

Communication with the Physician Managing Ongoing Care Post Fracture

Coding Specifications

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

A line item ICD-9-CM diagnosis code for fracture of the hip, spine or distal radius and a CPT E/M service code OR a CPT procedure 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 communication post 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

All measure-specific coding should be reported ON THE SAME CLAIM.

Fracture of the hip, spine or distal radius line item ICD-9-CM diagnosis codes

- 733.12, 733.13, 733.14 (pathologic fracture),
- 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, 813.50, 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 E/M service codes

- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99212, 99213, 99214, 99215 (office — established patient),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult),

OR

CPT procedure codes

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

Quality codes for this measure:

CPT II Code descriptors

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

- **CPT II 5015F:** Documentation of communication that a fracture occurred and that the patient was or should be tested or treated for osteoporosis
- **CPT II 5015F-1P:** Documentation of medical reason(s) for not communicating with physician managing ongoing care of patient that a fracture occurred and that the patient was or should be tested or treated for osteoporosis
- **CPT II 5015F-2P:** Documentation of patient reason(s) for not communicating that a fracture occurred and that the patient was or should be tested or treated for osteoporosis [with physician managing ongoing care of patient]
- **CPT II 5015F-8P:** No documentation of communication that a fracture occurred and that the patient was or should be tested or treated for osteoporosis, reason not otherwise specified

Physician Performance Measures (Measures) and related data specifications, developed by the American Medical Association (AMA) in collaboration with the Physician Consortium for Performance Improvement (the Consortium) and the National Committee for Quality Assurance (NCQA) pursuant to government sponsorship under subcontract 6205-05-054 with Mathematica Policy Research, Inc. under contract 500-00-0033 with Centers for Medicare & Medicaid Services.

These performance Measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications.

The Measures, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g., use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain. Commercial uses of the Measures require a license agreement between the user and the AMA, (on behalf of the Consortium) or NCQA. Neither the AMA, NCQA, Consortium nor its members shall be responsible for any use of the Measures.

THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

© 2004–6 American Medical Association and National Committee for Quality Assurance. All Rights Reserved.

Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The AMA, NCQA, the Consortium and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

CPT® contained in the Measures specifications is copyright 2007 American Medical Association

G codes and associated descriptions included in these Measure specifications are in the public domain.

PQRI 2009 Measure 24, Effective Date 01/01/2009

© 2004–6 American Medical Association and National Committee for Quality Assurance. All Rights Reserved.

CPT® copyright 2008 American Medical Association