

Quality ID #418: Osteoporosis Management in Women Who Had a Fracture

2026 COLLECTION TYPE:

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

MEASURE TYPE:

Process

DESCRIPTION:

The percentage of women 50-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the 180 days after the fracture.

INSTRUCTIONS:

Reporting Frequency

This measure is to be submitted after each occurrence for denominator eligible cases as defined in the denominator criteria.

Intent and Clinician Applicability:

This measure is intended to reflect the quality of services provided for women 50-85 years of age who suffered a fracture during the six months prior to the performance period through June 30 of the performance period. 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.

Patients with any fracture except fractures of the finger, toe, face or skull should have a bone mineral density (BMD) measurement performed or pharmacologic therapy prescribed. The management (BMD performed or pharmacologic therapy prescribed) should occur within 180 days of the fracture. If multiple fractures occurring on the same date of service are submitted on the same claim form, only one instance of submission will be counted. Claims data will be analyzed to determine unique occurrences.

The intent of the exclusion for individuals age 66 and older residing in long-term care facilities, including nursing homes, is to exclude individuals who may have limited life expectancy and increased frailty where the benefit of the process may not exceed the risks. This exclusion is not intended as a clinical recommendation regarding whether the measures process is inappropriate for specific populations, instead the exclusions allow clinicians to engage in shared decision making with patients about the benefits and risks when an individual has limited life expectancy.

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 episode measure is submitted once for each occurrence of a particular illness or condition during the performance period. Each occurrence of a fracture is identified by either an ICD-10-CM diagnosis code for fracture and a CPT service code **OR** an ICD-10-CM diagnosis code for a fracture and a CPT procedure code for surgical treatment of fractures.

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 who experienced a fracture, except fractures of the finger, toe, face or skull, during the six months prior to the performance period through June 30 of the performance period.

DENOMINATOR NOTE:

*To assess the age for exclusions, the patient's age on the date of the encounter should be used. *Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.*

Denominator Criteria (Eligible Cases):

Patients aged 50-85 years on date of encounter

AND

Diagnosis for any fracture except fractures of the finger, toe, face or skull (ICD-10-CM): M48.40XA, M48.41XA, M48.42XA, M48.43XA, M48.44XA, M48.45XA, M48.46XA, M48.47XA, M48.48XA, M80.00XA, M80.011A, M80.012A, M80.019A, M80.021A, M80.022A, M80.029A, M80.031A, M80.032A, M80.039A, M80.041A, M80.042A, M80.049A, M80.051A, M80.052A, M80.059A, M80.061A, M80.062A, M80.069A, M80.071A, M80.072A, M80.079A, M80.08XA, M80.80XA, M80.811A, M80.812A, M80.819A, M80.821A, M80.822A, M80.829A, M80.831A, M80.832A, M80.839A, M80.841A, M80.842A, M80.849A, M80.851A, M80.852A, M80.859A, M80.861A, M80.862A, M80.869A, M80.871A, M80.872A, M80.879A, M80.88XA, 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, M80.8AXA, 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, M84.311A, M84.312A, M84.319A, M84.321A, M84.322A, M84.329A, M84.331A, M84.332A, M84.333A, M84.334A, M84.339A, M84.341A, M84.342A, M84.343A, M84.350A, M84.351A, M84.352A, M84.353A, M84.359A, M84.361A, M84.362A, M84.363A, M84.364A, M84.369A, M84.371A, M84.372A, M84.373A, M84.374A, M84.375A, M84.376A, M84.38XA, M84.750A, M84.751A, M84.752A, M84.753A, M84.754A, M84.755A, M84.756A, M84.757A, M84.759A, M97.01XA, M97.02XA, M97.11XA, M97.12XA, M97.21XA, M97.22XA, M97.31XA, M97.32XA, M97.41XA, M97.42XA, S12.000A, S12.000B, S12.001A, S12.001B, S12.01XA, S12.01XB, S12.02XA, S12.02XB, S12.030A, S12.030B, S12.031A, S12.031B, S12.040A, S12.040B, S12.041A, S12.041B, S12.090A, S12.090B, S12.091A, S12.091B, S12.100A, S12.100B, S12.101A, S12.101B, S12.110A, S12.110B, S12.111A, S12.111B, S12.112A, S12.112B, S12.120A, S12.120B, S12.121A, S12.121B, S12.130A, S12.130B, S12.131A, S12.131B, S12.14XA, S12.14XB, S12.150A, S12.150B, S12.151A, S12.151B, S12.190A, S12.190B, S12.191A, S12.191B, S12.200A, S12.200B, S12.201A, S12.201B, S12.230A, S12.230B, S12.231A, S12.231B, S12.24XA, S12.24XB, S12.250A, S12.250B, S12.251A, S12.251B, S12.290A, S12.290B, S12.291A, S12.291B, S12.300A, S12.300B, S12.301A, S12.301B, S12.330A, S12.330B, S12.331A, S12.331B, S12.34XA, S12.34XB, S12.350A, S12.350B, S12.351A, S12.351B, S12.390A, S12.390B, S12.391A, S12.391B, S12.400A, S12.400B, S12.401A, S12.401B, S12.430A, S12.430B, S12.431A, S12.431B, S12.44XA, S12.44XB, S12.450A, S12.450B, S12.451A, S12.451B, S12.490A, S12.490B, S12.491A, S12.491B, S12.500A, S12.500B, S12.501A, S12.501B, S12.530A, S12.530B, S12.531A, S12.531B, S12.54XA, S12.54XB, S12.550A, S12.550B, S12.551A, S12.551B, S12.590A, S12.590B, S12.591A, S12.591B, S12.600A, S12.600B, S12.601A, S12.601B, S12.630A, S12.630B, S12.631A, S12.631B, S12.64XA, S12.64XB, S12.650A, S12.650B,

