

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

### Physician Quality Reporting System 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

Step 1 Is patient eligible for this measure?			
	Yes	No	Code Required on Claim Form
Patient is aged 50 years and older on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of fracture of the hip, spine or distal radius AND a CPT Code for this visit OR Patient has a diagnosis of fracture of the hip, spine or distal radius or osteoporosis AND there is a CPT Procedure Code.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below.
If <b>No</b> is checked for any of the above, STOP. Do not report a CPT category II code.			
Step 2 Does patient meet or have an acceptable reason for not meeting the measure?			
Central Dual-Energy X-ray Absorptiometry (DXA) Measurement OR Pharmacologic Therapy <sup>1</sup>	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
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"/>	G8633
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
• Patient (eg, patient declined, economic, social, religious, other patient reason)	<input type="checkbox"/>	<input type="checkbox"/>	3096F-2P OR 3095F-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
• Pharmacologic therapy <i>not</i> prescribed for documented reasons	<input type="checkbox"/>	<input type="checkbox"/>	G8634
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 (Central 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-CM 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

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

---

*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” may include prescription given to the patient for treatment of osteoporosis (as listed above) at one or more encounters during the reporting period, OR documentation that patient is already taking pharmacologic therapy for osteoporosis, as documented in the current medication list.