

Quality ID #024: Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for Men and Women Aged 50 Years and Older

2026 COLLECTION TYPE:

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) MEDICARE PART B CLAIMS

MEASURE TYPE:

Process – High Priority

DESCRIPTION:

Percentage of patients aged 50 years and older treated for a fracture with documentation of communication, between the physician treating the fracture and the physician or other clinician managing the patient's on-going care, that a fracture occurred and that the patient was or should be considered for osteoporosis treatment or testing. This measure is submitted by the physician who treats the fracture and who therefore is held accountable for the communication.

INSTRUCTIONS:

Reporting Frequency:

This measure is to be submitted after **each occurrence** for denominator eligible cases as defined in the denominator criteria. Each occurrence of a fracture is identified by either an ICD-10-CM diagnosis code for fracture or osteoporosis and a CPT service code OR an ICD-10-CM diagnosis code for fracture or osteoporosis and a CPT procedure code for surgical treatment of a fracture.

Intent and Clinician Applicability:

The intent of this measure is to ensure communication of the osteoporosis treatment plan between the physician treating the fracture and the physician or other clinician managing on-going care of the patient diagnosed with a fracture. 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 episode measure is submitted once for each occurrence of a particular illness or condition during the performance period. Patients with a fracture should have documentation in the medical record of communication from the clinician treating the fracture to the clinician managing the patient's on-going care that the fracture occurred and that the patient was or should be tested or treated for osteoporosis. 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. Documentation must indicate that communication to the MIPS eligible clinician managing the on-going care of the patient occurred within three months of treatment for the fracture. The CPT Category II code should be submitted during the episode of care (e.g., treatment of the fracture). The submission of the code and documentation of communication do not need to occur simultaneously. Eligible cases are determined, and must be reported, if either of the following conditions (submission criteria) are met.

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:

Measure data may be submitted by individual MIPS eligible clinicians using Medicare Part B claims. The listed denominator criteria are used to identify the intended patient population. The numerator quality data codes included in this specification are used to submit the quality actions allowed by the measure on the claim form(s). All measure-specific coding should be submitted on the claim(s) representing the denominator eligible encounter and denominator exclusion(s) (as applicable) or selected numerator option. Denominator exclusions describe a circumstance where the patient should be removed from the denominator. Within Medicare Part B claims submissions, denominator exclusions identify circumstances where the patient should be removed from the performance rate calculation prior to determining which numerator outcome is appropriate. QDCs are available to describe the denominator exclusion within the Measure Specification and should be submitted on the claim.

DENOMINATOR:

Adults aged 50 years and older who experienced a fracture, except fractures of the finger, toe, face or skull. Eligible cases are determined, and must be submitted, if the patient had a fracture and an eligible encounter or eligible procedure.

Denominator Criteria (Eligible Cases):

Patients aged ≥ 50 years on date of encounter or procedure

AND

Diagnosis for a 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, M80.0AXA, 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, M80.811A, 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, M80.8AXA, 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, S12.651A, S12.651B, S12.690A, S12.690B, S12.691A, S12.691B, S12.8XXA,

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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, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, G0402

OR

Patient procedure during the performance period (CPT Codes): 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 EXCLUSION:

Patient receiving Hospice Services, Patient Not Eligible

Patients using hospice services any time during the measurement period: G9688

NUMERATOR:

Patients with documentation of communication with the physician or other clinician managing the patient's on-going care that a fracture occurred and that the patient was or should be considered for osteoporosis testing or treatment.

Definition:

Communication – May include documentation in the medical record indicating that the clinician treating the fracture communicated (e.g., verbally, by letter, through shared electronic health record, a bone mineral density test report was sent) with the clinician managing the patient's on-going care OR a copy of a letter in the medical record outlining whether the patient was or should be treated for osteoporosis.

Numerator Quality Data Coding Options:

Post Fracture Care Communication Documented

Performance Met: 5015F:

Documentation of communication that a fracture occurred and that the patient was or should be tested or treated for osteoporosis

OR

Post Fracture Care not Communicated, Reason not Otherwise Specified

Append a submission modifier (8P) to CPT Category II code 5015F to submit circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

Performance Not Met: 5015F with 8P:

No documentation of communication that a fracture occurred and that the patient was or should be tested or treated for osteoporosis, reason not otherwise specified

RATIONALE:

This measure aims to improve the communication and coordination from the physician treating the fracture in the acute care setting to the physician or clinician who is responsible for follow-up care for osteoporosis. Patients who experience a fragility fracture should either be treated or screened for the presence of osteoporosis. Although the fracture may be treated by the orthopedic surgeon, the testing and/or treatment is likely to be under the responsibility of the physician providing on-going care. It is important the physician or other clinician providing on-going care for the patient be made aware the patient has sustained a fracture so that the proper care and treatment plan can be put in place to prevent a secondary fracture from occurring. This measure holds the physician who treated the fracture accountable for this communication to the on-going care provider.

