

September 6, 2016

Mr. Andy Slavitt  
Acting Administrator  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Dear Acting Administrator Slavitt:

We are writing to express our grave concern with the provision in the Centers for Medicare & Medicaid Services (CMS) 2017 Hospital Outpatient Prospective Payment System (HOPPS) proposed rule that will severely limit or eliminate Medicare beneficiary access to axial dual-energy X-ray absorptiometry (DXA) tests in the hospital outpatient setting. Under its 2017 proposed rates, CMS would lower reimbursement for DXA testing in the hospital outpatient setting by approximately 37% compared to 2016 rates, heightening the risk of preventable bone fractures and increasing costs to the Medicare program due to fracture-related expenses. As the Administration seeks to adopt a value-based framework for Medicare, it must take steps to address the projected \$25 billion Medicare will spend by 2025 on the direct costs of bone fractures.

We believe this reduced reimbursement level will make bone density testing financially unsustainable in the hospital outpatient setting. We expect cuts of this magnitude to result in drastic reductions in the availability of this vital service, with catastrophic consequences to beneficiaries' health and network adequacy. An even more significant reduction has already hit physician offices over the past decade – with cuts to Medicare reimbursement totaling 75% – resulting in approximately 2.3 million fewer DXA exams being performed since 2007.<sup>1</sup>

Because CMS continues to reimburse DXA tests in the physician office setting at rates below the cost of the procedure,<sup>2</sup> there is cause for concern regarding whether and how Medicare beneficiaries will maintain access to a proven and noninvasive preventive service from their providers if the proposed hospital cuts are implemented. The subsequent delays in, or absence of, osteoporosis diagnoses and treatment are directly correlated with more osteoporosis-related fractures in addition to higher Medicare costs.

At the same time that CMS proposes to radically reduce the reimbursement rate for the most accurate bone density test (the DXA test), it inappropriately doubles the reimbursement of an inferior bone density test to the newly proposed rate of a DXA test. The alternative, inferior bone density test has very limited clinical application. In fact, according to a 2007 CMS National Coverage Determination for Bone Mass Measurement, only an axial DXA test can be used to monitor a patient's response to Medicare-covered osteoporosis drug therapies.

Researchers estimate that past reimbursement cuts to DXA tests performed in the physician office setting have resulted in 26,000 additional hip fractures, over 5,000 additional deaths, and an additional \$1 billion in hip fracture expenses for Medicare (2009-2014).<sup>3</sup> With beneficiaries' access to DXA tests in physician offices already limited, we believe that the additional cut proposed by CMS for DXA tests in the hospital outpatient setting would further impact and threaten the health of our elderly population.

It is estimated that 44% of women age 60 and older and 25% of men the same age will experience a bone break due to osteoporosis in their lifetime.<sup>4</sup> Osteoporosis is a highly prevalent disease in the United States, with 64.5% of the population age 65 and above affected by osteoporosis (16.2%) or low bone mass (48.3%), placing them at a higher risk of suffering from a bone fracture.<sup>5</sup> These high rates of osteoporosis and low bone mass result in over 2 million related

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<sup>1</sup> Direct Research LLC, Medicare PPS Master Files and Medicare 5 Percent Sample LDS SAF, analysis by Peter M. Steven, PhD.

<sup>2</sup> King, A., Fiorentino, D. "Medicare Payment Cuts For Osteoporosis Testing Reduced Use Despite Tests' Benefit In Reducing Fractures." *Health Affairs*, 30, no.12 (2011):2362-2370 doi: 10.1377/hlthaff.2011.0233

<sup>3</sup> Direct Research LLC, Medicare PPS Master Files and Medicare 5 Percent Sample LDS SAF, analysis by Peter M. Steven, PhD.

<sup>4</sup> Nguyen ND, Ahlborg HG, Center JR, Eisman JA, Nguyen TV. "Residual lifetime risk of fractures in women and men". *Journal of Bone and Mineral Research*. 2007;22:781–788. doi: 10.1359/jbmr.070315.

