

Women's Bone Health

In this chapter, readers will learn about bone health at Medicare age, including osteoporosis risk factors to be aware of and how to lead a bone-healthy lifestyle, as well as what Medicare benefits and services are available for women to support their bone health in older age.



Why Should Women Focus on Bone Health?

Bone health is important throughout life, and it becomes even more important as people get older — especially for women. Women who are 60 and older are at significantly higher risk for osteoporosis, the most common form of bone disease, and for fractures that result from bone loss after menopause.

In fact, approximately **80% of the 10 million Americans with osteoporosis are women**, and **1 in 2 women** will experience an osteoporosis-related fracture in their lifetime. These fractures can lead to complications, including the loss of mobility and independence, which can affect quality of life.

Too often, people don't think about their bone health until they experience a fracture. But bone health should be top of mind. Consider these statistics shared by the **Bone Health and Osteoporosis Foundation (BHOFF)** in 2024:

- 1.8 million people on Medicare — 7 out of 10 of them women — experience approximately 2.1 million osteoporotic fractures each year
- Nearly 1 in 5 people on Medicare died from complications within 12 months after an osteoporotic fracture — and more than 6 out of 10 of them were women
- 3 out of 10 of Americans who have a hip fracture die within a year

While these statistics are troubling, it's important to remember that osteoporosis is not always a natural consequence of aging, and there are many steps that women can take to protect, preserve, and safeguard their bone health into older age.

Women most at risk for fractures and bone disease are likely to be Medicare-eligible or enrolled in Medicare. Therefore, access to healthcare providers (HCPs), screening opportunities, and affordable treatments are critical during this time.

Key Bone Health Terms



- **Bone Density** – the amount of minerals (mostly calcium and phosphorus) in a specific area of bone that contribute to bone strength
- **Fracture** – a crack or break in a bone
- **Osteoporosis** – a medical condition in which bones, especially of the hip, spine and wrists, lose density and thickness, becoming weak and more likely to fracture
- **Osteopenia** – a moderate decrease in bone density that is not as severe as osteoporosis but still increases the risk of fractures

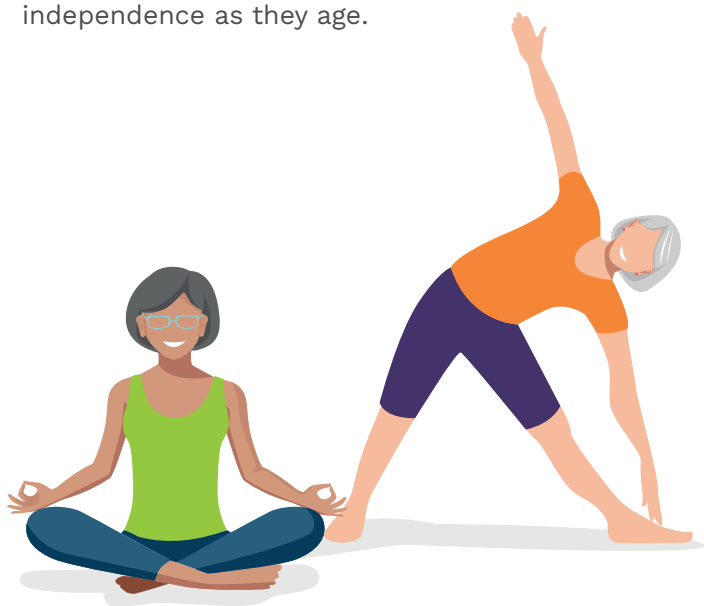
Bone Health at Medicare Age: What to Know

Risk Factors

Age and biological sex are the greatest risk factors for osteoporosis and fractures. Risk for women is higher due to factors such as having lower peak bone mass and longer lifespans than men, and declining levels of estrogen (an important hormone for bone density) during and after menopause. Other risk factors include:

- Low body mass index (BMI)
- A previous fracture
- Poor nutrition (e.g., not enough dietary calcium or fruits and vegetables or too much protein, sodium, and caffeine)
- Vitamin D deficiency
- Lack of physical activity
- Smoking
- Alcohol use (more than 2 to 3 drinks per day)
- Having an eating disorder
- Certain medications (e.g., corticosteroids) and certain treatments (e.g., chemotherapy)
- Certain diseases (e.g., multiple myeloma, diabetes, and autoimmune diseases like rheumatoid arthritis and Crohn's disease)
- A family history of osteoporosis

By knowing the risk factors for fractures and osteoporosis, women can take early steps to prevent fractures and secondary fractures, maintain mobility, and protect long-term independence as they age.



