

Management Following 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 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 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 (Fracture or Dislocation-Spine)
- 22520, 22521, 22523, 22524 (Vertebral Body, Embolization or Injection)
- 25600, 25605, 25606, 25607, 25608, 25609 (Fracture or Dislocation- Forearm or Wrist)
- 27230, 27232, 27235, 27236, 27238, 27240, 27244, 27245, 27246, 27248 (Fracture or Dislocation- Pelvis or Hip Joint)

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
- **CPT II 4005F:** Pharmacologic therapy (other than minerals/ vitamins) for osteoporosis prescribed
- **CPT II 3096F-1P OR 3095F-1P OR 4005F-1P:** Documentation of medical reason(s) for not ordering or performing a central DXA measurement or not prescribing pharmacologic therapy for osteoporosis
- **CPT II 3096F-2P OR 3095F-2P OR 4005F-2P:** Documentation of patient reason(s) for not ordering or performing a central DXA measurement or not prescribing pharmacologic therapy for osteoporosis
- **CPT II 3096F-3P OR 3095F-3P OR 4005F-3P:** Documentation of system reason(s) for not ordering or performing a central DXA measurement or not prescribing pharmacologic therapy for osteoporosis
- **CPT II 3096F-8P OR 3095F-8P OR 4005F-8P:** Central DXA measurement was not ordered or performed and a pharmacologic therapy for osteoporosis was not prescribed, reason not otherwise specified

continued on next page

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continued from previous page

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PQRI 2009 Measure 40, Effective Date 01/01/2009

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