<sup>5</sup> Looker AC and Frenk SM. "Percentage of Adults Aged 65 and Over With Osteoporosis or Low Bone Mass at the Femur Neck or Lumbar Spine: United States, 2005–2010." *CDC Division of Health and Nutrition Examination Surveys*; August 2015.

fractures each year in the United States.<sup>6</sup> Furthermore, research indicates that the hospital burden of fractures from osteoporosis for Medicare beneficiaries is greater than that of heart attacks, stroke or breast cancer for older women.<sup>7</sup> Given statistics such as these, the need to improve access to DXA testing and facilitate earlier and more effective osteoporosis treatment is urgent.

When DXA testing is more widely available, the health and economic risks of osteoporosis are dramatically reduced. As with so many conditions, early diagnosis and treatment cost a small percentage of what Medicare will incur due to fractures that could have been prevented. DXA screening is recommended by numerous clinical and patient organizations as the highest standard for osteoporosis diagnosis, receives a “B” rating from the United States Preventive Services Task Force, and is recommended by CMS for elderly women during the “Welcome to Medicare” preventive visit. Sound Medicare policy would incentivize higher utilization of the DXA test.

We therefore urge the agency to review and assess how the existing cuts to DXA testing reimbursement in the physician office setting have affected beneficiary access and health outcomes, and withdraw the proposed cut in the hospital outpatient setting. We believe that our healthcare industry should be looking for ways to expand – rather than restrict – access to a test that can help save and improve the lives of Medicare beneficiaries while enhancing the value of the program’s benefits.

It is clear that CMS must engage in meaningful dialogue with the stakeholder community and to better consider the cost-benefit analysis of effective testing and treatment for osteoporosis. Given our concerns for the health of our Medicare beneficiaries, we strongly urge CMS not to move forward with these proposed cuts.

Sincerely,

4BoneHealth

Alliance for Aging Research

American Association of Clinical Endocrinologists (AACE)

American Bone Health

American College of Rheumatology (ACR)

American Medical Women’s Association (AMWA)

American Society for Bone and Mineral Research (ASBMR)

Arizona United Rheumatology Alliance

Arkansas Rheumatology Association

Association of Idaho Rheumatologists

Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)

Black Women's Health Imperative

California Hispanic Osteoporosis Foundation (CHOF)

California Rheumatology Alliance

Coalition of State Rheumatology Organizations (CSRO)

Endocrine Society

Florida Society of Rheumatology

HealthyWomen

International Society for Clinical Densitometry (ISCD)

Marian Regional Medical Center (Santa Maria, CA)

Michigan Consortium for Osteoporosis

Michigan Rheumatism Society

National Alliance for Hispanic Health

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<sup>6</sup> Burge R, Dawson-Hughes B, Solomon DH, Wong JB, King A, Tosteson A. Incidence and economic burden of osteoporosis-related fractures in the United States, 2005–2025. *Journal of Bone and Mineral Research* 2007; 22(3): 465–475.

<sup>7</sup> Singer, A., Exuzides, A. “Burden of Illness for Osteoporotic Fractures Compared With Other Serious Diseases Among Postmenopausal Women in the United States”, *Mayo Clin Proc.* n January 2015;90(1):53-62, <http://dx.doi.org/10.1016/j.mayocp.2014.09.011>

National Association of Nurse Practitioners in Women's Health (NPWH)  
National Bone Health Alliance (NBHA)  
National Osteoporosis Foundation (NOF)  
New Jersey Rheumatology Association  
New York State Rheumatology Society  
North Carolina Rheumatology Association  
North Texas Rheumatology  
Ohio Association of Rheumatology  
Oregon Rheumatology Alliance  
OWL-The Voice of Midlife and Older Women  
Pennsylvania Rheumatology Society  
Philadelphia Rheumatism Society  
Rheumatology Alliance of Louisiana  
Rheumatology Association of Iowa  
Rheumatology Association of Minnesota and the Dakotas  
Soft Bones, The US Hypophosphatasia Foundation  
South Carolina Rheumatism Society  
Southeast Texas Rheumatology Association  
Tennessee Rheumatology Society (TRS)  
United States Bone and Joint Initiative (USBJI)  
Washington Rheumatology Alliance  
West Virginia Rheumatology State Society  
Wisconsin Rheumatology Association