*Measure #4: Screening for Future Fall Risk

**DESCRIPTION:**
Percentage of patients aged 65 years and older who were screened for future fall risk (patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year) at least once within 12 months

**INSTRUCTIONS:**
This measure is to be reported a minimum of once per reporting period for patients seen during the reporting period. This measure is appropriate for use in all non-acute settings (excludes emergency departments and acute care hospitals). It is anticipated that clinicians who provide primary care for the patient will submit this measure.

**This measure can be reported using CPT Category II codes:**
CPT E/M service codes and patient demographics (age, gender, etc) are used to identify patients who are included in the measure’s denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure, submit the listed CPT E/M service codes and the appropriate CPT Category II code OR the CPT Category II code with the modifier. The modifiers allowed for this measure are: 1P-medical reasons, 8P-reasons not otherwise specified.

**NUMERATOR:**
Patients who were screened for future fall risk (patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year) at least once within 12 months

**Numerator Instructions:** Patients are considered at risk for future falls if they have had two or more falls in the past year or any fall with injury in the past year

**Definition:** A fall is defined as a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of sudden onset of paralysis, epileptic seizure, or overwhelming external force (Tinetti).

**Numerator Coding:**
- **Screening for Future Fall Risk Performed**
  - CPT II 1100F: Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in the past year
  - OR
  - CPT II 1101F: Patient screened for future fall risk; documentation of no falls in the past year or only one fall without injury in the past year
  - OR
  - **Screening for Future Fall Risk not Performed for Medical Reasons**
    - Append a modifier (1P) to CPT Category II code 1100F or 1101F to report documented circumstances that appropriately exclude patients from the denominator.
    - **1P:** Documentation of medical reason(s) for not screening for future fall risk (e.g., patient is not ambulatory)
  - OR
  - **Screening for Future Fall Risk not Performed, Reason Not Specified**
    - Append a reporting modifier (8P) to CPT Category II code 1100F to allow the reporting of circumstances when an action described in a measure’s numerator is not performed and the reason is not otherwise specified.
    - **8P:** Patient was not screened for future fall risk, reason not otherwise specified

**DENOMINATOR:**
All patients aged 65 years and older

**Denominator Coding:**
A CPT E/M service code to identify patients aged 65 years and older who were seen by the clinician is required for denominator inclusion.

**CPT E/M service codes:** 97001, 97002, 99201-99205, 99212-99215, 99241-99245, 99304-99310, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99354, 99355, 99387, 99397, 99401-99404
(Grade C)
Measure #20: Perioperative Care: Timing of Antibiotic Prophylaxis – Ordering Physician
Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics, who have an order for prophylactic antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required)

Documentation of order for prophylactic antibiotic (written order, verbal order, or standing order/protocol)

CPT II 4047F: Documentation of order for prophylactic antibiotics to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required)

OR

Documentation that antibiotic has been given within one hour prior to the surgical incision (or start of procedure when no incision is required)

CPT II 4048F: Documentation that prophylactic antibiotic was given within one hour (if fluoroquinolone or vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required)

OR

Order for Prophylactic Antibiotic not Given for Medical Reasons
Append a modifier (1P) to CPT Category II code 4047F to report documented circumstances that appropriately exclude patients from the denominator.

• 1P: Documentation of medical reason(s) for not ordering antibiotics to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required)

OR

Order for or Administration of Prophylactic Antibiotic not Given, Reason Not Specified
Append a reporting modifier (8P) to CPT Category II code 4047F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

• 8P: Antibiotics were not ordered within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required), reason not otherwise specified

