

Quality ID #039: Screening for Osteoporosis for Women Aged 65-85 Years of Age

2026 COLLECTION TYPE:

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (QCM)

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of women 65-85 years of age who ever had a central dual-energy X-ray absorptiometry (DXA) test to check for osteoporosis.

INSTRUCTIONS:

Reporting Frequency:

This measure is to be submitted a minimum of once per performance period for denominator eligible cases as defined in the denominator criteria.

Intent and Clinical Applicability:

This measure is intended to reflect the quality of services provided for women 65-85 years of age who should have a central DXA measurement performed at least once to screen for osteoporosis. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions as defined by the numerator based on the services provided and the measure-specific denominator coding.

Measure Strata and Performance Rates:

This measure contains one strata defined by a single submission criteria.

This measure produces a single performance rate.

Implementation Considerations:

For the purposes of MIPS implementation, this patient-process measure is submitted a minimum of once per patient during the performance period. The most advantageous quality data code will be used if the measure is submitted more than once.

Telehealth:

TELEHEALTH ELIGIBLE: This measure is appropriate for and applicable to the telehealth setting. Patient encounters conducted via telehealth using encounter code(s) found in the denominator encounter criteria are allowed for this measure. Therefore, if the patient meets all denominator criteria for a telehealth encounter, it would be appropriate to include them in the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:

The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:

Women age 65-85.

Definition:

Diagnosis of osteoporosis (Denominator Exclusion) – See reference coding.

Denominator Criteria (Eligible Cases):

Women 65-85 years of age on date of encounter

AND

Patient encounter during the performance period (CPT): 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

AND NOT

DENOMINATOR EXCLUSIONS:

Patient with diagnosis of osteoporosis on date of encounter: M1153

OR

Patient receiving hospice services any time during the measurement period: G9690

Reference Coding:

Denominator Exclusion for **Osteoporosis [M1153]** may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used:

M80.00XA, M80.00XD, M80.00XG, M80.00XK, M80.00XP, M80.00XS, M80.011A, M80.011D, M80.011G, M80.011K, M80.011P, M80.011S, M80.012A, M80.012D, M80.012G, M80.012K, M80.012P, M80.012S, M80.019A, M80.019D, M80.019G, M80.019K, M80.019P, M80.019S, M80.021A, M80.021D, M80.021G, M80.021K, M80.021P, M80.021S, M80.022A, M80.022D, M80.022G, M80.022K, M80.022P, M80.022S, M80.029A, M80.029D, M80.029G, M80.029K, M80.029P, M80.029S, M80.031A, M80.031D, M80.031G, M80.031K, M80.031P, M80.031S, M80.032A, M80.032D, M80.032G, M80.032K, M80.032P, M80.032S, M80.039A, M80.039D, M80.039G, M80.039K, M80.039P, M80.039S, M80.041A, M80.041D, M80.041G, M80.041K, M80.041P, M80.041S, M80.042A, M80.042D, M80.042G, M80.042K, M80.042P, M80.042S, M80.049A, M80.049D, M80.049G, M80.049K, M80.049P, M80.049S, M80.051A, M80.051D, M80.051G, M80.051K, M80.051P, M80.051S, M80.052A, M80.052D, M80.052G, M80.052K, M80.052P, M80.052S, M80.059A, M80.059D, M80.059G, M80.059K, M80.059P, M80.059S, M80.061A, M80.061D, M80.061G, M80.061K, M80.061P, M80.061S, M80.062A, M80.062D, M80.062G, M80.062K, M80.062P, M80.062S, M80.069A, M80.069D, M80.069G, M80.069K, M80.069P, M80.069S, M80.071A, M80.071D, M80.071G, M80.071K, M80.071P, M80.071S, M80.072A, M80.072D, M80.072G, M80.072K, M80.072P, M80.072S, M80.079A, M80.079D, M80.079G, M80.079K, M80.079P, M80.079S, M80.08XA, M80.08XD, M80.08XG, M80.08XK, M80.08XP, M80.08XS, M80.0AXA, M80.0B1A, M80.0B1D, M80.0B1G, M80.0B1K, M80.0B1P, M80.0B1S, M80.0B2A, M80.0B2D, M80.0B2G, M80.0B2K, M80.0B2P, M80.0B2S, M80.0B9A, M80.0B9D, M80.0B9G, M80.0B9K, M80.0B9P, M80.0B9S, M80.80XA, M80.80XD, M80.80XG, M80.80XK, M80.80XP, M80.80XS, M80.811A, M80.811D, M80.811G, M80.811K, M80.811P, M80.811S, M80.812A, M80.812D, M80.812G, M80.812K, M80.812P, M80.812S, M80.819A, M80.819D, M80.819G, M80.819K, M80.819P, M80.819S, M80.821A, M80.821D, M80.821G, M80.821K, M80.821P, M80.821S, M80.822A, M80.822D, M80.822G, M80.822K, M80.822P, M80.822S, M80.829A, M80.829D, M80.829G, M80.829K, M80.829P, M80.829S, M80.831A, M80.831D, M80.831G, M80.831K, M80.831P, M80.831S, M80.832A, M80.832D, M80.832G, M80.832K, M80.832P, M80.832S, M80.839A, M80.839D, M80.839G, M80.839K, M80.839P, M80.839S, M80.841A, M80.841D, M80.841G, M80.841K, M80.841P, M80.841S, M80.842A, M80.842D, M80.842G, M80.842K, M80.842P, M80.842S, M80.849A, M80.849D, M80.849G, M80.849K, M80.849P, M80.849S, M80.851A, M80.851D, M80.851G, M80.851K, M80.851P, M80.851S, M80.852A, M80.852D, M80.852G, M80.852K, M80.852P, M80.852S, M80.859A, M80.859D, M80.859G, M80.859K, M80.859P, M80.859S, M80.861A, M80.861D, M80.861G, M80.861K, M80.861P, M80.861S, M80.862A, M80.862D, M80.862G, M80.862K, M80.862P, M80.862S, M80.869A, M80.869D, M80.869G, M80.869K, M80.869P, M80.869S, M80.871A, M80.871D, M80.871G, M80.871K, M80.871P, M80.871S, M80.872A, M80.872D, M80.872G, M80.872K, M80.872P, M80.872S, M80.879A, M80.879D, M80.879G, M80.879K, M80.879P, M80.879S, M80.88XA,

