% of all hip fracture patients die within a year of the fracture.

Missouri

By the numbers: *DXA Testing*



Estimated Consequences

70%

Decline to \$42 reimbursement for DXA scans since 2006

34.2%

Decline in DXA office providers since 2006

143

Fewer DXA physicians down from 419 to 276

49%

Undiagnosed and untreated osteoporosis in 2017

79,681

Fewer woman to receive a DXA scan than projected since 2008

1,004

Additional hip fractures due to reduced screening

219

Additional hip fracture related deaths

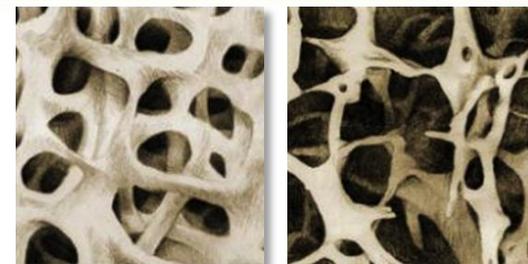
\$42M

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 21.8% of all hip fracture patients die within a year of the fracture.

Montana

By the numbers: *DXA Testing*



2009

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

23.4%

Decline in DXA office providers since 2008

9

Fewer DXA physicians down from 39 to 30

49.2%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

19,260

Fewer woman to receive a DXA scan than projected since 2008

243

Additional hip fractures due to reduced screening

53

Additional hip fracture related deaths

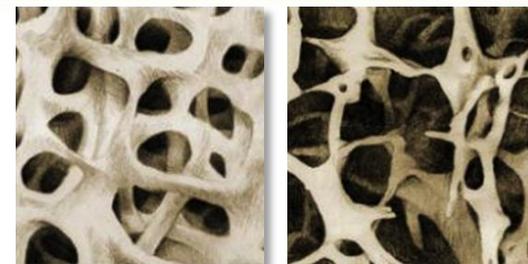
\$10M

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 21.8% of all hip fracture patients die within a year of the fracture.

Nebraska

By the numbers: *DXA Testing*



Estimated Consequences

70%

Decline to \$42 reimbursement for DXA scans since 2006

20.4%

Decline in DXA office providers since its peak

32

Fewer DXA physicians down from 159 to 127

51.1%

Undiagnosed and untreated osteoporosis in 2017

26,780

Fewer woman to receive a DXA scan than projected since 2008

337

Additional hip fractures due to reduced screening

74

Additional hip fracture related deaths

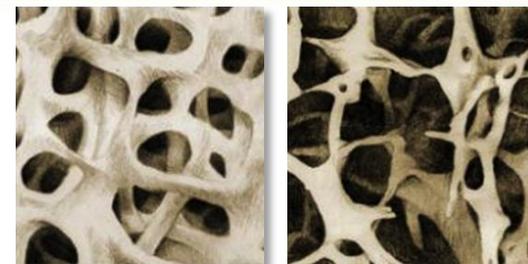
\$14M

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

28.4%

Decline in DXA office providers since 2008

54

Fewer DXA physicians down from 189 to 135

46%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

39,920

Fewer woman to receive a DXA scan than projected since 2008

503

Additional hip fractures due to reduced screening

110

Additional hip fracture related deaths

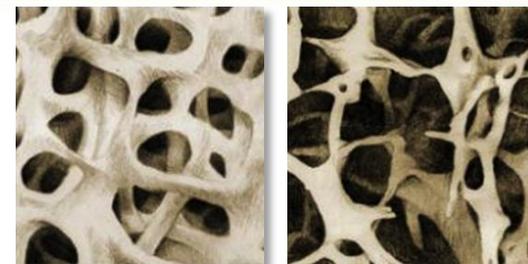
\$21M

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

27.9%

Decline in DXA office providers since 2005 from 61 to 44

23.6%

Decline in DXA testing of Medicare women since 2008

55.7%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

43,728

Fewer woman to receive a DXA scan than projected since 2008

551

Additional hip fractures due to reduced screening

120

Additional hip fracture related deaths

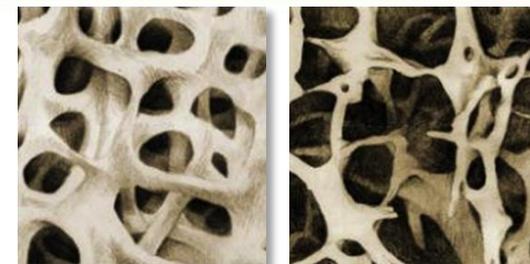
\$23M

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 21.8% of all hip fracture patients die within a year of the fracture.

