

## Measure Description

The percentage of women 67-85 years of age who suffered a fracture beginning July 1, 2024, through June 30, 2025, and who had either a Bone Mineral Density (BMD) test or prescription for a drug to treat osteoporosis in the 180 days (six months) after the fracture.

### Notes:

Fractures of finger, toe, face, and skull are not included in this measure.

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## Definitions

**Intake Period:** A 12-month (one year) window that begins on July 1, 2024, and ends on June 30, 2025. The intake period is used to capture the first fracture.

**Episode Date:** The date of service for an eligible encounter during the intake period with a diagnosis of fracture

- For an outpatient or Emergency Department (ED) visit, the episode date is the date of service
- For an inpatient stay, the episode date is the date of discharge
- For direct transfers, the episode date is the discharge date from the last admission

**Index Episode Start Date (IESD):** The earliest episode date during the intake period that meets all eligible population criteria.

|                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>BMD Test in any Setting, on the IESD or in the 180-day Period After the IESD.</b><br><b>If the IESD was an Inpatient Stay, a BMD Test During the Inpatient Stay</b> | <b>Bone Mineral Density Tests</b><br><b>CPT:</b><br>76977, 77078, 77080, 77081, 77085, 77086<br><hr/> <b>ICD10:</b><br>BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1<br><hr/> <b>SNOMED:</b><br>22059005, 312681000, 385342005, 391057001, 391058006, 391059003, 391060008, 391061007, 391062000, 391063005, 391064004, 391065003, 391066002, 391069009, 391070005, 391071009, 391072002, 391073007, 391074001, 391076004, 391078003, 391079006, 391080009, 391081008, 391082001, 440083004, 440099005, 440100002, 449781000, 707218004, 4211000179102 |
| <b>Long-acting Osteoporosis Medication Therapy During the Inpatient stay, if the IESD was an Inpatient Stay</b>                                                        | <b>Long-acting Osteoporosis Medications</b><br><b>HCPCS:</b><br>J0897: Denosumab, 1mg, Injection<br>J1740: Ibandronate sodium, 1mg, Injection<br>J3489: Zoledronic Acid, 1mg, Injection                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Osteoporosis Medication Therapy or a Dispensed Prescription to Treat Osteoporosis on the IESD or in the 180-day period after the IESD</b>                           | <b>Osteoporosis Medications</b><br><b>Bisphosphonates</b><br><b>HCPCS:</b><br>J1740: Ibandronate sodium, 1mg, Injection<br>J3489: Zoledronic Acid, 1mg, Injection<br><br>Alendronate<br>Alendronate-cholecalciferol<br>Risedronate<br><hr/> <b>Other Agents</b><br><b>HCPCS:</b><br>J0897: Denosumab, 1mg, Injection<br>J3111: Romosozumab-aqqg, 1mg, Injection<br>J3110: Teriparatide, 10mcg, Injection<br><br>Abaloparatide<br>Raloxifene                                                                                                                                                                                                             |

**The following will exclude Members from this measure:**
**Members who died any time during 2025.**

|                                                                                                                                |                                                                                                                                                                                                                                                    |
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| <b>Hospice Encounter During 2025</b>                                                                                           | <b>HCPCS:</b><br>G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046                                                                                        |
|                                                                                                                                | <b>SNOMED:</b><br>183919006, 183920000, 183921001, 305336008, 305911006, 385765002                                                                                                                                                                 |
|                                                                                                                                | <b>UBREV:</b><br>0115, 0125, 0135, 0145, 0155, 0235, 0650, 0651, 0652, 0655, 0656, 0657, 0658, 0659                                                                                                                                                |
| <b>Hospice Intervention During 2025</b>                                                                                        | <b>CPT:</b><br>99377, 99378                                                                                                                                                                                                                        |
|                                                                                                                                | <b>HCPCS:</b><br>G0182                                                                                                                                                                                                                             |
|                                                                                                                                | <b>SNOMED:</b><br>170935008, 170936009, 385763009                                                                                                                                                                                                  |
| <b>Palliative Care Assessment Any Time During the Intake Period through the end of 2025 (July 1, 2024-December 31, 2025)</b>   | <b>SNOMED:</b><br>718890006, 718893008, 718895001, 718898004, 718899007, 718901003, 718903000, 718904006, 718957007, 718967002, 718969004, 718971004, 718973001, 718974007, 718975008, 718976009, 761865002, 761866001, 761867005, 457511000124100 |
| <b>Palliative Care Encounter Any Time During the Intake Period through the end of 2025 (July 1, 2024-December 31, 2025)</b>    | <b>HCPCS:</b><br>G9054                                                                                                                                                                                                                             |
|                                                                                                                                | <b>ICD10:</b><br>Z51.5<br>Do not include laboratory claims with POS code 81.                                                                                                                                                                       |
|                                                                                                                                | <b>SNOMED:</b><br>305284002, 305381007, 305686008, 305824005, 441874000, 713281006, 4901000124101                                                                                                                                                  |
| <b>Palliative Care Intervention Any Time During the Intake Period through the end of 2025 (July 1, 2024-December 31, 2025)</b> | <b>SNOMED:</b><br>103735009, 105402000, 395669003, 395670002, 395694002, 395695001, 443761007, 1841000124106, 433181000124107                                                                                                                      |

|                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <b>Members 67 years of age and older as of December 31, 2025, who meet either of the following criteria</b>                                                                                                | <ul style="list-style-type: none"> <li>Enrolled in an Institutional Special Needs Plan (I-SNP) any time during the intake period through the end of 2025 (July 1, 2024-December 31, 2025)</li> <li>Living long-term in an institution any time during the intake period through the end of 2025 (July 1, 2024-December 31, 2025)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>Members 67-80 Years of Age as of December 31, 2025, with Frailty and Advanced Illness</b></p> <p>Members 81 years of age and older as of December 31, 2025, need two indications of frailty only</p> | <p>At least two indications of Frailty with different dates of service during the intake period through the end of 2025 (July 1, 2024-December 31, 2025). Do not include laboratory claims with POS code 81.</p> <p><b>Frailty Device HCPCS:</b></p> <p>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, E1130, E1140, E1150, E1160, E1161, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1220, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295, E1296, E1297, E1298</p> <p><b>Frailty Diagnosis ICD10CM:</b></p> <p>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,</p> |

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, R29.6, 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

**SNOMED:**

17886000, 20902002, 33036003, 40104005, 44188002, 52702003, 56307009, 67223001, 74541001, 83468000, 90619006, 129588001, 214436006, 214437002, 214438007, 214439004, 214441003, 214442005, 214443000, 214444006, 217082002, 217083007, 217084001, 217086004, 217088003, 217090002, 217092005, 217093000, 217094006, 217142006, 217154006, 217155007, 217156008, 217157004, 217158009, 217173005, 225558004, 225562005, 225563000, 242109009, 242389003, 242390007, 242391006, 242392004, 242395002, 242396001, 242413007, 242414001, 242419006, 269699007, 274918000, 414190009, 427849003, 428484005, 429621003, 699214007, 699216009, 715504003, 763829004, 823018004, 92341000119107, 138371000119104, 8960001000004106, 10637031000119106, 10637071000119109, 10637111000119102, 10637151000119101

**Frailty Encounter****CPT:**

99504, 99509

**HCPCS:**

G0162, G0299, G0300, G0493, G0494, S0271, S0311, S9123, S9124, T1000, T1001, T1002, T1003, T1004, T1005, T1019, T1020, T1021, T1022, T1030, T1031

**Frailty Symptom****ICD10CM:**

R26.2, R26.89, R26.9, R53.1, R53.81, R54, R62.7, R63.4, R63.6, R64

**SNOMED:**

4468000, 8510008, 13791008, 18726006, 20940004, 22090007, 22325002, 22631008, 23042008, 26544005, 41786007, 43005009, 50314001, 67141003, 78119002, 78691002, 89362005, 102492002, 102568007, 105501005, 105503008, 105504002, 126013009, 127378008, 160681005, 160683008, 160684002, 160685001, 160692006, 160693001, 160734000, 160737007, 161832001, 161873000, 161874006, 162236007, 162239000, 165243005, 165244004, 224960004, 238108007, 248269005, 248278004, 248279007, 249888000, 249937002, 249938007, 249939004, 249940002, 249941003, 249942005, 249943000, 249946008, 250003005, 250015009, 250034009, 250038007, 250043000, 250044006, 250045007, 250052009, 250054005, 262285001, 267024001, 267032009, 271795006, 275313006, 284529003, 298283006, 300948004, 309249007, 309257005, 312444006, 367391008, 371028005, 373931001, 397776000, 404904002, 413121008, 422868009, 426977000, 428116008, 428264009, 429091008, 429487005, 431524008, 432559006, 444932008, 448765001, 713512009, 713514005, 713568000, 713655003, 788876001, 788900007, 931000119107, 60631000119109, 60651000119103, 69161000119103, 79021000119104, 79031000119101, 85711000119103, 89201000119106, 152921000119101, 250991000119100, 15634971000119107, 16018391000119104, 16018431000119109, 16419651000119103

**Advanced Illness**

**Either of the following during 2024 or 2025 on at least two different dates of service.** Do not include laboratory claims with POS code 81.

**ICD10CM:**

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, C79.63, 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, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, G35, 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

**SNOMED:**

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**Dispensed Dementia Medication:**

**Cholinesterase Inhibitors:** Donepezil, Galantamine, Rivastigmine

**Dementia Combinations:** Donepezil-Memantine

**Miscellaneous CNS Agents:** Memantine

## Tips and Best Practices to Help Improve Performance

- Utilize the monthly Gaps in Care Report (GIC) for a list of MVP Members and the services they still need
- Obtain an annual health history and include review of prescription and OTC medications, nutrition, lifestyle, exercise, fall prevention, preventive care, and medical/surgical history
- Discuss the importance of early detection and encourage preventive care
- Educate patients on primary prevention of osteoporosis
- Follow osteoporosis screening recommendations
- Submit results to your local Regional Health Information Organization (RHIO)
- Use correct diagnosis and procedure codes and submit claims and encounter data in a timely manner
- Stock patient areas and exam rooms with educational materials such as those found here:
  - o [Health & Wellness - MVP Health Care](#)