Final Action: Not adopted

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 822
(I-18)

Introduced by: Georgia

Subject: Bone Density Reimbursement

Referred to: Reference Committee J
(Steven Chen, MD, Chair)

Whereas, Bone health is a serious medical problem leading to 1,500,000 fractures a year; and

Whereas, Unfortunately, as noted on the National Osteoporosis Foundation website: "since 2007, Medicare has been significantly cutting the funding for DXA testing in physician's offices leading to a sharp decline in the number of people tested, diagnosed and treated. As a result, new research indicates the incidence of hip fractures which had been declining, is now once again on the rise;" and

Whereas, The ISCD website notes the following payments as of 2015 for DXA and VFA in the Office Setting:

- CPT 77080: DXA performed alone– $40.46 ($30.07 technical component and $10.38 professional component)
- CPT 77085: DXA and VFA performed together– $56.57 ($41.17 technical component and $15.39 professional component)
- CPT 77086: VFA performed alone–$35.80 ($26.85 technical component and $8.95 professional component).
- DXA and VFA reimbursement in the Facility Outpatient setting:
- CMS has "packaged" services that are integral, ancillary, supportive, dependent or adjunctive to a primary service. CMS has determined that VFA is such a service in relation to DXA and therefore is subject to the new packaging requirement.
- The new CPT codes and reimbursement rates for DXA and VFA are:
- 77080: DXA only–$110.28 ($99.90 for the technical component and $10.38 for the professional component)
- 77085: DXA and VFA performed together–$115.29 ($99.90 for the technical component and $15.39 for the professional component)
- 77086: VFA performed alone–$71.37 ($62.42 for the technical component and $8.95 for the professional component); and

Whereas, Of 2018 office reimbursement for the cost of DXA has decreased to about $30 to $37; and

Whereas, The cost of DXA procurement, DXA support and service contract payments and office personnel to perform DXA is about $150; and

Whereas, We support H.R. 1898, a bill that would amend title XVIII of the Social Security Act to improve access to, and utilization of, bone mass measurement benefits under part B of the Medicare program by establishing a minimum reimbursement for office-based DXA tests; therefore be it

RESOLVED, That our American Medical Association advocate for the correction of the underpayment by Medicare, Medicaid, and third party payers to medical practices for office-based DXA tests. (New HOD Policy)

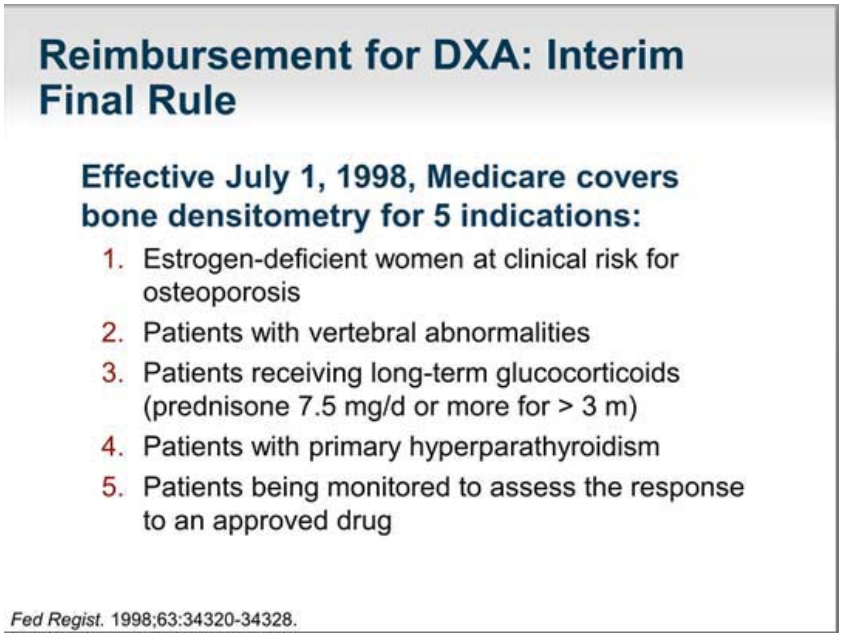
Fiscal Note: Modest - between $1,000 - $5,000.

