

DXA Access Concerns Remain Despite More Pay

BY MARY ELLEN SCHNEIDER

Medicare officials have temporarily increased payments for performing dual-energy x-ray absorptiometry, but osteoporosis experts say the boost isn't likely to make much of a difference in the number of physicians offering the service.

Under the health reform law—formally known as the Affordable Care Act—Congress instructed officials at the Centers for Medicare and Medicaid Services to increase DXA payments to 70% of the rate paid by Medicare in 2006. For example, nonfacility fees for CPT code 77080 increased from about \$45 to \$98.

The same service was paid at about \$143 in 2006, according to estimates from the American College of Rheumatology.

While the increased payments began on June 1 and are retroactive to Jan. 1, 2010, they also expire at the end of 2011. In the meantime, Congress has called on the Institute of Medicine to study the impact of past DXA payment reductions on patient access.

The American College of Rheumatology hailed the increase as a victory for physicians. But even with the additional reimbursement, physicians aren't likely to get back into the DXA business if they have already gotten out, said Dr. David Goddard, a rheumatologist in Brooklyn, N.Y., and a member of the ACR's government affairs committee. However, it could motivate others who were on the fence to continue to offer the

service. One of the big determinants going forward is likely to be the cost of the equipment, he said. The average lifespan of a DXA scanner is about 8-10 years, depending on usage, and physicians will be faced with the question of whether the payment level makes it worthwhile to purchase a new machine.

Steep cuts to DXA services began in 2007, after Congress included bone densitometry among a group of other imaging services that were slashed as part of the Deficit Reduction Act of 2005.

Since then, physicians have been struggling to cover their costs as reimbursement steadily declined from around \$140 in 2006 to about \$45 in the first half of this year. Adding to the problem is that private insurers have largely followed the lead of Medicare and have been ratcheting down their rates over the years as well, Dr. Goddard said.

Patient access to the bone densitometry services depends in large part on geography, Dr. Goddard said. Generally, patients who live near large urban centers will have little difficulty finding bone densitometry testing in either a medical center or a specialist's office. However, patients in rural areas are likely to have a harder time accessing the same services, he said.

"The whole thing is nonsensical anyway because it's a very low cost test with a reasonably high predictive value," Dr. Goddard said.

At this point, it is physicians' concern for patients, not the payment, that motivates them to continue to offer bone

densitometry services, said Dr. Steven M. Petak, immediate past president of the American College of Endocrinology and director of the Osteoporosis and Bone Densitometry Unit at the Texas Institute for Reproductive Medicine and Endocrinology in Houston.

Dr. Petak said a reasonable number of physicians will continue to perform DXA studies, but that number is likely to drop dramatically if Congress allows payment cuts again in 2012.

The problem that the medical community has had in advocating for higher payments for DXA studies is that the government isn't considering the full potential for savings from prevention of fractures, Dr. Petak said. For example, when estimating the cost of DXA pay-

ments in legislation, the Congressional Budget Office will consider the cost of utilization of DXA in Medicare Part B, but won't count potential savings to Medicare's Part A, which includes hospitalization costs.

"You can't look at the cost outlay in isolation. You have to look at how it's going to impact the preventive health care of the population," Dr. Petak said. "That's something that the government has failed to do."

The outlook for gaining a permanent payment increase for DXA services is pretty bleak, at least for now. It's difficult to convince Congress to spend money on anything in the current political environment, Dr. Petak said, even if it will result in savings down the line. ■

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