CLINICAL RECOMMENDATION STATEMENTS:

The most important risk factors for osteoporosis-related fractures are a prior low-trauma fracture as an adult and a low BMD in patients with or without fractures. (Watts, et al., 2010) BMD measurement should be performed in all women 40 years old or older who have sustained a fracture. (AACE)

The decision to measure bone density should follow an individualized approach. It should be considered when it will help the patient decide whether to institute treatment to prevent osteoporotic fracture. It should also be considered in patients receiving glucocorticoid therapy for 2 months or more and patients with other conditions that place them at high risk for osteoporotic fracture. (NIH)

The most commonly used measurement to diagnose osteoporosis and predict fracture risk is based on assessment of BMD by dual-energy X-ray absorptiometry (DXA). (NIH) Measurements of BMD made at the hip predict hip fracture better than measurements made at other sites while BMD measurement at the spine predicts spine fracture better than measures at other sites. (NIH)

The single most powerful predictor of a future osteoporotic fracture is the presence of previous such fractures. (AGA)

REFERENCES:

Watts, N. B., Bilezikian, J. P., Camacho, P. M., Greenspan, S. L., Harris, S. T., Hodgson, S. F., ... & Petak, S. M. (2010). American Association of Clinical Endocrinologists Medical Guidelines for Clinical Practice for the diagnosis and treatment of postmenopausal osteoporosis: executive summary of recommendations. *Endocrine practice: official journal of the American College of Endocrinology and the American Association of Clinical Endocrinologists*, 16(6), 1016.

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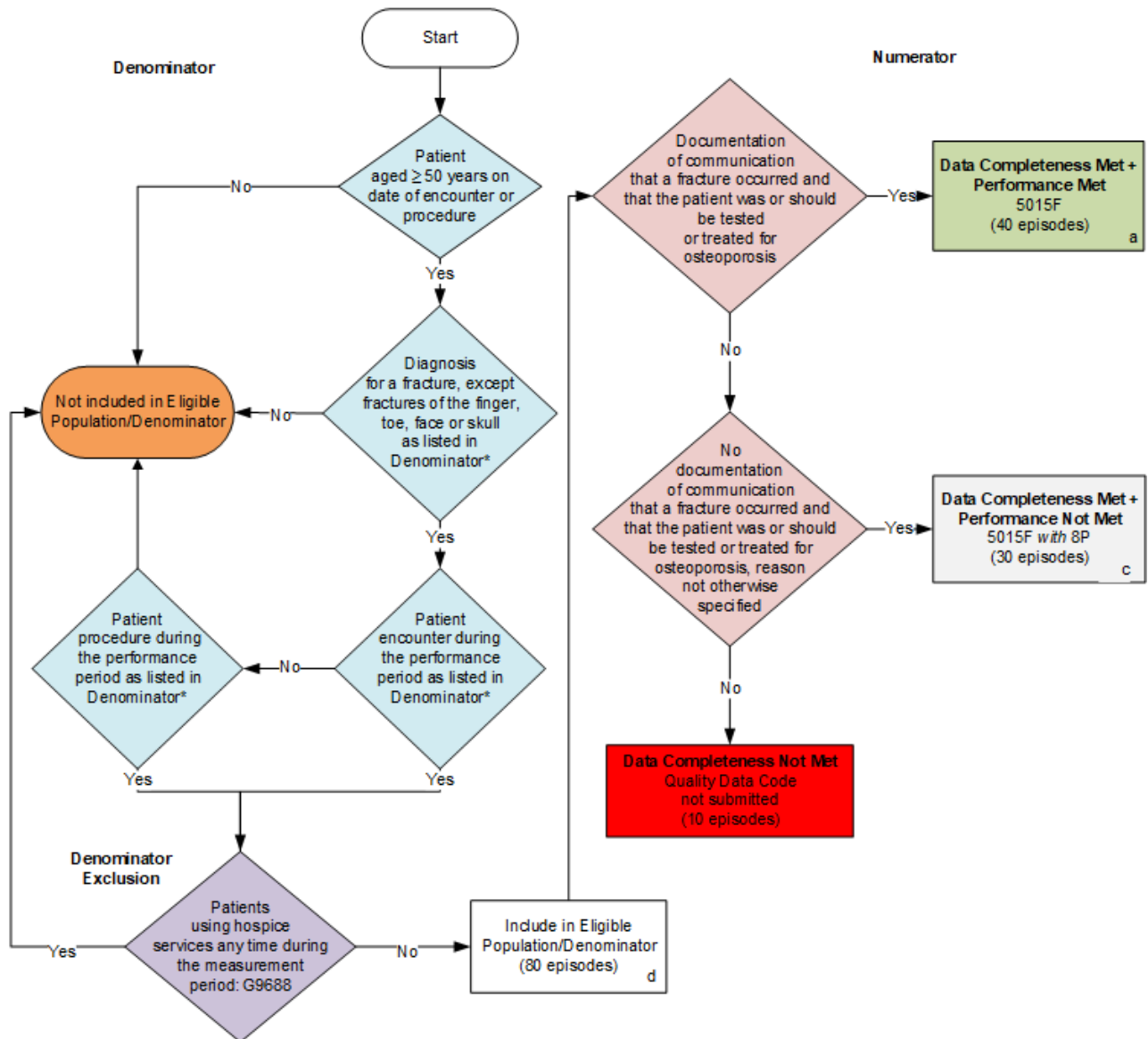
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2026 Medicare Part B Claims Flow for Quality ID #024:
Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture
for Men and Women Aged 50 Years and Older

