

**TAKE  
CHARGE**  
of osteoporosis

SELECT INFORMATION FROM  
**CLINICAL GUIDELINES ON  
BONE MINERAL DENSITY  
MEASUREMENT**

**AMGEN**<sup>®</sup>



## Assessment for vertebral fractures

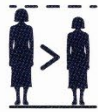
### When to consider spine imaging to look for vertebral fractures:

NOF, ISCD, AACE recommendations:<sup>10,11,12</sup>

Lateral spine imaging with standard radiography or VFA with DXA is indicated when T score is  $\leq 1.0$  and with 1 or more of the following:



Women age  $\geq 70$  years  
or men age  $\geq 80$  years



Historical height loss  
 $> 4$  cm ( $> 1.5$  in)<sup>†</sup>



Self-reported but  
undocumented prior  
vertebral fracture



Glucocorticoid therapy  
equivalent to  $\geq 5$  mg  
prednisone or equivalent  
per day for  $\geq 3$  months

<sup>†</sup>Current height compared to peak height during young adulthood.

NOF further recommends to consider vertebral imaging tests for:<sup>10</sup>

Any women/men  $\geq 50$  years who have had a(n):



Adult-age, low-trauma  
fracture



Prospective height loss  
 $> 0.8$  inches<sup>‡</sup>

<sup>‡</sup>Cumulative height loss measured during interval medical assessment.

## Impact of Fracture

Fractures due to osteoporosis can rob patients of their independence and can leave them immobile or fearful of participating in the things they love.<sup>1</sup>



Osteoporosis-related fractures can lead to pain, disability, and deformity and **reduce quality of life**.<sup>2</sup>



On average, **30%** of women fail to regain previous mobility within 12 months of fracture.<sup>3</sup>



Up to **60%** of previously independent elderly patients may require assistance with self-care 1 to 2 years following a hip fracture.<sup>4,5,6</sup>

## Risk & Undertreatment

Consider how many patients in your practice may be at risk for fracture in the US.<sup>1</sup>



**1 in 2 women** and **1 in 4 men**  $\geq 50$  years old will suffer an osteoporotic fracture in their lifetime.<sup>4,7</sup>



Only **1 in 6 women** who suffered an osteoporotic fracture received treatment in the following 6 months.<sup>8</sup>

Men are about **60%** less likely than women to receive appropriate treatment to prevent an osteoporotic fracture.<sup>9</sup>

## When to screen patients

BMD testing is recommended for women ages 50–64, men ages 50–69, with clinical risk factors. It is recommended that all women age 65 and older, men age 70 and older, are screened for bone mineral density.\*

When to consider DXA for women/men:<sup>10,11,12</sup>

WOMEN	MEN
≥ age 65 regardless of clinical risk factors for fracture*	≥ age 70 regardless of clinical risk factors for fracture*
ages 50–64 with clinical risk factors for fracture*	ages 50–69 with clinical risk factors for fracture*

### Clinical risk factors for fracture (at any age):

These clinical risk factors tell doctors what they should screen for.

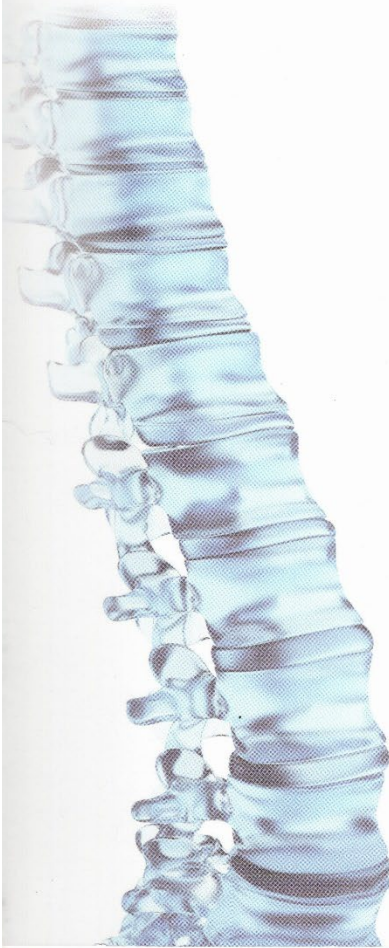
Clinician then has to synthesize

- with disease/condition associated with low bone mass or bone loss
- taking medication associated with low bone mass or bone loss
- low BMD
- menopause
- prior fracture as an adult (> age 50)
- low calcium intake/vitamin D insufficiency
- inadequate physical activity and immobilization
- height loss
- low body weight
- history of falling
- parental history of hip fracture
- current smoking
- glucocorticoids
- rheumatoid arthritis
- secondary osteoporosis
- excessive alcohol intake
- early menopause
- increased risk of osteoporosis as determined by a formal clinical risk assessment tool (e.g., FRAX)

\*According to the National Osteoporosis Foundation (NOF), the International Society for Clinical Densitometry (ISCD), and the American Association of Clinical Endocrinologists (AACE), here are some factors to consider when performing a DXA scan or vertebral fracture assessment among women.

### References:

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9. Jennings LA, Auerbach AD, Maselli J, et al. Missed opportunities for osteoporosis treatment in patients hospitalized for hip fracture. *J Am Geriatr Soc*. 2010;58:650–657.
10. National Osteoporosis Foundation. Clinician's Guide to Prevention and Treatment of Osteoporosis. Washington, DC: National Osteoporosis Foundation; 2014.
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13. Centers for Medicare & Medicaid Services (CMS), HHS. Change Request (CR) 9252. Effective October 1, 2015.
14. Centers for Medicare & Medicaid Services (CMS), HHS. Bone mass measurement (bone density). <https://www.medicare.gov/coverage/bone-density.html>. Accessed July 12, 2019.
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## DXA Insurance Coverage Information

Medicare contractors pay bone mass measurement claims for DXA **every 2 years** (or more frequently when medically necessary) when used for beneficiaries who meet one or more of the following conditions:<sup>13,14</sup>

Estrogen deficient and at clinical risk for osteoporosis  
(according to her doctor, based on medical history and other findings)

Being monitored to assess osteoporosis therapy

X-rays show possible osteoporosis, osteopenia,  
or vertebral fractures

Receiving glucocorticoid (steroid) therapy equivalent to 5 mg  
of prednisone or greater, per day, for more than 3 months

Diagnosed with primary hyperparathyroidism

These patients with original Medicare coverage will pay \$0 for this test if the doctor or other qualified healthcare provider accepts Medicare assignment.<sup>14,\*</sup>

\*The agreement by a doctor, provider, or supplier to be paid directly by Medicare, to accept the payment amount Medicare approves for the service, and not to bill you for any more than the Medicare deductible and coinsurance.

Non-Medicare insurance may cover a DXA, with any one or more of these factors. Other risk factors may be considered by the insurance carrier (refer to individual patient's coverage plan):<sup>15</sup>

Women age 65 and older, regardless of risk factors  
Men age 70 and older, regardless of risk factors

Adult patient with a recent fracture when the fracture is suspected to be associated with osteoporosis

Adults with a disease, condition, or taking medication(s) associated with low bone mass or bone loss

Early menopause (< age 40)

Medicare and non-Medicare coverage for vertebral fracture assessment varies between payers, and benefits investigation may be required.

The information provided is not a guarantee of coverage or payment (partial or full). Actual benefits are determined by each plan administrator in accordance with its respective policy and procedures.

## Help Your Patients Assess Their Osteoporosis Risk

- ✓ Regularly assess all postmenopausal women or men over age 50 for signs of osteoporosis and fracture
- ✓ Consider ordering diagnostic tests for all patients with fracture or suspected osteoporosis
- ✓ For all patients currently on treatment, consider ordering diagnostic tests every 1–2 years to evaluate if treatment is working
- ✓ Educate patients who have had an osteoporotic fracture about ways to prevent the next one