New Jersey

By the numbers: *DXA Testing*



2009

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

35.1%

Decline in DXA office providers since 2008

241

Fewer DXA physicians down from 686 to 445

37.4%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

158,237

Fewer woman to receive a DXA scan than projected since 2008

1,993

Additional hip fractures due to reduced screening

435

Additional hip fracture related deaths

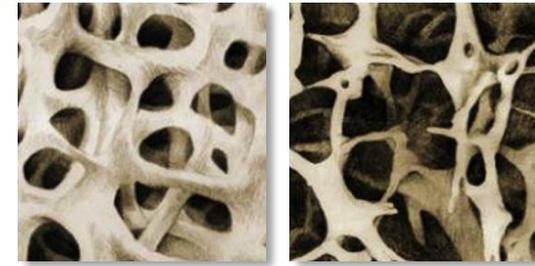
\$83M

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

30.3%

Decline in DXA office providers from its peak

20

Fewer DXA physicians down from 67 to 47

43.4%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

32,529

Fewer woman to receive a DXA scan than projected since 2008

410

Additional hip fractures due to reduced screening

89

Additional hip fracture related deaths

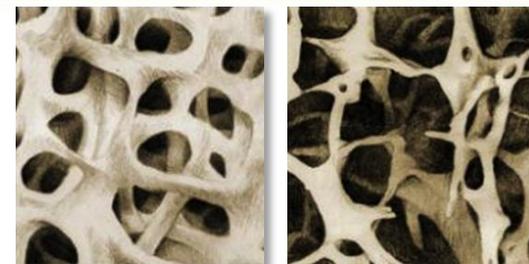
\$17M

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

40%

Decline in DXA office providers since 2005

529

Fewer DXA physicians down from 1,324 to 795

34.4%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

306,949

Fewer woman to receive a DXA scan than projected since 2008

3,867

Additional hip fractures due to reduced screening

843

Additional hip fracture related deaths

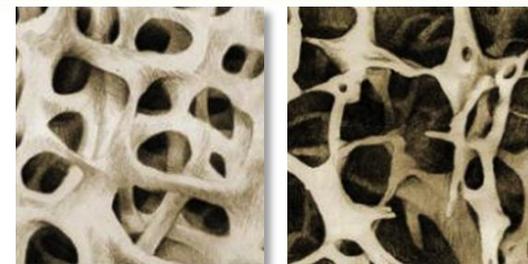
\$161M

Additional cost to Medicare to treat hip fractures alone

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North Carolina

By the numbers: *DXA Testing*



Estimated Consequences

70%

Decline to \$42 reimbursement for DXA scans since 2006

25.9%

Decline in DXA office providers since 2008

249

Fewer DXA physicians down from 961 to 712

45.5%

Undiagnosed and untreated osteoporosis in 2017

134,698

Fewer woman to receive a DXA scan than projected since 2008

1,697

Additional hip fractures due to reduced screening

370

Additional hip fracture related deaths

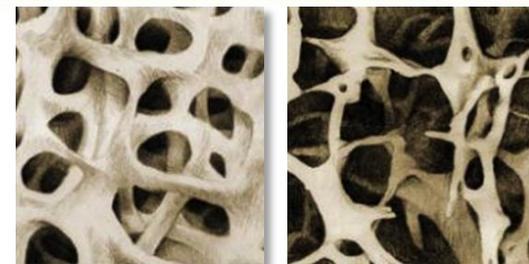
\$71M

Additional cost to Medicare to treat hip fractures alone

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North Dakota

By the numbers: *DXA Testing*



Estimated Consequences

70%

Decline to \$42 reimbursement for DXA scans since 2006

60.3%

Decline in DXA office providers since 2007

26

Fewer DXA physicians down from 43 to 17

48.7%

Undiagnosed and untreated osteoporosis in 2017

11,333

Fewer woman to receive a DXA scan than projected since 2008

143

Additional hip fractures due to reduced screening

31

Additional hip fracture related deaths

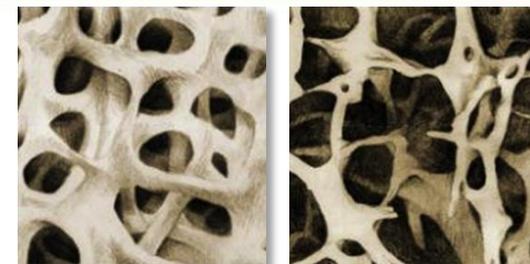
\$6M

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

63.6%

Decline in DXA office providers since 2007

442

Fewer DXA physicians down from 695 to 253

49.4%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

126,147

Fewer woman to receive a DXA scan than projected since 2008

1,589

Additional hip fractures due to reduced screening

346

Additional hip fracture related deaths

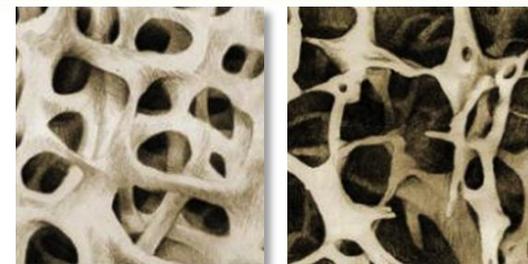
\$66M

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 21.8% 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

