

Communication with the Physician Managing Ongoing Care Post Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older

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

| Step 1 Is patient eligible for this measure? | | | Code Required on Claim Form |
|---|--------------------------|--------------------------|---|
| | Yes | No | |
| 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 line item diagnosis of fracture of the hip, spine or distal radius AND a CPT Code for this visit OR Patient has a line item diagnosis of fracture of the hip, spine or distal radius 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 No 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? | | | Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form) |
| Post-Fracture Care | Yes | No | |
| Communicated ¹ | <input type="checkbox"/> | <input type="checkbox"/> | 5015F |
| Not communicated for one of the following reasons: | | | |
| • Medical (eg, not indicated, contraindicated, other medical reason) | <input type="checkbox"/> | <input type="checkbox"/> | 5015F-1P |
| • Patient (eg, patient declined, economic, social, religious, other patient reason) | <input type="checkbox"/> | <input type="checkbox"/> | 5015F-2P |
| Document reason here and in medical chart. _____ _____ _____ | | | If No is checked for all of the above, report 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.) |

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

¹Communication may include: Documentation in the medical record indicating that the clinician treating the fracture communicated (eg, verbally, by letter, DXA report was sent) with the clinician managing the patient's ongoing care OR a copy of a letter in the medical record outlining whether the patient was or should be treated for osteoporosis.