Are Medicare Cuts in Payment for Bone Density Scans Reflected in the Number of Scans Performed?

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“Yes,” say several Lister Hill scholars and their colleagues. “The number of central dual-energy X-ray absorptiometry (DXA) scans performed in physician offices dropped from 1.6 million in 2006 to 1.5 million in 2009. During these years, Medicare gradually reduced payments for DXAs performed at nonhospital settings from an average of $139 in 2006 to about $72 in 2009 while reimbursement for hospital outpatient DXA service was unchanged.”

Central DXA is essential in the diagnosis and management of osteoporosis, a disease which was identified as a major public health issue in the 2004 U.S. Surgeon General’s report on bone health. The implementation of provisions in the Deficit Reduction Act of 2005 resulted in reduced reimbursement for central DXA services in nonhospital settings. Experts voiced concern that reduced reimbursement for DXA could result in a decline in the number of practices providing DXA services and an increase in the number of undiagnosed and/or untreated individuals with osteoporosis.

The researchers investigated the use of hip and spine (central) DXA in the Medicare population before and after the reimbursement cuts using data from the Chronic Conditions Warehouse that included enrollment information and claims for a 5% random sample of beneficiaries from 1999 to 2009. Analysis of the data found that the overall proportion of beneficiaries who received a central DXA each year continued to increase through 2008 and remained unchanged in 2009. However, from 2006 to 2009, the annual rate of increase declined and DXAs were more likely to be performed in hospitals and not in physician offices compared with 2002 to 2006. Beginning in 2007, a trend was observed whereby more practice groups discontinued providing DXA services and fewer started providing these services.

“The long-term impact of the changes in reimbursement of central DXAs on quality of osteoporosis care for at-risk patients remains unclear,” say the researchers. “Maintaining the status quo is not an optimal target, and our finding suggests that the slowing increase in the use of DXAs may negatively affect quality of care.”