Tips to Support Strong Bones

Prevention is the greatest tool for safeguarding, improving and maintaining bone health.

To maintain strong bones, focus on getting enough calcium and vitamin D in your diet, doing weight-bearing and muscle-strengthening exercises, having regular bone density screenings, and taking steps to reduce the risk of falling. A bone-healthy lifestyle can help reduce fracture risk.

- **Nutrition:** Aim to get 1,200 mg of calcium and 800–1,000 IU of vitamin D per day*
- **Exercise:** Do weight-bearing exercises on your feet like walking, dancing, and stair climbing or muscle-strengthening exercises like squats and yoga that build and protect bone strength
- **Fall Prevention:** Think about changes you can make in your daily habits and around your home that might reduce your risk of injury:
 - Reduce clutter around the house
 - Tape or fasten loose rugs and electrical cords
 - Make sure rooms are well lit
 - Install handrails on the stairs or non-slip mats in the bathtub
 - Wear low-heel and non-slip shoes or non-slip socks
 - Use assistive devices, such as canes or walkers, if needed
 - Check whether your medications may cause dizziness
 - Get your hearing and vision checked regularly
 - Work with your HCP to manage any conditions that can affect walking or balance

**These recommendations are not intended to serve as a substitute for medical or professional advice. Individuals should confirm information and consult with their HCP to determine individual needs.*

Taking Charge: My Bone Health Habit Tracker



Regardless of your stage of life, you can take steps now to support and maintain your bone health. This daily bone health habit tracker can help ensure you're taking steps from week to week to care for your bones and live a bone healthy lifestyle.

- ☒ I ate calcium-rich foods (e.g., dairy, leafy greens, beans and lentils, seeds, almonds)
- ☒ I got some vitamin D (e.g., sunlight exposure, fatty fish, fortified foods, or supplements, if needed)
- ☒ I limited excess salt
- ☒ I limited soda and alcohol
- ☒ I did not smoke
- ☒ I did weight-bearing or strength training exercises (e.g., brisk walking, dancing, stair climbing)
- ☒ I got quality sleep
- ☒ I made sure my space was clear of clutter to prevent trips and falls

Healthcare Providers

Several types of HCPs can diagnose and treat conditions affecting bones or help manage bone health. They include primary care providers, rheumatologists, endocrinologists, and orthopedic surgeons.

Coverage for visits with specialists, such as a rheumatologist, may be dependent on whether the specialist participates in Medicare. Because of the impact of osteoporosis on women's health, establishing coverage and confirming care networks before enrollment is critical.

A Reminder: Doctor and Hospital Choice

Original Medicare	Medicare Advantage
You can visit any doctor or hospital in the United States that accepts Medicare.	In many cases, you can only visit doctors within the plan's network.
In most cases, referrals are not needed to see a specialist.	A referral may be needed to see a specialist.

**Adapted from Medicare.gov.*

Medicare Coverage for Bone Health

Medicare provides the following types of coverage that can help support bone health as you age:

- **Preventive Services:** Medicare Part B covers many preventive services, including health risk assessments and health screenings. These include:
 - **“Welcome to Medicare” Visit:** an initial, one-time visit that takes place within the first 12 months of enrolling in Medicare Part B

- **Annual Wellness Visit:** available every 12 months after the first year on Medicare Part B

Note: Medicare does not cover routine physical exams. [Learn more about yearly wellness visits.](#)

- **Preventive Screenings:** Medicare covers free bone health-related preventive screenings. These include:
 - **Bone Density Test:** Medicare Part B covers a dual-energy X-ray absorptiometry scan (known as a DEXA scan) to measure bone density and identify people at risk for bone fractures. Coverage permits DEXA scans for women once every 24 months (or more if needed) for the following situations:
 - Estrogen-deficient and at risk for osteoporosis
 - Possible osteoporosis, osteopenia, or vertebral fractures shown on an X-ray
 - Taking certain medications that increase risk, such as steroids
 - A diagnosis of primary hyperparathyroidism
 - Monitoring to see if osteoporosis drug therapy is working

Note: Preventive screenings are covered based on certain conditions, such as various risk factors. As is the case with most health screenings, bone mass measurements are fully covered if the HCP [accepts the assignment](#) (meaning the HCP accepts Medicare and agrees to the Medicare-approved payment for the service). Find a [full list of preventive and screening services covered by Medicare Part B.](#)