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AND

Patient encounter during the performance period (CPT or HCPCS): 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 98970, 98971, 98972, 98979, 98980, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99238, 99239, 99242*, 99243*, 99244*, 99245*, 99281, 99282, 99283, 99284, 99285, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99386*, 99387*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99421, 99422, 99423, 99429*, 99455, 99456, 99457, 99470, 99483, G0071, G0402, G0438, G0439, G0463*, G2010, T1015

WITHOUT

Place of Service (POS): 21

OR

Patient procedure during the performance period (CPT): 22310, 22315, 22318, 22319, 22325, 22326, 22327, 22510, 22511, 22513, 22514, 25600, 25605, 25606, 25607, 25608, 25609, 27230, 27232, 27235, 27236, 27238, 27240, 27244, 27245, 27246, 27248

AND NOT

DENOMINATOR EXCLUSIONS:

Patients who utilize hospice services any time during the measurement period: G9768

OR

Patients who receive palliative care services any time during the intake period through the end of the measurement year: G0048

OR

Patient had a bone mineral density test in the past two years OR received osteoporosis medication or therapy in the past 12 months: G9769

OR

Patients aged 66 or older in Institutional Special Needs Plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the six months prior to the measurement period through December 31 of the measurement period: G9938

OR

Patients 66-80 years of age with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period: G2127

OR

Patients 66-80 years of age with at least one claim/encounter for frailty during the measurement period AND an advanced illness diagnosis during the measurement period or the year prior to the measurement period: G2126

OR

Patients 81 years of age and older with at least one claim/encounter for frailty during the six months prior to the measurement period through December 31 of the measurement period: G2125

Reference Coding/Medication:

Table 1: Denominator Exclusion for a dispensed medication for dementia [G2127] is defined by the following Dementia Medications **only**:

Description		Prescription
Cholinesterase inhibitors	Donepezil Galantamine	Rivastigimine
Miscellaneous central nervous system agents	Memantine	
Dementia combinations	Donepezil-memantine	

Denominator Exclusion for Frailty [G2127, G2126, and G2125] is defined by the following coding only:

99504, 99509, E0100, E0105, E0130, E0135, E0140, E0141, E0143, E0144, E0147, E0148, E0149, E0163, E0165, E0167, E0168, E0170, E0171, E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0270, E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297, E0301, E0302, E0303, E0304, E0424, E0425, E0430, E0431, E0433, E0434, E0435, E0439, E0440, E0441, E0442, E0443, E0444, E0462, E0465, E0466, E0470, E0471, E0472, E0561, E0562, E1130, E1140, E1150, E1160, E1161, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295, E1296, E1297, E1298, G0162, G0299, G0300, G0493, G0494, S0271, S0311, S9123, S9124, T1000, T1001, T1002, T1003, T1004, T1005, T1019, T1020, T1021, T1022, T1030, T1031, L89.000, L89.001, L89.002, L89.003, L89.004, L89.006, L89.009, L89.010, L89.011, L89.012, L89.013, L89.014, L89.016, L89.019, L89.020, L89.021, L89.022, L89.023, L89.024, L89.026, L89.029, L89.100, L89.101, L89.102, L89.103, L89.104, L89.106, L89.109, L89.110, L89.111, L89.112, L89.113, L89.114, L89.116, L89.119, L89.120, L89.121, L89.122, L89.123, L89.124, L89.126, L89.129, L89.130, L89.131, L89.132, L89.133, L89.134, L89.136, L89.139, L89.140, L89.141, L89.142, L89.143, L89.144, L89.146, L89.149, L89.150, L89.151, L89.152, L89.153, L89.154, L89.156, L89.159, L89.200, L89.201, L89.202, L89.203, L89.204, L89.206, L89.209, L89.210, L89.211, L89.212, L89.213, L89.214, L89.216, L89.219, L89.220, L89.221, L89.222, L89.223, L89.224, L89.226, L89.229, L89.300, L89.301, L89.302, L89.303, L89.304, L89.306, L89.309, L89.310, L89.311, L89.312, L89.313, L89.314, L89.316, L89.319, L89.320, L89.321, L89.322, L89.323, L89.324, L89.326, L89.329, L89.40, L89.41, L89.42, L89.43, L89.44, L89.45, L89.46, L89.500, L89.501, L89.502, L89.503, L89.504, L89.506, L89.509, L89.510, L89.511, L89.512, L89.513, L89.514, L89.516, L89.519, L89.520, L89.521, L89.522, L89.523, L89.524, L89.526, L89.529, L89.600, L89.601, L89.602, L89.603, L89.604, L89.606, L89.609, L89.610, L89.611, L89.612, L89.613, L89.614, L89.616, L89.619, L89.620, L89.621, L89.622, L89.623, L89.624, L89.626, L89.629, L89.810, L89.811, L89.812, L89.813, L89.814, L89.816, L89.819, L89.890,

L89.891, L89.892, L89.893, L89.894, L89.896, L89.899, L89.90, L89.91, L89.92, L89.93, L89.94, L89.95, L89.96, M62.50, M62.81, M62.84, M62.85, R26.2, R26.89, R26.9, R29.6, R53.1, R53.81, R54, R62.7, R63.4, R63.6, R64, W01.0XXA, W01.0XXD, W01.0XXS, W01.10XA, W01.10XD, W01.10XS, W01.110A, W01.110D, W01.110S, W01.111A, W01.111D, W01.111S, W01.118A, W01.118D, W01.118S, W01.119A, W01.119D, W01.119S, W01.190A, W01.190D, W01.190S, W01.198A, W01.198D, W01.198S, W06.XXXA, W06.XXXD, W06.XXXS, W07.XXXA, W07.XXXD, W07.XXXS, W08.XXXA, W08.XXXD, W08.XXXS, W10.0XXA, W10.0XXD, W10.0XXS, W10.1XXA, W10.1XXD, W10.1XXS, W10.2XXA, W10.2XXD, W10.2XXS, W10.8XXA, W10.8XXD, W10.8XXS, W10.9XXA, W10.9XXD, W10.9XXS, W18.00XA, W18.00XD, W18.00XS, W18.02XA, W18.02XD, W18.02XS, W18.09XA, W18.09XD, W18.09XS, W18.11XA, W18.11XD, W18.11XS, W18.12XA, W18.12XD, W18.12XS, W18.2XXA, W18.2XXD, W18.2XXS, W18.30XA, W18.30XD, W18.30XS, W18.31XA, W18.31XD, W18.31XS, W18.39XA, W18.39XD, W18.39XS, W19.XXXA, W19.XXXD, W19.XXXS, Y92.199, Z59.3, Z73.6, Z74.01, Z74.09, Z74.1, Z74.2, Z74.3, Z74.8, Z74.9, Z91.81, Z99.11, Z99.3, Z99.81, Z99.89

- Denominator Exclusion for Advanced Illness [G2126] is defined by the following coding only:

A81.00, A81.01, A81.09, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C71.0, C71.1, C71.2, C71.3, C71.4, C71.5, C71.6, C71.7, C71.8, C71.9, C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.89, C79.00, C79.01, C79.02, C79.10, C79.11, C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.70, C79.71, C79.72, C79.81, C79.82, C79.89, C79.9, C91.00, C91.02, C92.00, C92.02, C93.00, C93.02, C93.90, C93.92, C93.Z0, C93.Z2, C94.30, C94.32, F01.50, F01.511, F01.518, F01.52, F01.53, F01.54, F01.A0, F01.A11, F01.A18, F01.A2, F01.A3, F01.A4, F01.B0, F01.B11, F01.B18, F01.B2, F01.B3, F01.B4, F01.C0, F01.C11, F01.C18, F01.C2, F01.C3, F01.C4, F02.80, F02.811, F02.818, F02.82, F02.83, F02.84, F02.A0, F02.A11, F02.A18, F02.A2, F02.A3, F02.A4, F02.B0, F02.B11, F02.B18, F02.B2, F02.B3, F02.B4, F02.C0, F02.C11, F02.C18, F02.C2, F02.C3, F02.C4, F03.90, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, F04, F10.27, F10.96, F10.97, G10, G12.21, G20.A1, G20.A2, G20.B1, G20.B2, G20.C, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, G35.A, G35.B0, G35.B1, G35.B2, G35.C0, G35.C1, G35.C2, G35.D, I09.81, I11.0, I12.0, I13.0, I13.11, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9, J43.0, J43.1, J43.2, J43.8, J43.9, J68.4, J84.10, J84.112, J84.170, J84.178, J96.10, J96.11, J96.12, J96.20, J96.21, J96.22, J96.90, J96.91, J96.92, J98.2, J98.3, K70.10, K70.11, K70.2, K70.30, K70.31, K70.40, K70.41, K70.9, K74.00, K74.01, K74.02, K74.1, K74.2, K74.4, K74.5, K74.60, K74.69, N18.5, N18.6

NUMERATOR:

Patients who received either a bone mineral density test or a prescription for a drug to treat osteoporosis in the 180 days after the fracture.

Definitions:

Pharmacologic Therapy – U.S. Food and Drug Administration approved pharmacologic options for osteoporosis prevention and/or treatment of postmenopausal osteoporosis include: bisphosphonates, alendronate, alendronate-cholecalciferol, ibandronate, risedronate, zoledronic acid, teriparatide, denosumab, abaloparatide, romosozumab and raloxifene.

Prescribed – May include prescription given to the patient for treatment of osteoporosis (as listed above) at one or more encounters during the performance period, or documentation that patient is already taking pharmacologic therapy for osteoporosis, as documented in the current medication list.

Bone Mineral Density (BMD) – A bone density test is an examination by either special x-rays or ultrasound to determine how much bone mineral content (calcium and other minerals) is present in any section of bone.

NUMERATOR NOTE:

For the purposes of submitting this measure, central dual energy X-ray absorptiometry (DXA), the most common measurement for measuring bone mineral density (BMD), spinal densitometry X-ray, and peripheral dual energy X-ray absorptiometry (DXA) would meet the performance and the intent of the measure. Therefore, 3095F would be submitted in the instances those screening modalities are utilized.

Numerator Options:

Performance Met:

Central dual-energy X-ray absorptiometry (DXA) results documented (**3095F**)

OR

Performance Met:

Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed (**G8633**)

OR

Performance Not Met:

Central dual energy X-ray absorptiometry (DXA) measurement was not performed, reason not otherwise specified (**3095F with 8P**)

OR

Performance Not Met:

Pharmacologic therapy for osteoporosis was not prescribed, reason not given (**G8635**)

RATIONALE:

Osteoporosis is the most common metabolic bone disease and is characterized by low bone mineral density and structural deterioration of bone tissue, causing bone fragility and increasing the risk of fractures (National Institute of Health, 2017). It is estimated that by 2020, approximately 11.9 million people age 50 and older will have osteoporosis (Wright et al., 2014). Osteoporosis affects about 25% of women age 65 and older (Looker et al., 2017).

The cost of osteoporosis-related fractures to patients, families and the health care system is \$19 billion annually. Experts predict that by 2025 osteoporosis will be responsible for 3 million fractures annually, resulting in \$25.3 billion in costs (National Osteoporosis Foundation, 2015). The aging U.S. population is likely to increase the financial cost of osteoporosis care.