42.4%

Decline in DXA office providers since 2007

118

Fewer DXA physicians down from 278 to 160

51.7%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

78,846

Fewer woman to receive a DXA scan than projected since 2008

993

Additional hip fractures due to reduced screening

217

Additional hip fracture related deaths

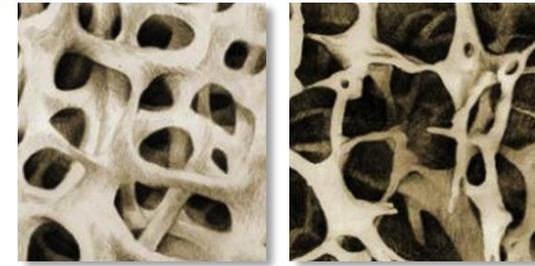
\$41M

Additional cost to Medicare to treat hip fractures alone

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Oregon

By the numbers: *DXA Testing*



Estimated Consequences

70%

Decline to \$42 reimbursement for DXA scans since 2006

31.1%

Decline since peak in office physicians from 181 to 125

20.5%

Decline in DXA testing versus projection by 2017

52.6%

Undiagnosed and untreated osteoporosis in 2017

24,675

Fewer woman to receive a DXA scan than projected since 2008

311

Additional hip fractures due to reduced screening

68

Additional hip fracture related deaths

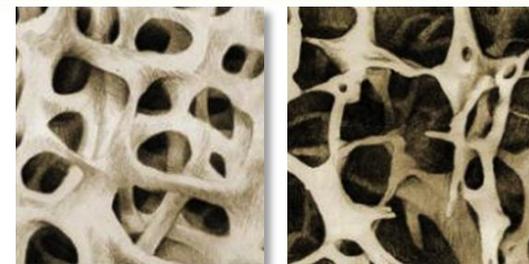
\$13M

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 21.8% of all hip fracture patients die within a year of the fracture.

