

Management Following Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older

Coding Specifications

Codes required to document patient has fracture of the hip, spine or distal radius and a visit or procedure occurred:

- An ICD-9-CM diagnosis code for fracture of the hip, spine or distal radius and a CPT code for a visit OR
- A diagnosis of fracture of the hip, spine or distal radius or osteoporosis and a CPT code are required to identify patients to be included in this measure.

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-CM diagnosis code for fracture of hip, spine or distal radius OR
- 2) At the time of a procedure to repair a fracture

Prior central dual energy x-ray absorptiometry (DXA) status or already on pharmacologic therapy pre-fracture meets this measure

All measure specific coding should be reported on the claim(s) representing the eligible encounter.

Option 1

Fracture of the hip, spine or distal radius

ICD-9-CM diagnosis codes

- 733.00, 733.01, 733.02, 733.03, 733.09
- 805.00, 805.01, 805.02, 805.03, 805.04, 805.05, 805.06, 805.07, 805.08 (cervical fracture)
- 805.2 (dorsal-thoracic fracture)
- 805.4 (lumbar fracture)
- 805.6, 805.8 (sacrum and coccyx fracture)
- 813.40, 813.41, 813.42, 813.44, 813.45, 813.47, 813.50, 813.51, 813.52, 813.54 (radius and ulna fracture)
- 820.00, 820.01, 820.02, 820.03, 820.09, 820.20, 820.21, 820.22, 820.8 (femur fracture)

AND

CPT codes

- 99201, 99202, 99203, 99204, 99205
- 99212, 99213, 99214, 99215

OR

Option 2

Fracture of the hip, spine or distal radius or osteoporosis

ICD-9-CM diagnosis codes

- 733.00, 733.01, 733.02, 733.03, 733.09 (osteoporosis)
- 805.00, 805.01, 805.02, 805.03, 805.04, 805.05, 805.06, 805.07, 805.08 (cervical fracture)
- 805.2 (dorsal-thoracic fracture)
- 805.4 (lumbar fracture)
- 805.6, 805.8 (sacrum and coccyx fracture)
- 813.40, 813.41, 813.42, 813.44, 813.45, 813.47, 813.50, 813.51, 813.52, 813.54 (radius and ulna fracture)
- 820.00, 820.01, 820.02, 820.03, 820.09, 820.20, 820.21, 820.22, 820.8 (femur fracture)

AND

CPT codes

- 22305, 22310, 22315, 22318, 22319, 22325, 22326, 22327
- 22520, 22521, 22523, 22524
- 25600, 25605, 25606, 25607, 25608, 25609
- 27230, 27232, 27235, 27236, 27238, 27240, 27244, 27245, 27246, 27248

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Quality codes for this measure:

CPT II Code descriptors

(Data collection sheet should be used to determine appropriate code.)

- **CPT II 3096F:** Central dual energy X-ray absorptiometry (DXA) ordered
- **CPT II 3095F:** Central dual energy X-ray absorptiometry (DXA) results documented
- **G8633:** Pharmacologic therapy (other than minerals/ vitamins) for osteoporosis prescribed
- **CPT II 3096F-1P OR 3095F-1P:** Documentation of medical reason(s) for not ordering or performing a central DXA measurement or not prescribing pharmacologic therapy for osteoporosis (eg, not indicated, contraindicated, other medical reason)
- **CPT II 3096F-2P OR 3095F-2P:** Documentation of patient reason(s) for not ordering or performing a central DXA measurement or not prescribing pharmacologic therapy for osteoporosis (eg, patient declined, economic, social, religious, other patient reason)
- **CPT II 3096F-3P OR 3095F-3P:** Documentation of system reason(s) for not ordering or performing a central DXA measurement or not prescribing pharmacologic therapy for osteoporosis (eg, resources to perform the services not available, other reason attributable to health care delivery system)
- **CPT II 3096F-8P OR 3095F-8P:** Central DXA measurement was not ordered or performed and a pharmacologic therapy for osteoporosis was not prescribed, reason not otherwise specified
- **G8634:** Clinician documented patient not an eligible candidate to receive pharmacologic therapy for osteoporosis

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