

# Osteoporosis Disparities in Medicare Fee-For-Service Beneficiaries

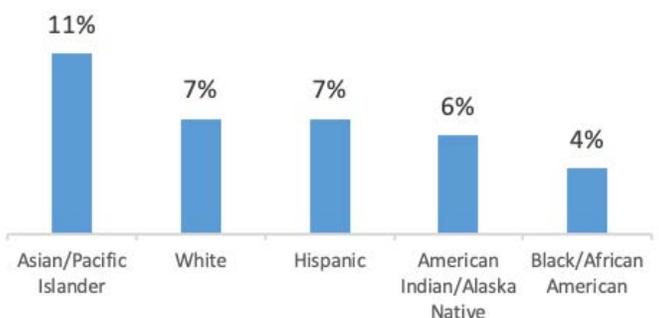


Osteoporosis is a chronic condition that weakens bones, especially those in the neck, back, and hips. It is considered a silent disease because an individual frequently does not know he or she has it until they break a bone. The early stage of osteoporosis is marked by low bone density which can be identified by bone mass measurements and managed with lifestyle changes. In the United States in 2017–2018, an estimated 12.6% adults aged 50 and over had osteoporosis, and the prevalence was higher in women than men and higher among adults aged 65 and over than adults aged 50–64.<sup>1</sup>

The Centers for Medicare & Medicaid Services' (CMS's) Chronic Condition data indicates that 6.6% of all Medicare fee-for-service (FFS) beneficiaries had a diagnosis of osteoporosis in 2018.<sup>2</sup> FFS beneficiaries aged 65 years and over had a higher prevalence rate of osteoporosis (7.3%) compared to the beneficiaries under 65 years (2.5%). The prevalence rate was higher among female beneficiaries (10.8%) than males (1.5%).

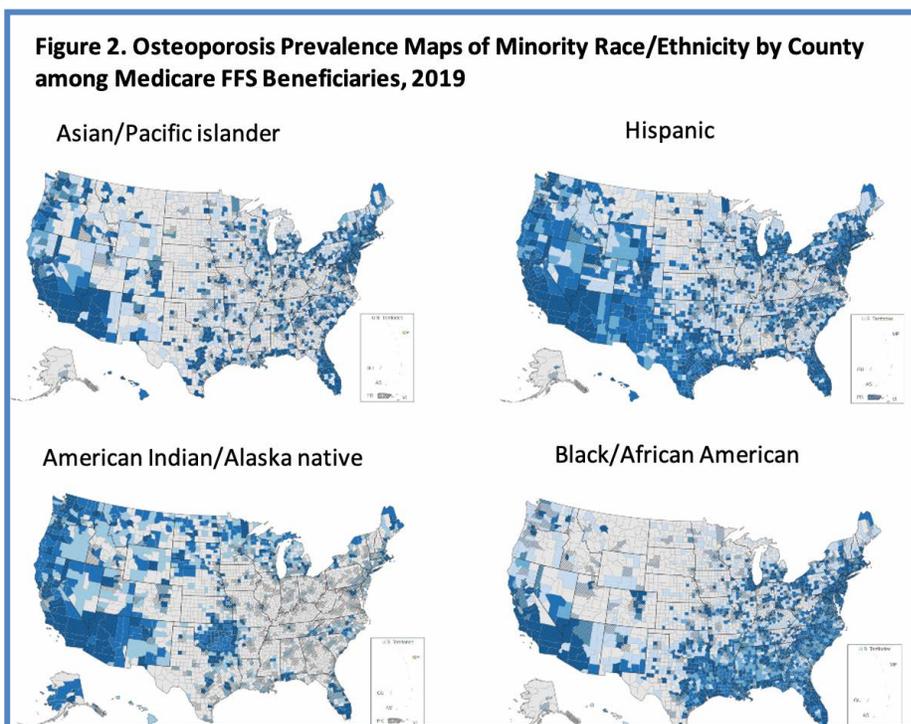
The **Mapping Medicare Disparities Tool** developed by CMS Office of Minority Health shows the prevalence of osteoporosis among Medicare FFS beneficiaries varied by age, sex, race and ethnicity, eligibility for Medicare and Medicaid, and geographic areas in 2019.<sup>3</sup> Figure 1 shows the age standardized prevalence of osteoporosis among FFS beneficiaries by race and ethnicity. Asian/Pacific Islander beneficiaries had a higher prevalence (11%) of osteoporosis-related claims than other racial/ethnic groups while the rate for African American beneficiaries was lower (4%). Figure 2 shows geographic differences in osteoporosis prevalence among minority racial and ethnic groups. Asian/Pacific Islander beneficiaries with osteoporosis claims in 2019 were more concentrated along the west coast with small groups throughout the south, northeast, and east north central. Hispanic beneficiaries with the claims were more spread across the country from the west to the south and

**Figure 1. Age Standardized Prevalence of Osteoporosis among Medicare FFS Beneficiaries by Race/Ethnicity, 2019**



small groups around east north central and along the east coast, while for American Indian/Alaska Native beneficiaries the concentration was in the west, with emphasis around the southwest area and in Oklahoma. Lastly, for the Black/African Americans it was concentrated in the south and up the middle Atlantic.

Medicare Part B covers bone mass measurements (bone density studies) for people at risk of developing osteoporosis yet only 8% of beneficiaries had this test in 2019. Medicare Part A and Part B help pay for an injectable drug for osteoporosis and visits by a home health nurse to inject the drug if the beneficiaries meet the required conditions. [Medicare & You Handbook](#) and [Medicare Preventive Services](#) describe screening benefits that can help beneficiaries stay healthy. Watch [Medicare & You: High Blood Pressure and Osteoporosis](#) to learn more.



## Beneficiary Resources

- [What is Osteoporosis?](#)
- [Medicare and You Handbook](#)
- [Your Medicare Coverage - Bone mass measurements](#)
- [Your Medicare Coverage - Osteoporosis drugs](#)
- [Chronic Care Management Services](#)
- [Does Osteoporosis Run in Your Family?](#)
- [Medicare & You: High Blood Pressure and Osteoporosis \(video\)](#)

## Provider Resources

- [CMS: Medicare Chronic Conditions](#)
- [CMS-Medicare Learning Network: Medicare Preventive Services](#)
- [Osteoporosis to Prevent Fractures: Screening](#)
- [Medicare Cost of Osteoporotic Fractures - 2021](#)
- [The Surgeon General's Report on Bone Health and Osteoporosis \(pdf\)](#)

## References/Sources

1. Sarafrazi N, Wambogo EA, Shepherd JA. Osteoporosis or low bone mass in older adults: United States, 2017–2018. NCHS Data Brief, no 405. Hyattsville, MD: National Center for Health Statistics. 2021. <https://www.cdc.gov/nchs/data/databriefs/db405-H.pdf>
2. Centers for Medicare & Medicaid Services. Chronic Conditions. [https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC\\_Main](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC_Main)
3. Centers for Medicare & Medicaid Services. Mapping Medicare Disparities Tool. <https://data.cms.gov/mapping-medicare-disparities> (Results from 2019 were considered preliminary at the time of this analysis, as the data were not fully complete due to a “claims lag” between when a service occurs and when the claim is collected by CMS and, ultimately, appears in the CCW database.)

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