Pennsylvania

By the numbers: *DXA Testing*



Estimated Consequences

70%

Decline to \$42 reimbursement for DXA scans since 2006

129,835

Fewer woman to receive a DXA scan than projected since 2008

56.9%

Decline in DXA office providers since 2006

1,636

Additional hip fractures due to reduced screening

20.9%

Decline in DXA testing versus projection by 2017

357

Additional hip fracture related deaths

39.5%

Undiagnosed and untreated osteoporosis in 2017

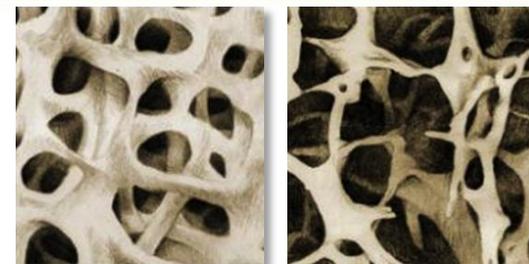
\$68M

Additional cost to Medicare to treat hip fractures alone

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Rhode Island

By the numbers: *DXA Testing*



2009

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

25.8%

Decline in DXA office providers since 2011 from 93 to 69

28.5%

Decline in DXA testing versus projection by 2017

40.5%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

13,111

Fewer woman to receive a DXA scan than projected since 2008

165

Additional hip fractures due to reduced screening

36

Additional hip fracture related deaths

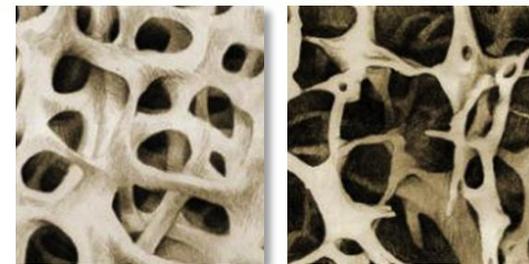
\$7M

Additional cost to Medicare to treat hip fractures alone

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South Carolina

By the numbers: *DXA Testing*



2010

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

44.3%

Decline in DXA office providers since 2008 from 440 to 245

23.8%

Decline in DXA testing versus projection by 2017

49.2%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

69,479

Fewer women to receive a DXA scan than projected since 2008

875

Additional hip fractures due to reduced screening

191

Additional hip fracture related deaths

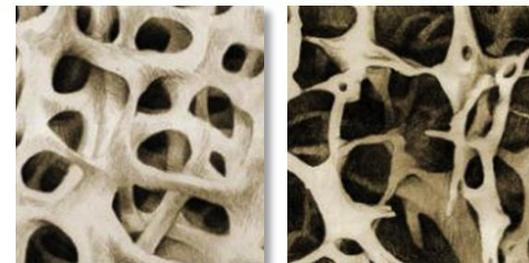
\$36M

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 21.8% of all hip fracture patients die within a year of the fracture.

South Dakota

By the numbers: *DXA Testing*



Estimated Consequences

70%

Decline to \$42 reimbursement for DXA scans since 2006

14,323

Fewer woman to receive a DXA scan than projected since 2008

62.6%

Decline in DXA office providers since 2009

180

Additional hip fractures due to reduced screening

74

Fewer DXA physicians down from 118 to 44

39

Additional hip fracture related deaths

51.1%

Undiagnosed and untreated osteoporosis in 2017

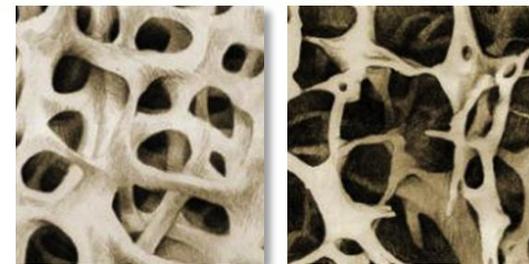
\$8M

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 21.8% of all hip fracture patients die within a year of the fracture.

