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Quality ID #QMM19: DEXA/DXA and Fracture Risk Assessment for Patients with Osteopenia

- National Quality Strategy Domain: Patient Safety
- Meaningful Measure Area: Patient-Focused Episode of Care

2021 COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Process

DESCRIPTION:

All patients, aged 40-90 at time of service, who undergo DEXA scans for bone density who have their FRAX score included in the final report.

INSTRUCTIONS:

This measure is to be submitted **each time** an eligible patient has a DEXA scan during the performance period. The FRAX score indicates fracture risk for asymptomatic and symptomatic patients.

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:

All final reports for DEXA scans

Denominator Criteria (eligible cases):

Patients aged 40 to 90 on the date of service

AND

Patient procedure during the performance period (CPT): 77080, 77081, 77085 or 77086

Numerator:

Final reports for all patients aged 40 to 90 on the date of service, with documentation to indicate the patient's 10-year Fracture Risk (FRAX). The bone density is reported, and additional demographic and risk factors are assessed to determine the FRAX score for each patient.

Numerator Options:

Performance Met:

PM019: Final report includes a documented FRAX score in the Impression.

OR

Performance Not Met:

PNM19: Final report does not include a documented FRAX score in the Impression.

OR

Denominator Exception:

PE019: Documentation of reason final report does not include a documented FRAX score in the impression (for example, patient refused to cooperate)

Rationale:

Osteoporosis-related fractures (low-trauma or fragility fractures) cause substantial disability, health care costs, and mortality among postmenopausal women and older men. Epidemiologic studies indicate that at least half the population burden of osteoporosis-related fractures affects persons with osteopenia (low bone density), who comprise a larger segment of the population than those with osteoporosis. The public health burden of fractures will fail to decrease unless the subset of patients with low bone density who are at increased risk for fracture are identified and treated. Risk stratification for medically appropriate and cost-effective treatment is facilitated by the World Health Organization (WHO) FRAX algorithm, which uses clinical risk factors, bone mineral density, and country-specific fracture and mortality data to quantify a patient's 10-year probability of a hip or major osteoporotic fracture. Included risk factors comprise femoral neck bone mineral density, prior fractures, parental hip fracture history, age, gender, body mass index, ethnicity, smoking, alcohol use, glucocorticoid use, rheumatoid arthritis, and secondary osteoporosis. FRAX was developed by the WHO to be applicable to both postmenopausal women and men aged 40 to 90 years; the National Osteoporosis Foundation Clinician's Guide focuses on its utility in postmenopausal women and men aged >50 years. It is validated to be used in untreated patients only. The current National Osteoporosis Foundation Guide recommends treating patients with FRAX 10-year risk scores of > or = 3% for hip fracture or > or = 20% for major osteoporotic fracture, to reduce their fracture risk. Additional risk factors such as frequent falls, not represented in FRAX, warrant individual clinical judgment. FRAX

has the potential to demystify fracture risk assessment in primary care for patients with low bone density, directing clinical fracture prevention strategies to those who can benefit most.

Gap Analysis:

In a review of 200 DXA reports only 68 (34%) documented the patient's fracture risk.

Economic toll:

Annually, two million fractures are attributed to osteoporosis, causing more than 432,000 hospital admissions, almost 2.5 million medical office visits, and about 180,000 nursing home admissions in the USA [1].

Medicare currently pays for approximately 80 % of these fractures, with hip fractures accounting for 72 % of fracture costs. Due in part to an aging population, the cost of care is expected to rise to \$25.3 billion by 2025 [6].

Despite the availability of cost-effective and well-tolerated treatments to reduce fracture risk, only 23 % of women age 67 or older who have an osteoporosis-related fracture receive either a BMD test or a prescription for a drug to treat osteoporosis in the 6 months after the fracture [7].