Each year, there are approximately 1.5 million osteoporotic fractures in the United States (Black & Rosen, 2016). Fragility fractures (fractures from falls from a standing position) are considered one of the most serious warning signs of osteoporosis or low bone density. Individuals who experience a fragility fracture have a 1.5-to 9.5-fold increased risk of further fracture (Posen et al., 2013). Osteoporosis related fractures can occur in the hip, vertebrae, shin, and other bones. Hip fractures have been linked to lower quality of life, increased mortality and a dependent living status (Posen et al., 2013). A review of the Health and Retirement Study (study period between 1992 and 2010) indicated that 27% of adults age 50 and older died 1 year after a hip fracture (Cenzer et al., 2016).

Pharmacologic treatment can reduce the risk of subsequent fractures by 30%–50%. Unfortunately, testing and treatment for low bone mass after fracture has been shown to be as low as 20% (National Institute of Health, 2017). This and other research suggests a large opportunity for organizations to improve how well they manage women at an increased risk for fracture. The organization can improve its performance on this measure by both educating practitioners on follow-up care after fracture and by tracking administrative data for the occurrence of fracture and following up to ensure that appropriate care was provided.

CLINICAL RECOMMENDATION STATEMENTS:

The U.S. Preventive Services Task Force (USPSTF) recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older (Grade B) (USPSTF 2018).

This recommendation applies to older adults without a history of low-trauma fractures and without conditions that may cause secondary osteoporosis (such as metabolic bone disease or untreated hyperthyroidism) and patients without conditions that may increase their risk of falls. This recommendation does not apply to persons who take long-term medications that may cause secondary osteoporosis (e.g., glucocorticoids, aromatase inhibitors, or gonadotropin-releasing hormone agonists). The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool (Grade B) (USPSTF 2018).