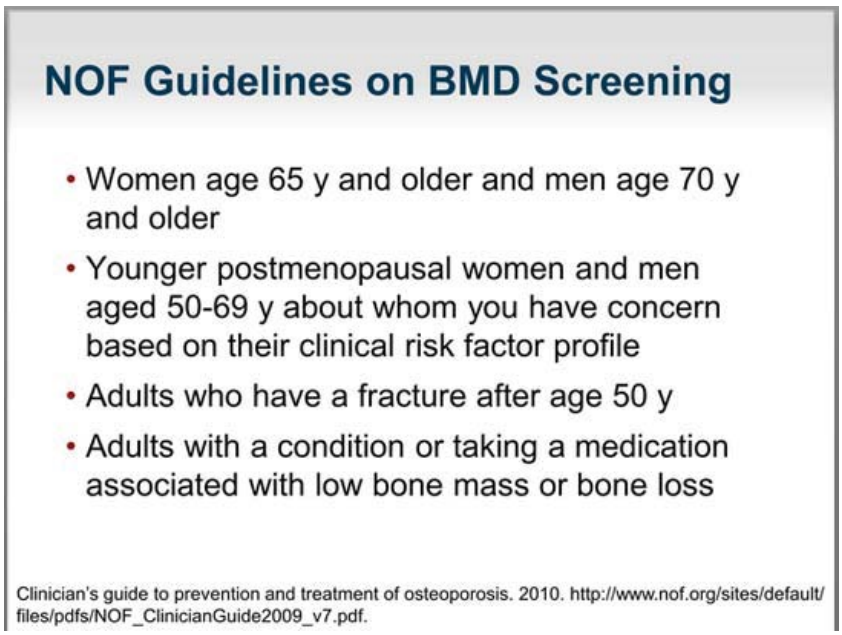
Received: 10/23/18

RELEVANT AMA POLICY

Reimbursement of Screening Bone Densitometry H-425.981
Our AMA: (1) advocates for the use of bone densitometry as an important tool in assessing fracture risk and in the diagnosis of osteoporosis;
(2) advocates that a clinical evaluation accompany any bone mass measurement for the evaluation of fracture risk and osteoporosis;
(3) advocates for the continued participation of the patient's physician in the diagnosis, treatment, and prevention of osteoporosis;
(4) encourages private third party payers to provide coverage for bone mass measurement technology and services for those individuals at high risk of osteoporosis; and
(5) will lobby Congress to add men undergoing testosterone-suppressing treatment for prostate cancer and men who are at high risk for any other reason to the list of beneficiaries receiving Medicare coverage of bone density testing to screen for osteoporosis.
Citation: (CMS Rep. 9, A-99; Appended: Res. 113, I-99; Reaffirmed: CMS Rep. 5, A-09)

References:





H.R. 1898: To amend title XVIII of the Social Security Act to improve access to, and utilization of, bone mass measurement benefits under part B of the Medicare program by establishing a minimum payment amount under such part for bone mass measurement.
115th CONGRESS
1st Session
H. R. 1898
IN THE HOUSE OF REPRESENTATIVES
April 4, 2017
Mr. Meehan (for himself, Mrs. Blackburn, Mr. Larson of Connecticut, Ms. Sánchez, Mr. Sessions, Mr. Roe of Tennessee, Ms. Moore, Mr. DeFazio, Ms. Pingree, Ms. Norton, Mr. Grijalva, and Mr. McGovern) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned
A BILL
To amend title XVIII of the Social Security Act to improve access to, and utilization of, bone mass measurement benefits under part B of the Medicare program by establishing a minimum payment amount under such part for bone mass measurement.
1.
Findings
The Congress finds the following:
(1)
Osteoporosis is a major public health problem with 54 million Americans as of 2010 having either low bone mass or osteoporosis, responsible for over 2 million fractures per year, including over 300,000 hip fractures. The estimated total cost of these fractures in 2005 was $17 billion and expected to rise to over $25 billion by 2025.
(2)
Osteoporosis is a silent disease that often is not discovered until a fracture occurs. One out of two women and up to one of four men will suffer an osteoporotic fracture in their lifetimes.
(3)
While both men and women may develop osteoporosis, 80 percent are women.
(4)
Most women are not aware of their personal risk factors for osteoporosis, the prevalence of, or the morbidity and mortality associated with the disease, despite the fact that broken bones due to osteoporosis lead to more hospitalizations and greater health care costs than heart attack, stroke, or breast cancer in women age 55 and above.
(5)

A woman’s risk of hip fracture is equal to her combined risk of breast, uterine, and ovarian cancer. More women die in the United States in the year following a hip fracture than from breast cancer.
(6)
One out of four people who have an osteoporotic hip fracture will need long-term nursing home care. Half of those who experience osteoporotic hip fractures are unable to walk without assistance.
(7)
Elderly women are so afraid of losing their independence that 8 in 10 would rather die than break their hip and be admitted to a nursing home.
(8)
Bone density testing is more powerful in predicting fractures than cholesterol is in predicting myocardial infarction or blood pressure in predicting stroke.
(9)
Osteoporosis remains both under-recognized and under-treated. Over a 7-year period (2007–2013), 45 percent of older female Medicare beneficiaries had no DXA bone density test, and 25 percent had only one test.
(10)
DXA testing in older women declined in 2014 to the lowest point in 10 years.
(11)
A decade of steady decline in hip fractures stopped abruptly in 2013. Since then, there have been more than 14,000 additional hip fractures, costing over $560 million, leading to 2,800 more deaths than expected if the decline had continued.
2.
Increasing access to osteoporosis prevention and treatment
Section 1848(b) of the Social Security Act (42 U.S.C. 1395w–4(b)42 U.S.C. 1395w–4(b)42 U.S.C. 1395w–4(b)42 U.S.C. 1395w–4(b)) is amended—
(1)
in paragraph (4)(B)—
(A)
by striking and the first 2 months of 2012 and inserting the first 2 months of 2012, 2017, and each subsequent year; and
(B)
by striking paragraph (6) and inserting paragraphs (6) and (12); and
(2)
by adding at the end the following:
(12)
Establishing minimum payment for osteoporosis tests
For dual-energy x-ray absorptiometry services (identified by HCPCS codes 77080 and 77082 and successor codes 77085 and 77086 (and any succeeding codes)) furnished during 2017 or a subsequent year, the Secretary shall establish a national minimum payment amount under this subsection—
(A)
for such services identified by HCPCS code 77080, equal to $98 (with national minimum payment amounts of $87.11 for the technical component and $10.89 for the professional component);
(B)
for such services identified by HCPCS code 77086, equal to $35 (with national minimum payment amounts of $27.18 for the technical component and $7.82 for the professional component); and
(C)
for the bundled code for dual energy absorptiometry and vertebral fracture assessment studies identified as HCPCS code 77085, equal to $133 (with national minimum payment amounts of $114.29 for the technical component and $18.71 for the professional component).
Such minimum payment amounts shall be adjusted by the geographical adjustment factor established under subsection (e)(2) for the services for the respective year.
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