- **Medication Coverage:** Medicare Part D will help pay for non-injectable retail prescription drugs. Medicare Parts A and B will help pay for hospital and HCP-administered injectable and infused osteoporosis drugs and home health nurse visits for giving injectable and infused treatments if certain [eligibility requirements](#) are met. Once the Part B plan’s deductible has been met, most people will pay up to 20% of the Medicare-approved amount for medications covered under Medicare Part B. The coinsurance amount can change based on the drug’s price. [Learn more about medication coverage.](#)
- **Lifestyle Support:** Medicare Part B offers several resources related to lifestyle and nutrition that could be beneficial in an individual’s bone health journey:
 - **Physical therapy** for strengthening bones and improving mobility for people who qualify. Individuals [pay 20%](#) of the Medicare-approved amount after the Part B plan’s deductible has been met. Certain Medigap plans will cover the 20% payment, so people with those plans should check their [explanation of benefits](#) to see if the service will be covered.
 - **Nutrition counseling/medical nutrition therapy services** for people with osteoporosis who also have diabetes or kidney disease. People with these conditions do not pay anything for these services. [Learn more about medical nutrition therapy services.](#)
 - **Durable medical equipment**, when prescribed by an HCP and considered medically necessary. Coverage for certain medical equipment, such as walkers and canes, may be based on functional need, such as difficulty moving around the home. An in-person mobility assessment may be required to determine whether a device like a scooter is medically necessary. *Approved equipment is likely to cost 20% of the Medicare-approved cost after the Part B plan’s deductible has been met.* [Learn more about durable medical equipment coverage.](#)
 - Certain Medicare Advantage plans may cover specific **home safety equipment** or structural modifications for people with chronic conditions.

DEXA Decoded

Dual-energy X-ray absorptiometry scans, known as DXA or DEXA scans, measure bone density and identify individuals at risk for bone fractures. These scans are considered the gold standard in assessing bone mineral density (BMD). And they're important tools for helping catch osteoporosis, osteopenia, and fracture risk early.

Medicare Coverage for DEXA

In most cases, Medicare Part B covers bone density tests, like DEXA, once every two years if one or more of the following conditions are met:

- You're a woman who has been diagnosed as estrogen-deficient by a doctor and is at risk for osteoporosis.
- Your X-rays show possible osteoporosis, osteopenia, or vertebral fractures.
- You're taking prednisone or steroid-type drugs or are planning to begin this treatment.
- You've been diagnosed with primary hyperparathyroidism.
- You're being monitored to see if your osteoporosis drug therapy is working.

You may be eligible for more frequent DEXA scans if they are considered medically necessary.

*Source: **Bone Mass Measurements, CMS.gov**

Taking Charge of Your Bone Health

Talk to your HCP about your osteoporosis risk factors (e.g., family history, low body weight, history of fractures, use of medications like corticosteroids) to determine when you should get your first DEXA scan and how often you should be getting them. Your yearly wellness visit is an ideal time to develop a plan.



Bone Health Questions to Ask During Medicare Wellness Visits

These questions can be tailored to personal circumstances, medical history, and awareness of personal fracture risk. You can also download this question checklist from the Bone Health and Osteoporosis Foundation.

- Am I at risk for osteoporosis or other bone conditions?
- Do I have any signs of bone loss?
- When will I need a bone density test (DEXA scan)?
- Do I need a DEXA scan more frequently than every two years?
- How else can I reduce my risk for osteoporosis and fractures?
- Do I need a referral or to meet specific criteria to qualify for coverage?
- Should I be taking calcium or vitamin D supplements?
- Are any medications I'm on increasing my risk of fractures?
- Should I be on a prescription medication to help prevent or treat bone loss?
- What changes to diet or exercise would best support my bone health?
- Are there weight-bearing exercises or balance activities you recommend?
- Can we assess my fall risk?
- Does my Medicare plan cover the medications or services you're recommending?
- Do I have any health issues (such as chronic conditions, history of diseases) that might increase my risk of bone loss or fractures?

Additional Resource

Questions to Ask Your HCP About Osteoporosis, HealthyWomen

Drug Plan Rules

Medicare Part D helps cover the cost of prescription medications, including brand-name and generic drugs. People who choose Original Medicare must be enrolled in either Medicare Part A and/or Medicare Part B to enroll in a Medicare Part D plan. Most Medicare Advantage plans include Part D coverage. Under most Medicare Advantage plans, people cannot join a separate Medicare drug plan.