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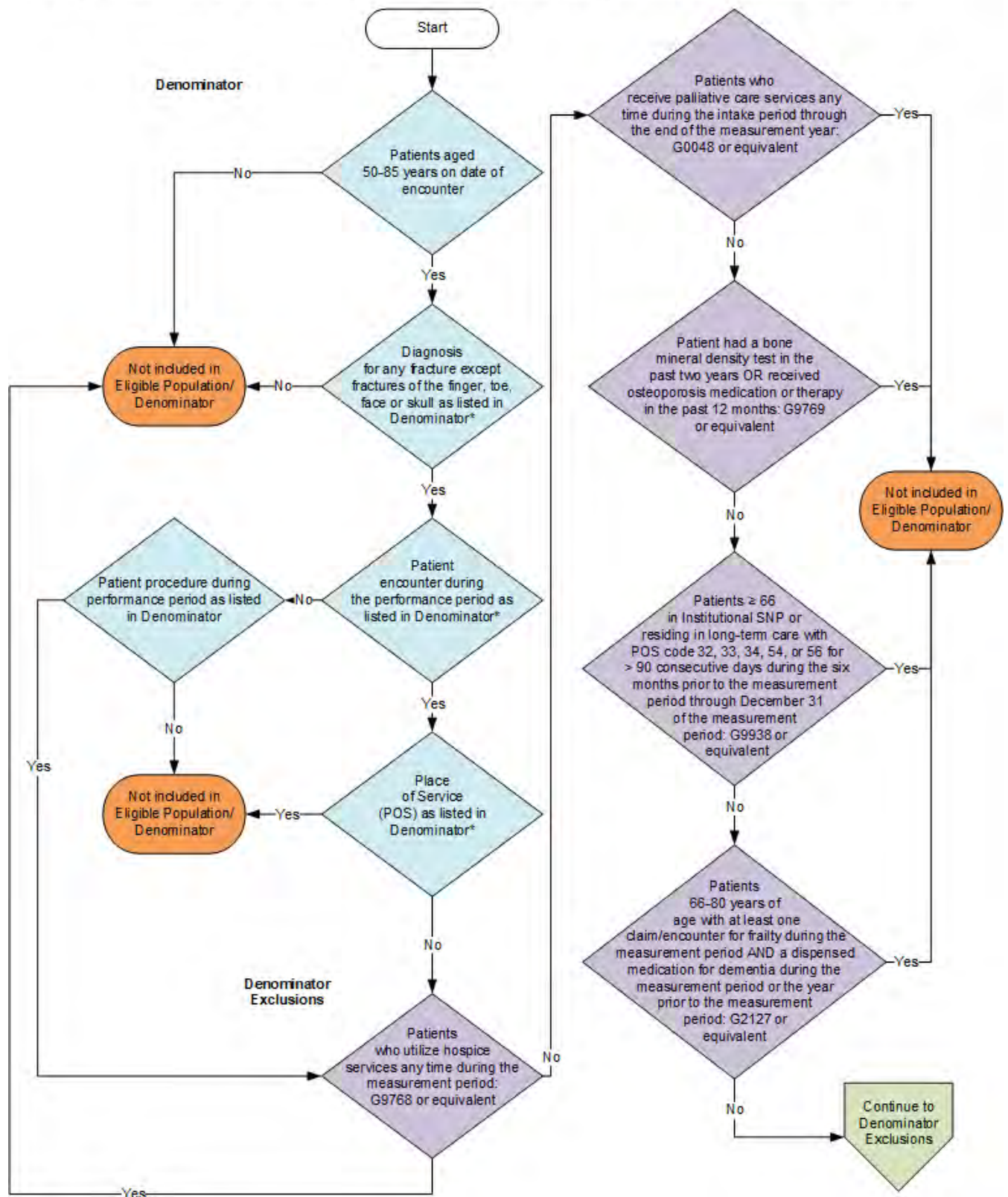
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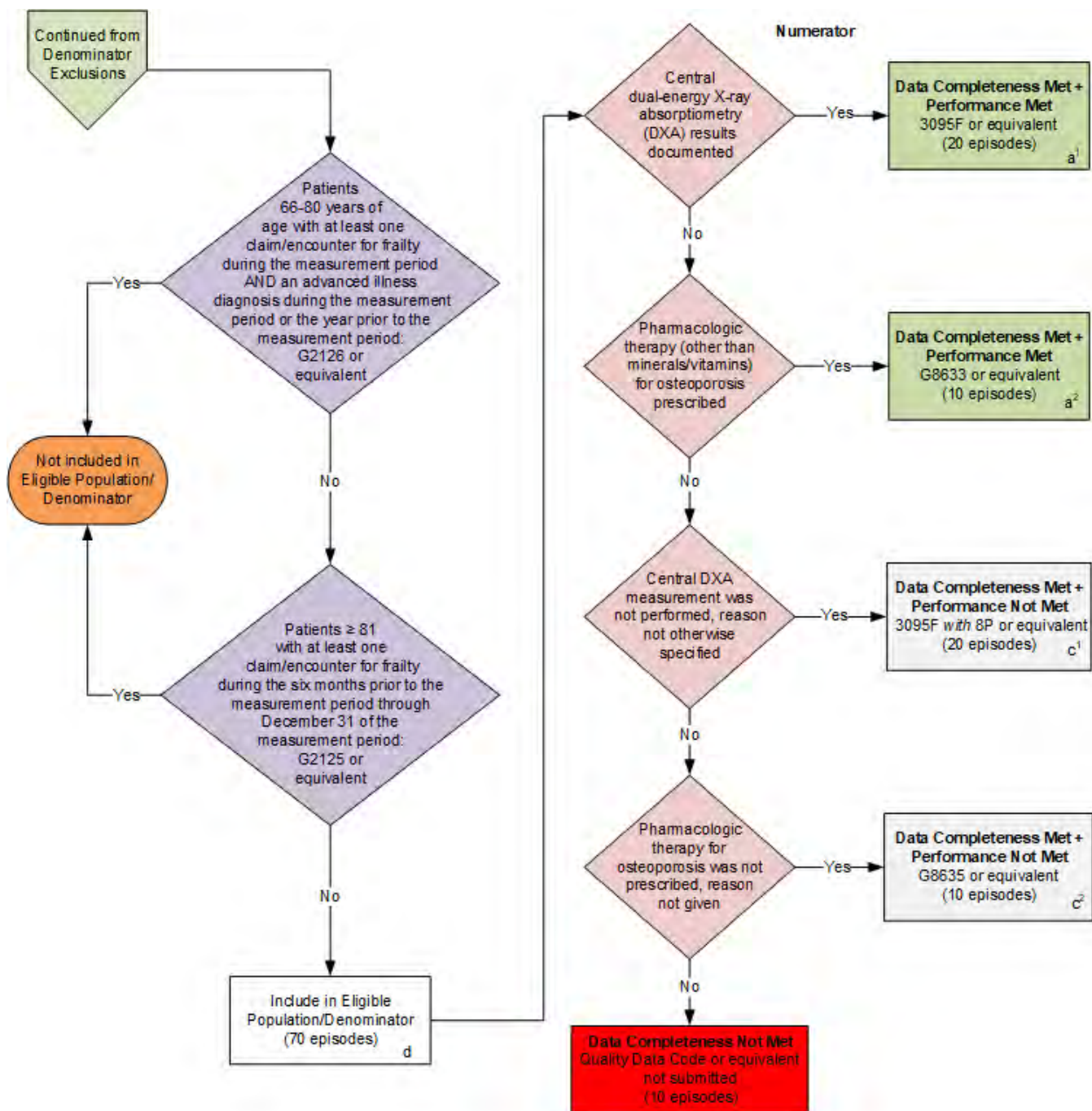
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2026 Clinical Quality Measure Flow for Quality ID #418: Osteoporosis Management in Women Who Had a Fracture

