Endocrinologists Seek Higher Payment for DXA

BY JOYCE FRIEDEN Publication Editor

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Members of the American Association of Clinical Endocrinologists (AACE) are "very concerned" about the pending cut, said Dr. Jonathan Leffert, chairman of AACE's legislative and regulatory committee. "We think it will cause significant access problems for people who have osteoporosis."

The current Medicare payment rate for a DXA scan is about \$82, down from \$140 in 2006, Dr. Leffert said. He noted that a survey from the Lewin Group put break-even reimbursement for a DXA scan at \$139. "If the cuts are continued [as planned], by 2010, our estimates indicate Medicare will

The current Medicare payment rate for a DXA scan is about \$80, but a survey from the Lewin Group put break-even reimbursement at \$139. pay approximately \$55 for DXA," he said. "At \$82 we're losing money, and at \$55, it's untenable.' Dr. Leffert said he already had heard from one New York physician who sold the two DXA machines he had in his of-

fice because he

was losing too much money on the procedure. And Dr. Leffert said he himself recently had a patient who lived in a rural area try to get a DXA scan from a mobile unit that she had used in years past, only to find that it had gone out of business.

A DXA scan is one of the items included in the "Welcome to Medicare" physical exam, but many endocrinologists can't afford to provide the test because of the low reimbursement, Dr. Leffert said. He added that Medicare also does not allow physicians to balance bill patients to make up the difference between what they charge and what Medicare will pay.

The low DXA reimbursement "will have a significant effect in the long term because of [increased] fractures and the morbidity and mortality associated with that," said Dr. Leffert, who is also in private practice in Dallas. "About 20%-25% of people who have hip fractures, for example, will die within a year due to related complications."

The AACE members who participated in the association's annual Capitol Hill lobbying event were seeking support for H.R. 4206, the Medicare Fracture Prevention and Osteoporosis Testing Act of 2007. The bill, sponsored by Rep. Shelley Berkley (D-Nev.), would establish a national minimum payment amount for DXA as well as for vertebral fracture assessment, and would set the minimum payment amount at no less than 100% of the reimbursement rates in effect for those codes at the end of 2006 (about \$140 in the case of DXA). It also would require the Institute of Medicine to report on the effects of DXA reimbursement cuts and to suggest methods to increase the use of bone mass measurement. So far, the bill has 55 cosponsors, Dr. Leffert noted, adding that a Senate companion

bill also will be introduced. The AACE delegation also sought support for H.R. 1293, sponsored by Rep. Carolyn McCarthy (D-N.Y.). That bill would put a 2-year moratorium on payment cuts for certain advanced imaging procedures. Sen. Jay Rockefeller (D-W.V.) has introduced a companion measure in the Senate.

The endocrinologists, who were joined

by several members of the International Society for Clinical Densitometry, visited about 100 legislators, Dr. Leffert said.

Other issues the groups lobbied on include:

► Opposing additional Medicare reimbursement cuts for in-office ultrasound exams, including thyroid ultrasound, for which there already has been a significant decrease in reimbursement.

► Seeking a replacement for the sustainable growth rate (SGR) formula, which deter-

mines physician payment rates under Medicare. By law, officials at the Centers for Medicare and Medicaid Services must adjust physician payments according to the SGR, which calculates physician payment based in part on the gross domestic product.

"From our discussion with members of Congress, they all think there's going to be some fix [to the SGR]," said Dr. Leffert, who is also on the AACE board of directors. "Most of the [legislators] feel like it's going to be another short-term fix."



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