Like private insurance companies, Medicare drug plans have rules about whether they cover certain drugs and how they cover them. Drugs may be evaluated for medical necessity, appropriateness, and efficiency of use. These rules include:

- **Prior Authorization:** A process requiring the review and approval of a specific drug before it is covered by insurance based on specific criteria
- **Step Therapy:** A policy that requires a patient to try and “fail” a lower-cost treatment before the treatment originally prescribed or recommended by an HCP can be covered
- **Quantity Limits:** Restrictions about the amount of drugs that can be covered over a certain period for cost and safety reasons

People should check with their specific plan to learn their coverage rules and to determine whether their pharmacy is considered in-network or out-of-network. [Learn more about Medicare drug coverage.](#)

Note: When Medicare drug coverage begins, a **beneficiary** may receive a one-time, 30-day supply of the medication they’ve been taking — even if the drug isn’t covered by their new plan or requires prior authorization or step therapy — to aid in the transition to their new plan.



Featured Find!

Medicare.gov’s Prescription Drug Plan Finder

Institutional and Long-Term Care Medicare.gov Resources

- **Home Health Services**
- **Inpatient Hospital Care**
- **Inpatient Rehabilitation Facility**
- **Long-Term Care**
- **Medicare & Home Health Care**
- **Nursing Homes**
- **Outpatient Hospital Services**
- **Resources & Information for Patients and Caregivers**



Bone Health and Medicare: What If ...?

COVERAGE AND MEDICATION

Q: What if I can't afford my osteoporosis medication?

A: If you can't afford your medication through a Part D plan, you may qualify for the Extra Help program, which helps cover the cost of deductibles and copays. **Learn more about the Extra Help program.** Switching to a generic version of medication or applying for a **pharmaceutical assistance program**, when available, may also help reduce out-of-pocket costs. **Learn more about pharmaceutical assistance programs.**

Q: What if my osteoporosis medicine is not covered or stops being covered by my Medicare drug plan?

A: Part D drug plans' **formularies** can change annually. You can ask your HCP whether there is an alternative drug that's covered under your plan, request a formulary exception, or switch plans during open enrollment (October 15–December 7).

Q: What if my pharmacy no longer carries my prescribed medication?

A: Look for a pharmacy that carries your medication by contacting pharmacies in your area directly or contacting your insurer to help find one. There may also be mail-order options or other equivalent medications. Discuss these options with your HCP. Individuals with low income who are on the Extra Help program can change their drug coverage plans throughout the year.

Q: Are the same services that I would get under Original Medicare covered under Medicare Advantage as well?

A: Medicare Advantage plans must cover all medically necessary services that are covered under Original Medicare. However, plans will use their own coverage criteria to determine medical necessity for certain services and may offer other benefits that are not covered under Original Medicare.

PROVIDERS

Q: What if my specialist isn't in my Medicare Advantage plan's network?

A: You may need to get a referral, or you could face higher costs for seeing an out-of-network provider. During open enrollment (October 15–December 7), you can explore switching to a plan that includes your current HCPs.

PREVENTIVE CARE

Q: Does Medicare cover bone-strengthening nutrition or exercise programs?

A: Original Medicare does not cover gym memberships or fitness programs, but Medicare Part B does cover medical nutrition therapy services if you meet certain conditions and are referred for the service by an HCP. Fitness classes and gym memberships may be a part of coverage options under Medicare Advantage or Medigap plans. Check with your plan about wellness-related benefits.



Institutional and Long-Term Care for Bone Health: Covered or Not?

Fractures can present challenges, including pain, reduced mobility and independence, and increased risk for future fractures. According to the Bone Health and Osteoporosis Foundation, 42,000 patients move into nursing homes within three years after suffering a hip fracture. For this reason, it's important to be familiar with Medicare coverage provisions related to care facilities or for long-term care.

Type: Home Health Care?

Description: Services that can be provided within the home for an illness or injury

? Covered? Maybe. **Medicare Part A and/or Part B** cover eligible home health services if certain conditions are met, such as when a person is homebound and requires skilled services. Non-skilled services such as assisting with everyday care and needs is not covered. **Medicare Advantage plans** cover home health care, but the coverage may be different than under Original Medicare.

Type: Inpatient Hospital Care

Description: Medical care provided in a hospital or facility that involves the patient staying overnight or longer.