Clinical risk factors included in the FRAX Tool:

- Current age
- Rheumatoid arthritis
- Gender
- Secondary causes of osteoporosis: type 1 (insulin dependent) diabetes, osteogenesis imperfecta in adults, untreated long-standing hyperthyroidism, hypogonadism or premature menopause (3 months (ever))

Use of WHO FRAX® in the USA FRAX® was developed to calculate the 10-year probability of a hip fracture and the 10-year probability of a major osteoporotic fracture (defined as clinical vertebral, hip, forearm, or proximal humerus fracture), taking into account femoral neck BMD and the clinical risk factors shown in Table 3 [11]. The FRAX® algorithm is available at www.nof.org as well as at www.shef.ac.uk/FRAX. It is also available on newer DXA machines or with software upgrades that provide the FRAX® scores on the bone density report. The WHO algorithm used in this Guide was calibrated to US fracture and mortality rates; therefore, the fracture risk figures herein are specific for the US population. Economic modeling was performed to identify the 10-year hip fracture risk above which it is cost-effective, from the societal perspective, to treat with pharmacologic agents. The US-based economic modeling is described in one report [12]

References

1. Office of the Surgeon General (US) (2004) Bone health and osteoporosis: a report of the Surgeon General. Office of the Surgeon General (US), Rockville (MD). Available from: <http://www.ncbi.nlm.nih.gov/books/NBK45513/>. Accessed March 2014
2. Wright NC, Looker A, Saag K, Curtis JR, Dalzell ES, Randall S, Dawson-Hughes B (2014) The recent prevalence of osteoporosis and low bone mass based on bone mineral density at the femoral neck or lumbar spine in the United States. J Bone Miner Res. doi: 10.1002/jbmr.2269
6. Burge R, Dawson-Hughes B, Solomon DH, Wong JB, King AB, Tosteson A (2007) Incidence and economic burden of osteoporosis-related fractures in the United States, 2005–2025. J Bone Miner Res 22(3):465–475
12. Tosteson ANA, Melton LJ 3rd, Dawson-Hughes B, National Osteoporosis Foundation Guide Committee et al (2008) Cost-effective osteoporosis treatment thresholds: the United States perspective. Osteoporos Int 19(4):437–447
13. Dawson-Hughes B, Tosteson ANA, Melton LJ 3rd, National

Inverse Measure: No

Proportional Measure: Yes

Continuous Variable Measure: No

Ratio Measure: No

Risk Adjustment: No

High Priority Measure: No

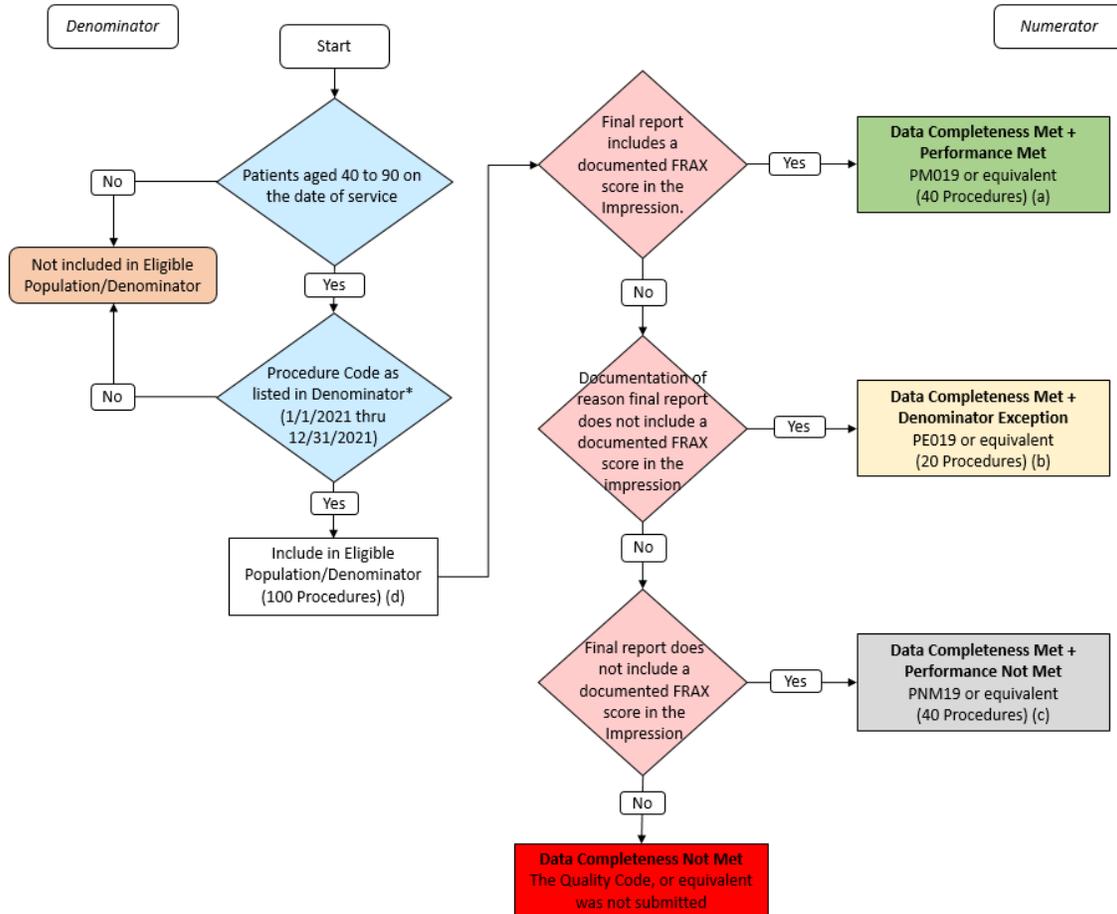
Number of Performance Rates: 1

Care Setting: Ambulatory Hospital, Hospital Inpatient, Outpatient Services, ED Services

Telehealth Included: No

2021 Clinical Quality Measure Flow for Quality ID #QMM19: DEXA/DXA and Fracture Risk Assessment for Patients with Osteopenia

Disclaimer: Please refer to the measure specification for specific coding and instructions to submit this measure



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

2021 Clinical Quality Measure Flow for Quality ID #QMM19: DEXA/DXA and Fracture Risk Assessment for Patients with Osteopenia

Disclaimer: Please refer to the measure specification for specific coding and instructions to submit this measure

1. Start with Denominator

SAMPLE CALCULATIONS:	
Data Completeness =	
$\frac{\text{Performance Met (a=40 procedures)} + \text{Denominator Exception (b=20 procedures)} + \text{Performance Not Met (c=40 procedures)}}{\text{Eligible Population / Denominator (d=100 procedures)}} = \frac{100 \text{ procedures}}{100 \text{ procedures}} = 100.00\%$	
Performance Rate =	
$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (100 procedures) - Denominator Exception (20 procedures)}} = \frac{40 \text{ procedures}}{80 \text{ procedures}} = 50.00\%$	

2. Check Patient Age
 - a. If Patient aged 40 to 90 on the date of service equals NO, do not include in Eligible Population. Stop Processing.
 - b. If Patient aged 40 to 90 on the date of service equals YES, proceed to check Procedure Code as listed in Denominator.
3. Check Procedure Code as listed in Denominator
 - a. If Procedure Code as listed in Denominator equals NO, do not include in Eligible Population. Stop Processing.
 - b. If Procedure Code as listed in Denominator equals YES, include in Eligible Population.
4. Denominator Population:
 - a. Denominator Population is all Eligible Procedures in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter "d" equals 100 procedures in the Sample Calculation.
5. Start Numerator
6. Check Final report includes a documented FRAX score in the Impression:
 - a. If Final report includes a documented FRAX score in the Impression equals YES, include in Data Completeness Met and Performance Met
 - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter "a" equals 40 procedures in the Sample Calculation.
 - c. If Final report includes a documented FRAX score in the Impression equals NO, proceed to check Documentation of reason final report does not include a documented FRAX score in the impression.
7. Check Documentation of reason final report does not include a documented FRAX score in the impression:
 - a. If Documentation of reason final report does not include a documented FRAX score in the impression equals YES, include in Data Completeness Met and Denominator Exception
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter "b" equals 20 procedures in the Sample Calculation.
 - c. If Documentation of reason final report does not include a documented FRAX score in the impression equals NO, Proceed to

Check Final report does not include a documented FRAX score in the Impression.

8. Check Final report does not include a documented FRAX score in the Impression:
 - a. If Final report does not include a documented FRAX score in the Impression equals YES, include in Data Completeness Met and Performance Not Met
 - b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter "c" equals 40 procedures in the Sample Calculation.
 - c. If Final report does not include a documented FRAX score in the Impression equals NO, Proceed to Data Completeness Not Met.
9. Check Data Completeness Not Met:
 - a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 0 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness =

$$\frac{\text{Performance Met (a=40 procedures) + Denominator Exception (b=20 procedures) + Performance Not Met (c=40 procedures)}}{\text{Eligible Population / Denominator (d=100 procedures)}} = \frac{100 \text{ procedures}}{100 \text{ procedures}} = 100.00\%$$

Performance Rate =

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (100 procedures) - Denominator Exception (20 procedures)}} = \frac{40 \text{ procedures}}{80 \text{ procedures}} = 50.00\%$$