Tennessee

By the numbers: *DXA Testing*



Estimated Consequences

70%

Decline to \$42 reimbursement for DXA scans since 2006

26.1%

Decline in DXA office providers since 2008 from 681 to 503

18.9%

Decline in DXA testing versus projection by 2017

49.7

Undiagnosed and untreated osteoporosis in 2017

64,127

Fewer woman to receive a DXA scan than projected since 2008

808

Additional hip fractures due to reduced screening

176

Additional hip fracture related deaths

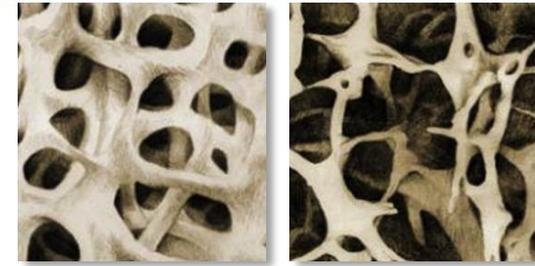
\$34M

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

36%

Decline in DXA office providers since 2008

696

Fewer DXA physicians down from 1,933 to 1,237

41.3%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

290,073

Fewer woman to receive a DXA scan than projected since 2008

3,654

Additional hip fractures due to reduced screening

797

Additional hip fracture related deaths

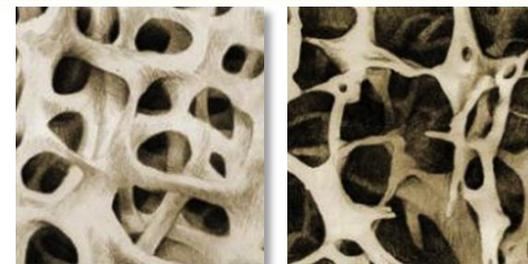
\$152M

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

29.9%

Decline in DXA office providers since 2006 from 128 to 90

10.6%

Decline in DXA testing of Medicare women since 2008

41.5%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

28,710

Fewer woman to receive a DXA scan than projected since 2008

362

Additional hip fractures due to reduced screening

79

Additional hip fracture related deaths

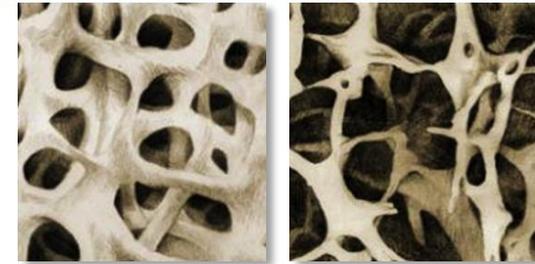
\$15M

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

19.5%

Decline in DXA office providers since its peak from 14 to 11

17.0%

Decline in DXA testing of Medicare women since its peak

68.6%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

16,639

Fewer woman to receive a DXA scan than projected since 2008

210

Additional hip fractures due to reduced screening

46

Additional hip fracture related deaths

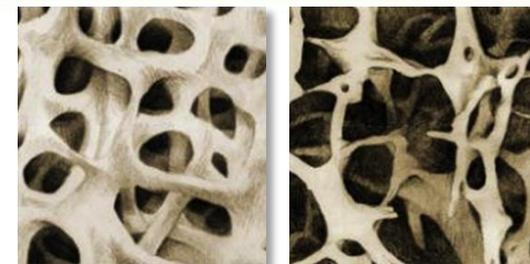
\$9M

Additional cost to Medicare to treat hip fractures alone

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Virginia

By the numbers: *DXA Testing*



2009

Peak year for DXA scanning

70%

Decline to \$42 reimbursement for DXA scans since 2006

35.5%

Decline in DXA office providers since 2006

204

Fewer DXA physicians down from 575 to 371

43.3

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

123,317

Fewer woman to receive a DXA scan than projected since 2008

1,554

Additional hip fractures due to reduced screening

339

Additional hip fracture related deaths

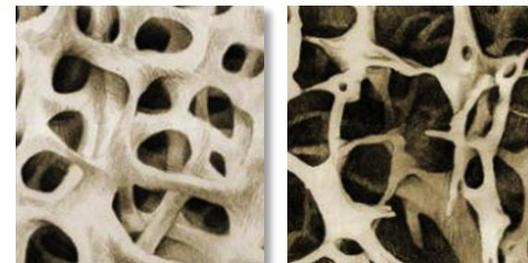
\$65M

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

49.6%

Decline in the number of DXA office physicians since 2008

206

Fewer DXA physicians down from 416 to 210

55.2%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

144,624

Fewer woman to receive a DXA scan than projected since 2008

1,822

Additional hip fractures due to reduced screening

397

Additional hip fracture related deaths

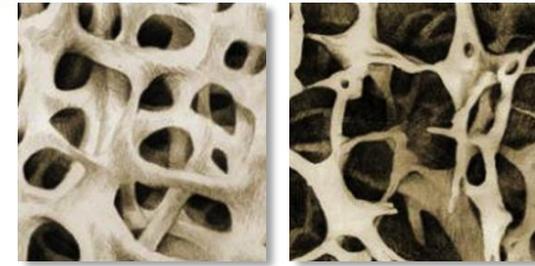
\$76M

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

21.8%

Decline in DXA office providers since 2008

20

Fewer DXA physicians down from 92 to 72

51.3%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

20,290

Fewer woman to receive a DXA scan than projected since 2008

256

Additional hip fractures due to reduced screening

56

Additional hip fracture related deaths

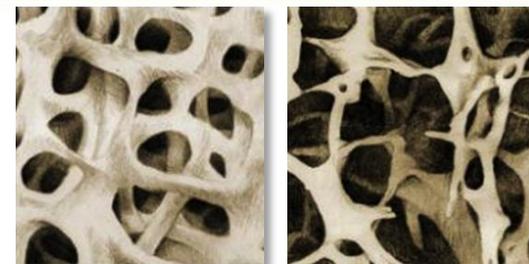
\$11M

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

47%

Decline in DXA office providers since 2009

159

Fewer DXA physicians down from 338 to 179

52.8%

Undiagnosed and untreated osteoporosis in 2017

43,669

Fewer woman to receive a DXA scan than projected since 2008

550

Additional hip fractures due to reduced screening

120

Additional hip fracture related deaths

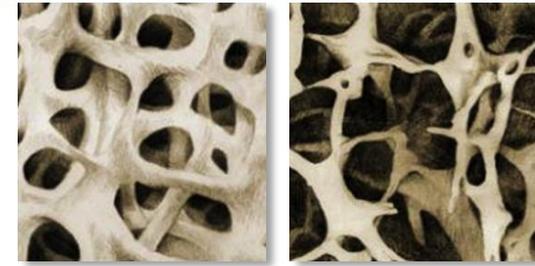
\$23M

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

53.8%

Decline in DXA office providers since 2007

19

Fewer DXA physicians down from 35 to 16

62.2%

Undiagnosed and untreated osteoporosis in 2017

Estimated Consequences

14,219

Fewer woman to receive a DXA scan than projected since 2008

179

Additional hip fractures due to reduced screening

39

Additional hip fracture related deaths

\$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 21.8% of all hip fracture patients die within a year of the fracture.