✓ Covered? Yes. **Medicare Part A** typically covers inpatient hospital care if: 1) the person is admitted after an HCP's order and 2) the hospital accepts Medicare. As of 2025, people pay \$0 for days 1–60 (after the Part A deductible has been met) and \$419 each day for days 61–90. Information about longer stays can be found on [Medicare.gov](#). **Medicare Part B** typically pays for the HCPs' services at the hospital. It usually pays 80% of the Medicare-approved amount for those services.

Type: Inpatient Rehabilitation Facility

Description: Rehabilitation programs in rehab hospitals or rehab units in acute care hospitals

✓ Covered? Yes. **Medicare Part A** covers medically necessary care received in an inpatient rehab facility if an HCP certifies the care. As of 2025, people pay \$0 for days 1–60 (after the Part A deductible has been met) and \$419 each day for days 61–90. Information about coverage for longer stays can be found on [Medicare.gov](#). **Medicare Part B** covers HCPs' services while in the facility. **Medicare Advantage** plans may have different rehabilitation benefits and approvals, so people should review this information when selecting a Medicare plan.

Type: Long-Term Care

Description: A range of support services to help people live independently and safely

X Covered? No. Original Medicare, Medicare Advantage, and Medigap plans generally do not cover long-term care. Medicare Advantage may cover some supplemental healthcare benefits, such as meal delivery. If you qualify for dual eligibility, you may be able to get long-term care coverage through Medicaid. [Learn more about options for long-term care resources.](#)

Type: Nursing Homes

Description: Live-in facilities that provide medical care on a full-time, long-term basis

? Covered? Maybe. Original Medicare may cover skilled care at a nursing home or via home health care if the beneficiary meets certain conditions and requires short-term skilled care for an illness or injury. These conditions include:

- **Qualifying Hospital Stay:** The person must have been an inpatient in a hospital for at least three consecutive days. If the HCP is part of an [Accountable Care Organization \(ACO\)](#), the three-day requirement may be waived, and you may be able to get skilled nursing care without staying in a hospital first. Certain skilled nursing facilities may also be able to bypass the three-day requirement through the [skilled nursing facility three-day rule waiver](#). Patients should ask their social worker or [patient navigator](#) whether the stay will be covered by their plan.
- **Admission to a Skilled Nursing Facility (SNF):** The patient must enter the SNF in a specific time frame (generally 30 days) of leaving the hospital.
- **Medically Necessary Skilled Care:** An HCP must certify that the patient needs daily skilled care.
- **Medicare-Certified Facility:** The SNF must be Medicare-certified.

If the above conditions are met, Medicare Part A will cover benefits that include a semi-private room, skilled nursing care, medications, medical supplies and equipment, and more. **Learn more about skilled nursing facility care.**

Type: Outpatient Hospital Services

Description: Procedures and treatments that may be performed at a hospital but don't require an overnight stay (e.g., laboratory tests billed by the hospital, preventive and screening services, X-rays and other radiology services billed by the hospital)

? **Covered?** Maybe. Medicare Part B covers several diagnostic and treatment services that are performed in hospitals that accept Medicare. Beneficiaries usually pay 20% of the Medicare-approved amount for the services and a copayment for each service received in a hospital outpatient setting, unless it's a preventive service that doesn't have a copayment.

Peace of Mind: Preparing Financially for Long-Term Care

The Administration for Community Living says someone turning 65 today has almost a **70% chance** of needing long-term care services and supports in their remaining years. Generally, Medicare does not offer coverage for this care.

While you can't predict your future healthcare needs, you can plan ahead so you'll understand potential costs and will have done some financial planning if you do wind up needing these services.

Here are some resources that may be helpful in your financial planning journey:

- **How to Prepare for the Costs of Long-Term Care** – Merrill
- **Retirement Planning: Preparing for Long-Term Care** – Vanguard
- **How to Plan for the Cost of Long-Term Care** – Ameriprise Financial

Bone Health Resources and Support

Bone Health and Osteoporosis Foundation (BHOFF): Provides education on osteoporosis prevention and treatment and bone health

HealthyWomen: Offers education on bone health and osteoporosis for women across their lifespan

Local Senior Centers & Health Departments: May offer exercise programs, fall prevention workshops, and bone health screenings

Medicaid.gov: Provides essential services to support bone health, particularly for low-income individuals

Medicare.gov: Offers details on coverage options for osteoporosis screening and treatment

Society for Women's Health Research: Offers resources on diseases, conditions, and life stages that uniquely, differently, or disproportionately affect women — including bone health — for patients, families, clinicians, and policymakers

State Health Insurance Assistance Programs: Provide free counseling to help navigate Medicare benefits