M80.88XD, M80.88XG, M80.88XK, M80.88XP, M80.88XS, M80.8B1A, M80.8B1D, M80.8B1G, M80.8B1K, M80.8B1P, M80.8B1S, M80.8B2A, M80.8B2D, M80.8B2G, M80.8B2K, M80.8B2P, M80.8B2S, M80.8B9A, M80.8B9D, M80.8B9G, M80.8B9K, M80.8B9P, M80.8B9S, M81.0, M81.6, M81.8

NUMERATOR:

The number of women who have documentation in their medical record of having received a DXA test of the hip or spine.

Numerator Options:

Performance Met:

Patient with documented results of a central dual-energy X-ray absorptiometry (DXA) ever being performed (G8399)

OR

Performance Not Met:

Patient with central dual-energy X-ray absorptiometry (DXA) results not documented, reason not given (G8400)

RATIONALE:

This measure assesses the number of women 65-85 who have ever received a dual-energy x-ray absorptiometry (DXA) test to check for osteoporosis. There is convincing evidence that bone mineral density tests predict short-term risk for osteoporotic fractures. There is also evidence osteoporosis treatment reduces the incidence of fracture in women who are identified to be at risk of an osteoporotic fracture. Fractures, especially in the older population, can cause significant health issues, decline in function, and, in some cases lead to mortality.

CLINICAL RECOMMENDATION STATEMENTS:

The U.S. Preventive Services Task Force (USPSTF) recommends screening for osteoporosis in women aged 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year old white woman who has no additional risk factors. (B Recommendation) (U.S. Preventive Services Task Force, 2018) (Viswanathan, et al., 2018)

"Based on the U.S. FRAX tool, a 65-year-old white woman with no other risk factors has a 9.3% 10-year risk for any osteoporotic fracture. White women between the ages of 50 and 64 years with equivalent or greater 10-year fracture risks based on specific risk factors include but are not limited to the following persons: 1) a 50-year-old current smoker with a BMI less than 21 kg/m², daily alcohol use, and parental fracture history; 2) a 55-year-old woman with a parental fracture history; 3) a 60-year-old woman with a BMI less than 21 kg/m² and daily alcohol use; and 4) a 60-year-old current smoker with daily alcohol use. The FRAX tool also predicts 10-year fracture risks for black, Asian, and Hispanic women in the United States. In general, estimated fracture risks in nonwhite women are lower than those for white women of the same age." (USPSTF)

Current diagnostic and treatment criteria for osteoporosis rely on DXA measurements only.

The USPSTF did not define a specific upper age limit for screening in women, however they noted that clinicians should take into account the patient's remaining lifespan when deciding whether to screen patients with significant illness; the benefit of treatment emerged 18 to 24 months after initiation of treatment.

REFERENCES:

U.S. Preventive Services Task Force. (2018). *Final Recommendation Statement: Osteoporosis to Prevent Fractures: Screening*. Retrieved from U.S. Preventive Services Task Force: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/osteoporosis-screening>

Viswanathan, M., Reddy, S., Berkman, N., Cullen, K., Middleton, J. C., Nicholson, W. K., & Kahwati, L. C. (2018, June). *Screening to Prevent Osteoporotic Fractures: An Evidence Review for the U.S. Preventive Services Task Force*. Agency for Healthcare Research and Quality (US). Rockville (MD): Evidence Synthesis, No. 162. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK532075/>

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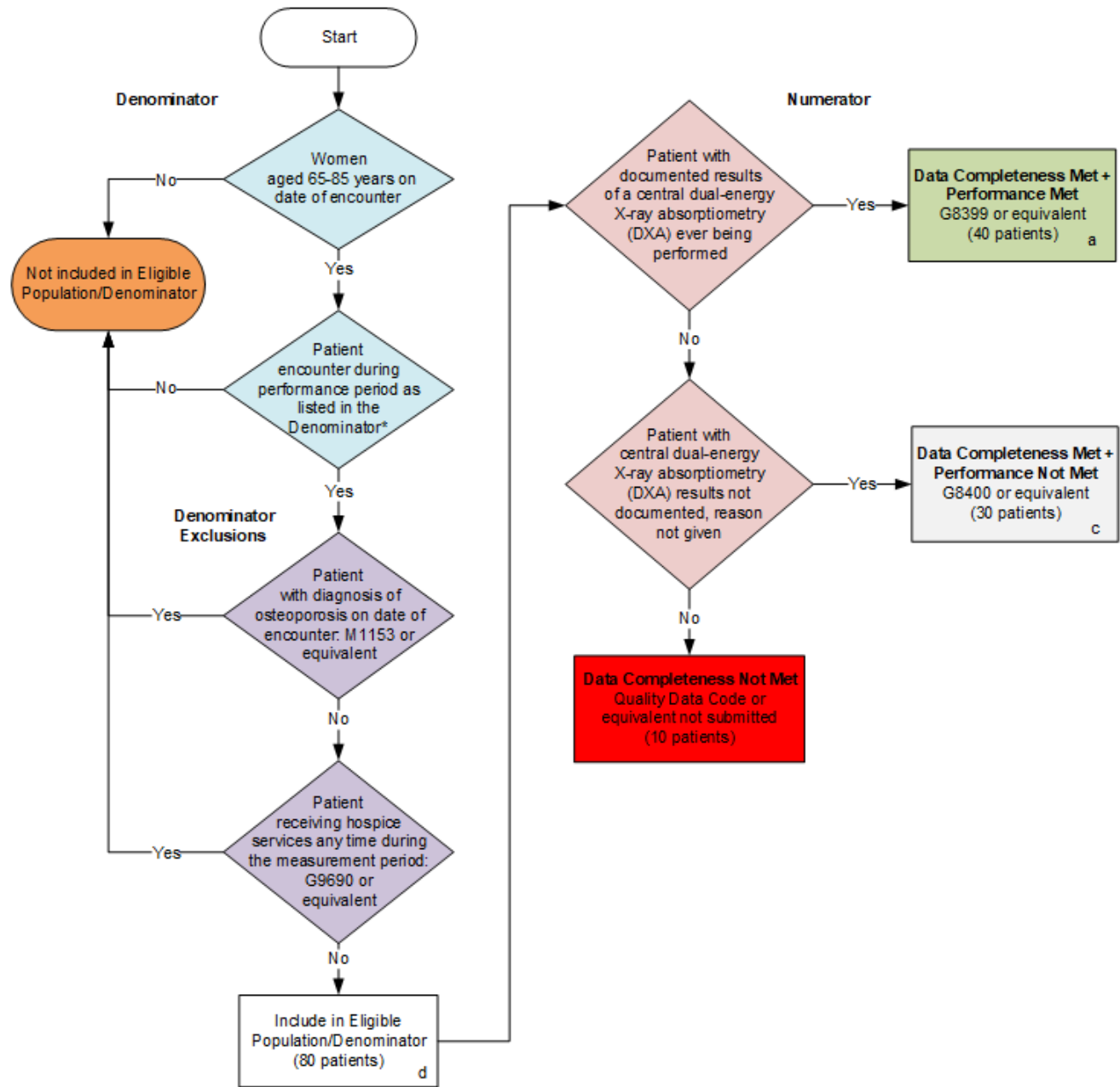
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2026 Clinical Quality Measure Flow for Quality ID #039: Screening for Osteoporosis for Women Aged 65-85 Years of Age

Disclaimer: Refer to measure specification for specific coding and instructions to submit this measure.



SAMPLE CALCULATIONS

Data Completeness=

$$\frac{\text{Performance Met (a=40 patients)} + \text{Performance Not Met (c=30 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%$$

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

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2026 Clinical Quality Measure Flow Narrative for Quality ID #039: Screening for Osteoporosis for Women Aged 65-85 Years of Age

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator
2. Check *Women 65-85 years of age on date of encounter*:
 - a. If *Women 65-85 years of age on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Women 65-85 years of age on date of encounter* equals Yes, proceed to check *Patient encounter during performance period as listed in the Denominator**.
3. Check *Patient encounter during performance period as listed in the Denominator**:
 - a. If *Patient encounter during performance period as listed in the Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient encounter during performance period as listed in the Denominator** equals Yes, proceed to check *Patient with diagnosis of osteoporosis on date of encounter*.
4. Check *Patient with diagnosis of osteoporosis on date of encounter*:
 - a. If *Patient with diagnosis of osteoporosis on date of encounter* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient with diagnosis of osteoporosis on date of encounter* equals No, proceed to check *Patient receiving hospice services any time during the measurement period*.
5. Check *Patient receiving hospice services any time during the measurement period*:
 - a. If *Patient receiving hospice services any time during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient receiving hospice services any time during the measurement period* equals No, include in *Eligible Population/Denominator*.
6. Denominator Population:
 - Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
7. Start Numerator
8. Check *Patient with documented results of a central dual-energy X-ray absorptiometry (DXA) ever being performed*:
 - a. If *Patient with documented results of a central dual-energy X-ray absorptiometry (DXA) ever being performed* equals Yes, include in *Data Completeness Met and Performance Met*.
 - *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 patients in the Sample Calculation.

- b. If *Patient with documented results of a central dual-energy X-ray absorptiometry (DXA) ever being performed* equals No, proceed to check *Patient with central dual-energy X-ray absorptiometry (DXA) results not documented, reason not given*.
9. Check *Patient with central dual-energy X-ray absorptiometry (DXA) results not documented, reason not given*:
 - a. If *Patient with central dual-energy X-ray absorptiometry (DXA) results not documented, reason not given* equals Yes, include in *Data Completeness Met and Performance Not Met*.
 - *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 patients in the Sample Calculation.
 - b. If *Patient with central Dual-energy X-Ray Absorptiometry (DXA) results not documented, reason not given* equals No, proceed to check *Data Completeness Not Met*.
10. Check *Data Completeness Not Met*:
 - a. If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations:

Data Completeness equals Performance Met (a equals 40 patients) plus Performance Not Met (c equals 30 patients) divided by Eligible Population/Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 patients) divided by Data Completeness Numerator (70 patients). All equals 40 patients divided by 70 patients. All equals 57.14 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.