<table>
<thead>
<tr>
<th>SURGICAL PROCEDURE</th>
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<tbody>
<tr>
<td>Spine</td>
<td>22325, 22612, 22630, 22800, 22802, 22804, 63030, 63042</td>
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<tr>
<td>Hip Reconstruction</td>
<td>27125, 27130, 27132, 27134, 27137, 27138</td>
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<tr>
<td>Trauma (Fractures)</td>
<td>27235, 27236, 27244, 27245, 27758, 27759, 27766, 27792, 27814</td>
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<td>27440-27443, 27445-27447</td>
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<td>Neurological Surgery</td>
<td>22524, 22554, 22558, 22600, 22612, 22630, 63015, 63020, 63030, 63042, 63045, 63047, 63056, 63075, 63081, 63267, 63276</td>
</tr>
</tbody>
</table>
Measure #21: Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin
DESCRIPTION:
Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for cefazolin OR cefuroxime for antimicrobial prophylaxis
Documentation of order for cefazolin OR cefuroxime for antimicrobial prophylaxis (written order, verbal order, or standing order/protocol)
CPT II 4041F: Documentation of order for cefazolin OR cefuroxime for antimicrobial prophylaxis Note: CPT Category II code 4041F is provided for antibiotic ordered or antibiotic given. Report CPT Category II code 4041F if cefazolin OR cefuroxime was given for antimicrobial prophylaxis.
OR
Order for First or Second Generation Cephalosporin not Ordered for Medical Reasons Append a modifier (1P) to CPT Category II code 4041F to report documented circumstances that appropriately exclude patients from the denominator.
- **1P:** Documentation of medical reason(s) for not ordering cefazolin OR cefuroxime for antimicrobial prophylaxis
OR
Order for First or Second Generation Cephalosporin not Ordered, Reason Not Specified Append a reporting modifier (8P) to CPT Category II code 4041F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.
- **8P:** Order for cefazolin OR cefuroxime for antimicrobial prophylaxis was not documented, reason not otherwise specified

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</tr>
</tbody>
</table>
Measure #22: Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)

DESCRIPTION:
Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic antibiotics AND who received a prophylactic antibiotic, who have an order for discontinuation of prophylactic antibiotics within 24 hours of surgical end time Documentation of order for discontinuation of prophylactic antibiotics (written order, verbal order, or standing order/protocol) within 24 hours of surgical end time

CPT II 4049F: Documentation that order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time, non-cardiac procedure

Note: CPT Category II code 4049F is provided for documentation that antibiotic discontinuation was ordered or that antibiotic discontinuation was accomplished. Report CPT Category II code 4049F if antibiotics were discontinued within 24 hours.

AND

CPT II 4046F: Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperatively

OR

Prophylactic Antibiotics not Discontinued for Medical Reasons

Append a modifier (1P) to CPT Category II code 4049F to report documented circumstances that appropriately exclude patients from the denominator.

• 1P: Documentation of medical reason(s) for not discontinuing prophylactic antibiotics within 24 hours of surgical end time

AND

CPT II 4046F: Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperatively

OR

If patient does not meet denominator inclusion because patient did not receive prophylactic antibiotics within specified timeframe, report:

CPT II 4042F: Documentation that prophylactic antibiotics were neither given within 4 hours prior to surgical incision nor given intraoperatively

OR

Prophylactic Antibiotics not Discontinued, Reason Not Specified

Append a reporting modifier (8P) to CPT Category II code 4049F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

• 8P: Order was not given to discontinue prophylactic antibiotics within 24 hours of surgical end time, non-cardiac procedure, reason not otherwise specified

AND

CPT II 4046F: Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperatively

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*Measure #23: Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)

DESCRIPTION:
Percentage of patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time

Numerator Coding:

Appropriate VTE Prophylaxis Ordered
CPT II 4044F: Documentation that an order was given for venous thromboembolism (VTE) prophylaxis to be given within 24 hours prior to incision time or 24 hours after surgery end time

Note: A single CPT Category II code is provided for VTE prophylaxis is ordered or VTE prophylaxis is given. If VTE prophylaxis is given, report 4044F.

OR

VTE Prophylaxis not Ordered for Medical Reasons
Append a modifier (1P) to CPT Category II code 4044F above to report documented circumstances that appropriately exclude patients from the denominator.

• 1P: Documentation of medical reason(s) for patient not receiving any form of VTE prophylaxis (LMWH, LDUH, adjusted-dose warfarin, fondaparinux or mechanical prophylaxis) within 24 hours prior to incision time or 24 hours after surgery end time

OR

VTE Prophylaxis not Ordered, Reason Not Specified
Append a reporting modifier (8P) to CPT Category II code 4044F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

• 8P: Order was not given for venous thromboembolism (VTE) prophylaxis to be given within 24 hours prior to incision time or 24 hours after surgery end time, reason not otherwise specified

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</table>
*Measure #24: Osteoporosis: Communication with the Physician Managing Ongoing Care Post Fracture

**DESCRIPTION:**
Percentage of patients aged 50 years and older treated for a hip, spine or distal radial fracture with documentation of communication with the physician managing the patient’s ongoing care that a fracture occurred and that the patient was or should be tested or treated for osteoporosis

**Numerator Coding:**

**Post-Fracture Care Communication Documented**

CPT II 5015F: Documentation of communication that a fracture occurred and that the patient was or should be tested or treated for osteoporosis

**OR**

**Post-Fracture Care not Communicated for Medical or Patient Reasons**

Append a modifier (1P or 2P) to CPT Category II code 5015F to report documented circumstances that appropriately exclude patients from the denominator.

- **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
- **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

**OR**

**Post-Fracture Care not Communicated, Reason Not Specified**

Append a reporting modifier (8P) to CPT Category II code 5015F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- **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

**Denominator:**

All patients aged 50 years and older treated for hip, spine or distal radial fracture

**Denominator Coding:**

An ICD-9 diagnosis code and either a CPT E/M service code or a CPT procedure code to identify patients with a recent fracture of the hip, spine or distal radius are required for denominator inclusion.

**ICD-9 diagnosis codes:** 733.12-733.14, 805.00-805.08, 805.10-805.18, 805.2, 805.4, 805.6, 805.8, 813.40-813.42, 813.44, 813.45, 813.50-813.52, 813.54, 820.00-820.03, 820.09-820.11, 820.13, 820.20-820.22, 820.8, 820.9

**AND**

**CPT E/M service codes:** 99201-99205, 99212-99215, 99240-99245, 99354, 99355

**OR**

**CPT procedure codes:** 22305-22327, 22520, 22521, 22523, 22524, 25600-25609, 27230-27248
*Measure #39: Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older

DESCRIPTION:
Percentage of female patients aged 65 years and older who have a central dual-energy X-ray absorptiometry (DXA) measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months

INSTRUCTIONS:
This measure is to be reported a minimum of once during the reporting period for patients seen during the reporting period. Female patients aged 65 years and older should have a central DXA measurement ordered or performed at least once since the time they turned 60 years or have pharmacologic therapy prescribed to prevent or treat osteoporosis. It is anticipated that clinicians who provide primary care or care for treatment of fracture or osteoporosis will submit this measure.

NUMERATOR:
Patients who had a central DXA measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months

Definition: 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 modules or SERMs (raloxifene).

Numerator Coding:
Central DXA Measurement Ordered or Performed or Pharmacologic Therapy Prescribed
CPT II 3096F: Central Dual-energy X-Ray Absorptiometry (DXA) ordered
OR
CPT II 3095F: Central Dual-energy X-Ray Absorptiometry (DXA) results documented
OR
CPT II 4005F: Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed
OR
Central DXA Measurement not Ordered or Performed or Pharmacologic Therapy not Prescribed for Medical, Patient, or System Reasons
Append a modifier (1P, 2P, or 3P) to CPT Category II code 3096F or 3095F or 4005F to report documented circumstances that appropriately exclude patients from the denominator.
• 1P: Documentation of medical reason(s) for not ordering or performing a central dual energy X-ray absorptiometry (DXA) measurement or not prescribing pharmacologic therapy for osteoporosis
• 2P: Documentation of patient reason(s) for not ordering or performing central dual energy X-ray absorptiometry (DXA) measurement or not prescribing pharmacologic therapy for osteoporosis
• 3P: Documentation of system reason(s) for not ordering or performing central dual energy X-ray absorptiometry (DXA) measurement or not prescribing pharmacologic therapy for osteoporosis
OR
Central DXA Measurement not Ordered or Performed or Pharmacologic Therapy not Prescribed, Reason Not Specified
Append a reporting modifier (8P) to CPT Category II code 3096F or 3095F or 4005F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.
• 8P: Central dual energy X-ray absorptiometry (DXA) measurement was not ordered or performed and a pharmacologic therapy for osteoporosis was not prescribed, reason not otherwise specified

DENOMINATOR:
All female patients aged 65 years and older

Denominator Coding:
A CPT E/M service code is required to identify female patients aged 65 years and older who were seen by a clinician for denominator inclusion.

CPT E/M service codes: 99201-99205, 99212-99215, 99241-99245, 99354, 99355, 99387, 99397, 99401-99404
**Measure #40: Osteoporosis: Management Following Fracture**

**DESCRIPTION:**
Percentage of patients aged 50 years and older with fracture of the hip, spine or distal radius who had a central dual-energy X-ray absorptiometry (DXA) measurement ordered or performed or pharmacologic therapy prescribed

**NUMERATOR:**
Patients who had a central DXA measurement ordered or performed or pharmacologic therapy prescribed

**Definition:** 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 modules or SERMs (raloxifene).

**Numerator Coding:**
Central DXA Measurement Ordered or Performed or Pharmacologic Therapy Prescribed

- CPT II 3096F: Central dual energy X-ray absorptiometry (DXA) ordered
- OR
- CPT II 3095F: Central dual energy X-ray absorptiometry (DXA) results documented
- OR
- CPT II 4005F: Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed

Central DXA Measurement not Ordered or Performed or Pharmacologic Therapy not Prescribed for Medical, Patient, or System Reasons Append a modifier (1P, 2P, or 3P) to CPT Category II codes 3096F or 3095F or 4005F to report documented circumstances that appropriately exclude patients from the denominator.

- **1P:** Documentation of medical reason(s) for not ordering or performing a central dual energy X-ray absorptiometry (DXA) measurement or not prescribing pharmacologic therapy for osteoporosis
- **2P:** Documentation of patient reason(s) for not ordering or performing a central dual energy X-ray absorptiometry (DXA) measurement or not prescribing pharmacologic therapy for osteoporosis
- **3P:** Documentation of system reason(s) for not ordering or performing a central dual energy X-ray absorptiometry (DXA) measurement or not prescribing pharmacologic therapy for osteoporosis

Central DXA Measurement not Ordered or Performed or Pharmacologic Therapy not Prescribed, Reason Not Specified Append a reporting modifier (8P) to CPT Category II code 3096F or 3095F or 4005F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- **8P:** Central dual energy X-ray absorptiometry (DXA) measurement was not ordered or performed and a pharmacologic therapy for osteoporosis was not prescribed, reason not otherwise specified

**DENOMINATOR:**
All patients aged 50 years and older with a fracture of the hip, spine or distal radius

**Denominator Coding:**
An ICD-9 diagnosis code and a CPT E/M service code or CPT procedure code are required to identify patients with a recent fracture of the hip, spine or distal radius for denominator inclusion.

**ICD-9 diagnosis codes:** 733.12-733.14, 805.00-805.08, 805.10-805.18, 805.2, 805.4, 805.6, 805.8, 813.40-813.42, 813.44, 813.45, 813.50-813.52, 813.54, 820.00-820.03, 820.09-820.11, 820.20-820.22, 820.13, 820.8, 820.9

**AND**

- **CPT E/M service codes:** 99024, 99201-99205, 99212-99215, 99241-99245, 99354, 99355
- **OR**
- **CPT procedure codes:** 22305-22327, 22520, 22521, 22523, 22524, 25600-25609, 27230-27248
*Measure #41: Osteoporosis: Pharmacologic Therapy*

**DESCRIPTION:**
Percentage of patients aged 50 years and older with a diagnosis of osteoporosis who were prescribed pharmacologic therapy within 12 months

**INSTRUCTIONS:**
This measure is to be reported a minimum of once per reporting period for patients seen during the reporting period. Patients with a diagnosis of osteoporosis should be prescribed pharmacologic therapy to treat osteoporosis. It is anticipated that clinicians who provide services for patients with the diagnosis of osteoporosis will submit this measure.

**This measure can be reported using CPT Category II codes:**
ICD-9 diagnosis codes, CPT E/M service codes, and patient demographics (age, gender, etc) are used to identify patients who are included in the measure’s denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure, submit the listed ICD-9 diagnosis codes, CPT E/M service codes, and the appropriate CPT Category II code **OR** the CPT Category II code with the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 2P- patient reasons, 3P- system reasons, 8P- reasons not otherwise specified.

**NUMERATOR:**
Patients who were prescribed pharmacologic therapy within 12 months

**Definition:** 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 modules or SERMs (raloxifene).

**Numerator Coding:**
Pharmacologic Therapy Prescribed
CPT II 4005F: Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed

**OR**
Pharmacologic Therapy not Prescribed for Medical, Patient, or System Reasons
Append a modifier (1P, 2P, or 3P) to CPT Category II code 4005F to report documented circumstances that appropriately exclude patients from the denominator.

- **1P:** Documentation of medical reason(s) for not prescribing pharmacologic therapy for osteoporosis
- **2P:** Documentation of patient reason(s) for not prescribing pharmacologic therapy for osteoporosis
- **3P:** Documentation of system reason for not prescribing pharmacologic therapy for osteoporosis

**OR**
Pharmacologic Therapy not Prescribed, Reason Not Specified
Append a reporting modifier (8P) to CPT Category II code 4005F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- **8P:** Pharmacologic therapy for osteoporosis was not prescribed, reason not otherwise specified

**DENOMINATOR:**
All patients aged 50 years and older with the diagnosis of osteoporosis

**Denominator Coding:**
An ICD-9 diagnosis code to identify patients with osteoporosis and a CPT E/M service code are required for denominator inclusion.

**ICD-9 diagnosis codes:** 733.00-733.03, 733.09

**AND**

**CPT E/M service codes:** 99201-99205, 99212-99215, 99241-99245, 99354, 99355, 99386, 99387, 99396, 99397, 99401-99404
Measure #42: Osteoporosis: Counseling for Vitamin D, Calcium Intake, and Exercise

Description:
Percentage of patients, regardless of age, with a diagnosis of osteoporosis who are either receiving both calcium and vitamin D or have been counseled regarding both calcium and vitamin D intake, and exercise at least once within 12 months

Instructions:
This measure is to be reported a minimum of once per reporting period for patients seen during the reporting period. Patients with a diagnosis of osteoporosis should be receiving both calcium and vitamin D or had counseling regarding their use and counseled on exercise. It is anticipated that clinicians who provide services for patients with the diagnosis of osteoporosis will submit this measure.

This measure can be reported using CPT Category II codes:
ICD-9 diagnosis codes, CPT E/M service codes, and patient demographics (age, gender, etc) are used to identify patients who are included in the measure’s denominator. CPT Category II codes are used to report the numerator of the measure.
When reporting the measure, submit the listed ICD-9 diagnosis codes, CPT E/M service codes, and the appropriate CPT Category II code OR the CPT Category II code with the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 8P- reasons not otherwise specified.

Numerator:
Patients who are either receiving both calcium and vitamin D or have been counseled for both calcium and vitamin D intake, and exercise at least once within 12 months

Numerator Coding:
Calcium and Vitamin D Received or Counseling Regarding Calcium Vitamin D Use, and Exercise
CPT II 4019F: Documentation of receipt of counseling on exercise AND either both calcium and vitamin D use or counseling regarding both calcium and vitamin D use

OR
Calcium and Vitamin D not Received or no Counseling Regarding Calcium, Vitamin D Use, and Exercise for Medical Reasons
Append a modifier (1P) to the CPT Category II code 4019F to report documented circumstances that appropriately exclude patients from the denominator.
• 1P: Documentation of medical reason(s) for patient not receiving both calcium and vitamin D or and not needing counseling regarding both calcium and vitamin D intake, and exercise (e.g., patient has dementia and is unable to receive counseling).

OR
Calcium and Vitamin D not Received or no Counseling Regarding Calcium, Vitamin D Use, and Exercise, Reason Not Specified
Append a reporting modifier (8P) to CPT Category II code 4019F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.
• 8P: Receipt of counseling on exercise AND either both calcium and vitamin D use or counseling regarding both calcium and vitamin D use was not documented, reason not otherwise specified.

Denominator:
All patients, regardless of age, with the diagnosis of osteoporosis

Denominator Coding:
An ICD-9 diagnosis code to identify patients with osteoporosis and a CPT E/M service code are required for denominator inclusion.

ICD-9 diagnosis codes: 733.00-733.03, 733.09

AND

CPT E/M service codes: 99201-99205, 99212-99215, 99241-99245, 99354, 99355, 99385-99387, 99395-99397, 99401-99404

#1. 10 page worksheet