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





SAMPLE CALCULATIONS

Data Completeness = $\frac{\text{Performance Met (a}^1 + \text{a}^2 = 30 \text{ episodes}) + \text{Performance Not Met (c}^1 + \text{c}^2 = 30 \text{ episodes})}{\text{Eligible Population / Denominator (d = 70 episodes)}} = \frac{60 \text{ episodes}}{70 \text{ episodes}} = 85.71\%$

Performance Rate = $\frac{\text{Performance Met (a}^1 + \text{a}^2 = 30 \text{ episodes})}{\text{Data Completeness Numerator (60 episodes)}} = \frac{30 \text{ episodes}}{60 \text{ episodes}} = 50.00\%$

* See the posted measure specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Episode

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v10

2026 Clinical Quality Measure Flow Narrative for Quality ID #418:
Osteoporosis Management in Women Who Had a Fracture

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

1. Start with Denominator
2. Check *Patients aged 50-85 years on date of encounter*:
 - a. If *Patients aged 50-85 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients aged 50-85 years on date of encounter* equals Yes, proceed to check *Diagnosis for any fracture except fractures of the finger, toe, face or skull as listed in Denominator**.
3. Check *Diagnosis for any fracture except fractures of the finger, toe, face or skull as listed in Denominator**:
 - a. If *Diagnosis for any fracture except fractures of the finger, toe, face or skull as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis for any fracture except fractures of the finger, toe, face or skull as listed in Denominator** equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator**.
4. Check *Patient encounter during the performance period as listed in Denominator**:
 - a. If *Patient encounter during the performance period as listed in Denominator** equals No, proceed to check *Patient procedure during the performance period as listed in Denominator**.
 - b. If *Patient encounter during the performance period as listed in Denominator** equals Yes, proceed to check *Place of Service (POS) as listed in Denominator**.
5. Check *Place of Service (POS) as listed in Denominator**:
 - a. If *Place of Service (POS) as listed in Denominator** equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Place of Service (POS) as listed in Denominator** equals No, proceed to check *Patients who utilize hospice services any time during the measurement period*.
6. Check *Patient procedure during the performance period as listed in Denominator**:
 - a. If *Patient procedure during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient procedure during the performance period as listed in Denominator** equals Yes, proceed to check *Patients who utilize hospice services any time during the measurement period*.
7. Check *Patients who utilize hospice services any time during the measurement period*:
 - a. If *Patients who utilize hospice services any time during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients who utilize hospice services any time during the measurement period* equals No, proceed to check *Patients who receive palliative care services any time during the intake period through the end of the measurement year*.

8. Check *Patients who receive palliative care services any time during the intake period through the end of the measurement year*:
 - a. If *Patients who receive palliative care services any time during the intake period through the end of the measurement year* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients who receive palliative care services any time during the intake period through the end of the measurement year* equals No, proceed to check *Patient had a bone mineral density test in the past two years OR received osteoporosis medication or therapy in the past 12 months*.
9. Check *Patient had a bone mineral density test in the past two years OR received osteoporosis medication or therapy in the past 12 months*:
 - a. If *Patient had a bone mineral density test in the past two years OR received osteoporosis medication or therapy in the past 12 months* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient had a bone mineral density test in the past two years OR received osteoporosis medication or therapy in the past 12 months* equals No, proceed to check *Patients aged 66 or older in Institutional SNP or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the six months prior to the measurement period through December 31 of the measurement period*.
10. Check *Patients aged 66 or older in Institutional SNP or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the six months prior to the measurement period through December 31 of the measurement period*:
 - a. If *Patients aged 66 or older in Institutional SNP or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the six months prior to the measurement period through December 31 of the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients aged 66 or older in Institutional Special Needs Plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the six months prior to the measurement period through December 31 of the measurement period* equals No, proceed to check *Patients 66 to 80 years of age with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period*.
11. Check *Patients 66 to 80 years of age with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period*:
 - a. If *Patients 66 to 80 years of age with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients 66 to 80 years of age with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period* equals No, proceed to check *Patients 66 to 80 years of age with at least one claim/encounter for frailty during the measurement period AND an advanced illness diagnosis during the measurement period or the year prior to the measurement period*.
12. Check *Patients 66 to 80 years of age with at least one claim/encounter for frailty during the measurement period AND an advanced illness diagnosis during the measurement period or the year prior to the*

measurement period:

- a. If *Patients 66 to 80 years of age with at least one claim/encounter for frailty during the measurement period AND an advanced illness diagnosis during the measurement period or the year prior to the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients 66 to 80 years of age with at least one claim/encounter for frailty during the measurement period AND an advanced illness diagnosis during the measurement period or the year prior to the measurement period* equals No, proceed to check *Patients aged 81 years of age and older with at least one claim/encounter for frailty during the six months prior to the measurement period through December 31 of the measurement period*.
13. Check *Patients aged 81 years of age and older with at least one claim/encounter for frailty during the six months prior to the measurement period through December 31 of the measurement period*:
- a. If *Patients aged 81 years of age and older with at least one claim/encounter for frailty during the six months prior to the measurement period through December 31 of the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients aged 81 years of age and older with at least one claim/encounter for frailty during the six months prior to the measurement period through December 31 of the measurement period* equals No, include *Eligible Population/Denominator*.
14. Denominator Population:
- Denominator Population is all Eligible Episodes in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 70 episodes in the Sample Calculation.
15. Start Numerator
16. Check *Central dual-energy X-ray absorptiometry (DXA) results documented*:
- a. If *Central dual-energy X-ray absorptiometry (DXA) results documented* 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 a¹ equals 20 episodes in the Sample Calculation.
 - b. If *Central dual-energy X-ray absorptiometry (DXA) results documented* equals No, proceed to check *Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed*.
17. Check *Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed*:
- a. If *Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed* equals Yes, include in *Data Completeness Met and Performance Met*.
 - *Data Completeness Met and Performance Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter a² equals 10 episodes in Sample Calculation.
 - b. If *Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed* equals No, proceed to check *Central DXA measurement was not performed, reason not otherwise specified*.
18. Check *Central DXA measurement was not performed, reason not otherwise specified*:

- a. If *Central DXA measurement was not performed, reason not otherwise specified* 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 c¹ equals 20 episodes in the Sample Calculation.
 - b. If *Central DXA measurement was not performed, reason not otherwise specified* equals No, proceed to check *Pharmacologic therapy for osteoporosis was not prescribed, reason not given*.
19. Check *Pharmacologic therapy for osteoporosis was not prescribed, reason not given*:
- a. If *Pharmacologic therapy for osteoporosis was not prescribed, 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 c² equals 10 episodes in the Sample Calculation.
 - b. If *Pharmacologic therapy for osteoporosis was not prescribed, reason not given* equals No, proceed to check *Data Completeness Not Met*.
20. Check *Data Completeness Not Met*:
- a. If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 episodes have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations

Data Completeness equals Performance Met (a¹ plus a² equals 30 episodes) plus Performance Not Met (c¹ plus c² equals 30 episodes) divided by Eligible Population/Denominator (d equals 70 episodes). All equals 60 episodes divided by 70 episodes. All equals 85.71 percent.

Performance Rate equals Performance Met (a¹ plus a² equals 30 episodes) divided by Data Completeness Numerator (60 episodes). All equals 30 episodes divided by 60 episodes. All equals 50.00 percent.

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

NOTE: Submission Frequency: Episode

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.