

## Management Following Fracture

### PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

Clinical Information	Billing Information		
<b>Step 1 Is patient eligible for this measure?</b>			
<b>Yes</b>	<b>No</b>		
Patient is aged 50 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	<b>Code Required on Claim Form</b>
Patient has fracture of the hip, spine or distal radius AND a CPT E/M Service Code for this visit OR there is a CPT Procedure Code.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
If <b>No</b> is checked for any of the above, STOP. Do not report a CPT category II code.			Refer to coding specifications document for list of applicable codes.
<b>Step 2 Does patient meet or have an acceptable reason for not meeting the measure?</b>			
<b>Central Dual-energy X-ray Absorptiometry (DXA) Measurement OR Pharmacologic Therapy<sup>1</sup></b>	<b>Yes</b>	<b>No</b>	<b>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</b>
DXA ordered	<input type="checkbox"/>	<input type="checkbox"/>	3096F
DXA performed	<input type="checkbox"/>	<input type="checkbox"/>	3095F
Pharmacologic therapy prescribed <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	4005F
Not ordered, performed or prescribed for one of the following reasons:			
• Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	3096F-1P OR 3095F-1P OR 4005-1P
• Patient (eg, patient declined, economic, social, religious, other patient reason)	<input type="checkbox"/>	<input type="checkbox"/>	3096F-2P OR 3095F-2P OR 4005F-2P
• System (eg, resources to perform the services not available, other reason attributable to health care delivery system)	<input type="checkbox"/>	<input type="checkbox"/>	3096F-3P OR 3095F-3P OR 4005F-3P
Document reason here and in medical chart. _____ _____	If <b>No</b> is checked for <b>all</b> of the above, report 3096F-8P OR 3095F-8P OR 4005F-8P (Central dual energy X-ray absorptiometry [DXA] measurement was not ordered or performed and a pharmacologic therapy for osteoporosis was not prescribed, reason not otherwise specified.)		

*Note: This measure should be reported at one of the following two instances if management following fracture has occurred or is planned within 3 months of fracture.*

*1) During an office visit with ICD-9 diagnosis code for fracture of hip, spine or distal radius OR*

*2) At the time of a procedure to repair a fracture*

*Prior DXA status or already on pharmacologic therapy pre-fracture meets this measure*

*continued on next page*

## Management Following Fracture

---

*continued from previous page*

<sup>1</sup>Pharmacologic Therapy: U.S. Food and Drug Administration approved pharmacologic options for osteoporosis prevention and/or treatment of postmenopausal osteoporosis include, in alphabetical order: bisphosphonates (alendronate, ibandronate, and risedronate), calcitonin, estrogens (estrogens and/or hormone therapy), parathyroid hormone [PTH (1-34), teriparatide], and selective estrogen receptor modulators or SERMs (raloxifene).

<sup>2</sup>“Prescribed” includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter.