

Screening or Therapy for Osteoporosis for Women Aged 65 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? | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Yes | No | Code Required on Claim Form |
| Patient is aged 65 years and older on date of encounter. | <input type="checkbox"/> | <input type="checkbox"/> | Verify date of birth on claim form. |
| Patient is female. | <input type="checkbox"/> | <input type="checkbox"/> | Refer to gender on claim form. |
| There is a CPT Code for this visit. | <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 G-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 ¹ | 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 OR DXA performed OR pharmacologic therapy prescribed ² | <input type="checkbox"/> | <input type="checkbox"/> | G8399 |
| Not ordered, performed or prescribed for the following reason: <ul style="list-style-type: none"> • Documented (eg, patient was not an eligible candidate for screening or therapy for osteoporosis) | <input type="checkbox"/> | <input type="checkbox"/> | G8401 |
| Document reason here and in medical chart. _____ _____ _____ | | | If No is checked for all of the above, report G8400 (Patient with central DXA results not documented or not ordered or pharmacologic therapy [other than minerals/vitamins] for osteoporosis not prescribed, reason not otherwise specified.) |

¹Pharmacologic 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).

²"Prescribed" includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter.