

Quality ID #39 (NQF 0046): Screening for Osteoporosis for Women Aged 65-85 Years of Age
– National Quality Strategy Domain: Effective Clinical Care
– Meaningful Measure Area: Preventive Care

2022 COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Process

DESCRIPTION:

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

INSTRUCTIONS:

This measure is to be submitted a minimum of **once per performance period** for patients seen during the performance period. Female patients aged 65-85 years of age 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 described in the measure based on the services provided and the measure-specific denominator coding.

NOTE: Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.

Measure Submission Type:

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:

Women age 65-85

Denominator Criteria (Eligible Cases):

Female patients aged 65-85 years on date of encounter

AND

Patient encounter during the performance period (CPT): 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

AND NOT

Diagnosis of osteoporosis on date of encounter (ICD-10-CM): 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, M80.061A, 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, M80.80XA, 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, M81.0, M81.6, M81.8

AND NOT

DENOMINATOR EXCLUSION:

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

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) (USPSTF). "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.

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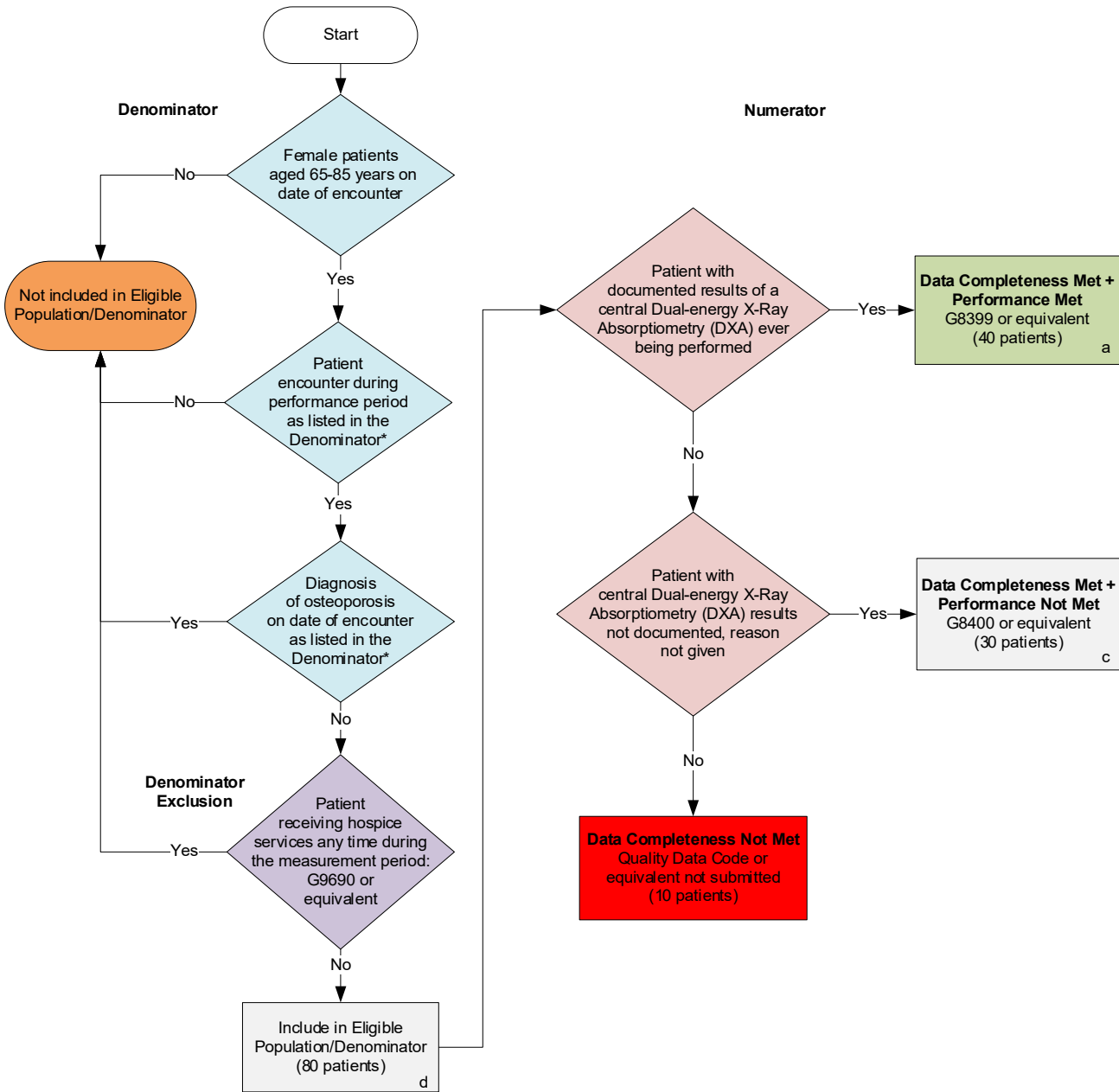
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**2022 Clinical Quality Measure Flow for Quality ID #39 (NQF 0046):
Screening for Osteoporosis for Women Aged 65-85 Years of Age**

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



SAMPLE CALCULATIONS

Data Completeness=

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

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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 The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specification.

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**2022 Clinical Quality Measure Flow Narrative for Quality ID #39 (NQF 0046):
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 *Female patients aged 65-85 years on date of encounter*:
 - a. If *Female patients aged 65-85 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Female patients aged 65-85 years 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 *Diagnosis of osteoporosis on date of encounter as listed in the Denominator**.
4. Check *Diagnosis of osteoporosis on date of encounter as listed in the Denominator**:
 - a. If *Diagnosis of osteoporosis on date of encounter as listed in the Denominator** equals No, proceed to check *Patient receiving hospice services any time during the measurement period*.
 - b. If *Diagnosis of osteoporosis on date of encounter as listed in the Denominator** equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
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 No, include in *Eligible Population/Denominator*.
 - b. If *Patient receiving hospice services any time during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
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 87.5 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.