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



SAMPLE CALCULATIONS

Data Completeness=

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

Performance Rate=

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

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

NOTE: Submission Frequency: Episode

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 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.

v10

2026 Medicare Part B Claims Flow Narrative for Quality ID #024:
Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for
Men and Women Aged 50 Years and Older

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

1. Start with Denominator
2. Check *Patient aged greater than or equal to 50 years on date of encounter or procedure*:
 - a. If *Patient aged greater than or equal to 50 years on date of encounter or procedure* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient aged greater than or equal to 50 years on date of encounter or procedure* equals Yes, proceed to *Diagnosis for a fracture, except fractures of the finger, toe, face or skull as listed in Denominator**.
3. Check *Diagnosis for a fracture, except fractures of the finger, toe, face or skull as listed in Denominator**:
 - a. If *Diagnosis for a 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 a fracture, except fractures of the finger, toe, face or skull as listed in Denominator** equals Yes, proceed to *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 *Patient procedure during the performance period as listed in Denominator**.
 - b. If *Patient encounter during the performance period as listed in the Denominator** equals Yes, proceed to *Patient using hospice services any time during the measurement period*.
5. 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 *Patient using hospice services any time during the measurement period*.
6. Check *Patient using hospice services any time during the measurement period*:
 - a. If *Patient using hospice services any time during the measurement period* equals Yes, do not include in the *Eligible Population/ Denominator*. Stop processing.
 - b. If *Patient using hospice services any time during the measurement period* equals No, include in the *Eligible Population/ Denominator*
7. Denominator Population:
 - a. 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 80 episodes in the Sample Calculation.

8. Start Numerator
9. Check *Documentation of communication that a fracture occurred and that the patient was or should be tested or treated for osteoporosis*:
 - a. If *Documentation of communication that a fracture occurred and that the patient was or should be tested or treated for osteoporosis* 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 episodes in the Sample Calculation.
 - b. If *Documentation of communication that a fracture occurred and that the patient was or should be tested or treated for osteoporosis* equals No, proceed to *No documentation of communication that a fracture occurred and that the patient was or should be tested or treated for osteoporosis, reason not otherwise specified*.
10. Check *No documentation of communication that a fracture occurred and that the patient was or should be tested or treated for osteoporosis, reason not otherwise specified*:
 - a. If *No documentation of communication that a fracture occurred and that the patient was or should be tested or treated for osteoporosis, 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 c equals 30 episodes the Sample Calculation.
 - b. If *No documentation of communication that a fracture occurred and that the patient was or should be tested or treated for osteoporosis, reason not otherwise specified* equals No, proceed to *Data Completeness Not Met*.
11. Check *Data Completeness Not Met*:
 - a. If *Data Completeness Not Met*, the Quality Data Code was not submitted. 10 episodes have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations:

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

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