quantifiably better.

Get more from your CT scanner

- More cost-effective than DXA machines
- Requires only 10 min of CT tech time
- Reimbursed by Medicare
- Maximize the use of your CT scanner

What is QCT?

Quantitative Computed Tomography (QCT) is one of three methods, like DXA, cited by the National Osteoporosis Foundation as safe and effective for the evaluation of Bone Mineral Density (BMD).

QCT is a fast, non-invasive BMD exam that utilizes a standard CT scanner. The QCT system comprises a phantom used to calibrate the CT scanner, but which is not required in the patient scan; and a software application on a networked Windows PC connected to the scanner.

Return on Investment

The Mindways QCT system costs around half as much as an entry-level DXA machine. Unlike DXA, a dedicated room and dedicated technician are not required and there are no on-going hardware replacement costs. In addition, QCT can be combined with CT scans with no extra patient time.

With Medicare reimbursement at around $90 per screening exam and minimal incremental CT scanner usage costs means a break-even point at around 18 months with just 5 patients a week.

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Reimbursement of QCT

Bone Mineral Density (BMD) measurement by QCT is reimbursed for the screening of postmenopausal women every two years by Medicare under CPT code 77078.

The current reimbursement rate is around $90 though confirmation of local coverage determination should be sought. Reimbursement for DXA exams were reduced on March 1st 2012 to an average of about $56. This makes DXA screening uneconomic in many situations where it was used previously and shifts bone density services to facilities with higher patient referral volumes.

Other eligible beneficiaries for QCT BMD exams include patients with vertebral fracture, hyperparathyroidism, or those on steroid therapy.

The QCT Exam

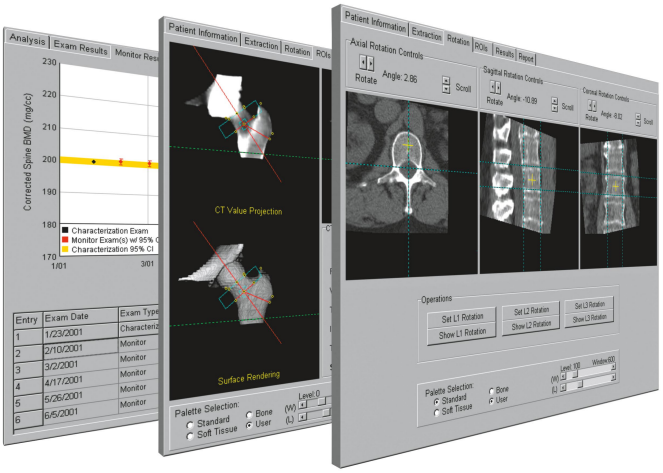
A QCT exam takes around 5 minutes and is very similar to an ordinary CT scan. During the exam, both the spine and hip are scanned for diagnosis of low bone mass (osteopenia) or osteoporosis.

Low-dose CT scan protocols are used and so the amount of radiation required is around 500-800µSv or comparable to a set of mammograms. All the work, including report generation, is carried out by a CT Technician. In addition, the exam can utilize other (non-IV contrast) abdominal/pelvic scans such as Virtual Colonography with no further image acquisition or radiation dose to the patient.

Patient benefits: how does QCT compare?

At the hip, QCT produces BMD T-Score measurements that are the same as DXA measurements. QCT differs from DXA, however, in that QCT is a truly 3-D bone density exam meaning QCT can measure the metabolically-active trabecular (spongy) interior bone separately from the dense cortical (compact) bone forming the outside bone walls.

Since trabecular bone is affected earlier and to a greater degree than cortical bone, QCT is likely to detect low bone mass earlier in the spine than other bone mineral density exams. In addition, QCT spine BMD measurements can be made for patients with scoliosis; and the artificially high BMD measurements that can affect DXA due to obesity, disc space narrowing, spinal degenerative diseases, aortic calcification and osteophytes in patients with arthritis can be avoided.



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