

Insider

Informative and educational coding information for providers

Focus on: Osteoporosis and fracture risks



Fifty percent of all persons over the age of 50 are at risk for osteoporotic fractures during their lifetime.¹ Postmenopausal women have the highest risk: half of all postmenopausal women will have an osteoporosis related fracture during their lifetime. A quarter of these women will

develop a vertebral deformity, and 15 percent will experience a hip fracture. Osteoporotic fractures, particularly hip fractures, are associated with chronic pain, loss of independence and increased mortality. Although hip fractures are less common in men than in women, more than one-third of men who experience a hip fracture die within one year.¹

To lower their risk of osteoporotic fractures, older persons should: (1) get adequate calcium and vitamin D; (2) do weight-bearing exercises; (3) get screened; and (4) if needed get treated for osteoporosis with the multiple drug therapies approved by the U.S. Food and Drug Administration.²

Although postmenopausal white women are at increased risk of osteoporosis, the U.S. Preventive Services Task Force (USPSTF) notes screening at the age of 65 years applies to all women, regardless of racial or ethnic background.² Moreover, the USPSTF has concluded that anyone who has a fracture risk equal to or greater than that of a 65 year old white woman also should undergo osteoporosis screening.² The Fracture Risk Assessment Tool (FRAX) for the United States can help determine such patients.³

Accordingly, The Bone Mass Measurement Act of 1998 broadened the selective screening by mandating Medicare coverage for densitometry services, including estrogen-deficient women, anyone with vertebral abnormalities, anyone receiving long-term glucocorticoid therapy ≥ 5 mg of prednisone daily, anyone with primary hyperparathyroidism and anyone treated for osteoporosis.⁴

Primary and secondary hyperparathyroidism

Hyperparathyroidism places patients at increased risk for osteoporosis. Therefore, elderly patients with a serum calcium >10.5 mg/dl could be considered to be screened for primary hyperparathyroidism, while patients with CKD stage III or higher should be screened for secondary hyperparathyroidism.

This guidance is to be used for easy reference; however, the ICD-9-CM and ICD-10-CM code books and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the "thought process" of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment, and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on April 6, 2015, CMS announced the CMS-HCC Risk Adjustment model for payment year 2016 driven by 2015 dates of service. For more information see: <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Advance2016.pdf>, <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2016.pdf>, and <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/index.html>.

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Per the ICD-10-CM Official Guidelines for Coding and Reporting 2015 from the Centers for Medicare & Medicaid Services (CMS) and the National Center for Health Statistics (NCHS): "A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify that no 7th character is required."

Always remember ...

- Specificity matters in ICD-9-CM and ICD-10-CM.
- When coding for the fracture, select the code based on the site of the fracture, not the location of the osteoporosis.
- Use adjectives that explain laterality and location to define the pathologic fractures with osteoporosis.
- Starting October 1, 2015, the ICD-10-CM codes for pathologic fractures with osteoporosis also require a seventh character to indicate episode of care (initial, subsequent with type of healing or sequela).

Documentation and coding tips

ICD-9-CM: Coding Osteoporosis⁵

733.00	Osteoporosis, unspecified (wedging of vertebra NOS)
733.01	Senile osteoporosis (postmenopausal osteoporosis)
733.02	Idiopathic osteoporosis
733.03	Disuse osteoporosis
733.09	Other osteoporosis (drug-induced osteoporosis) (use additional E code to identify drug)

Note: Use additional code to identify major osseous defect, if applicable (731.3). Use additional code to identify personal history of pathologic (healed) fracture (V13.51).

V82.81 Special screening for osteoporosis

Note: Use additional code to identify: Hormone replacement therapy (postmenopausal) status (V07.4); Postmenopausal (age-related) (natural) status (V49.81).

ICD-10-CM: Coding Osteoporosis⁶

M81.0	Age-related osteoporosis without current pathological fracture (osteoporosis NOS) (senile osteoporosis without current pathological fracture)
M81.6	Localized osteoporosis [Lequesne]
M81.8	Other osteoporosis without current pathological fracture

Note: Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5).

M80 is the category for osteoporosis with current pathological fracture and reports the anatomical site of the fracture; the 7th character reports episode of care and/or type of healing.

Z13.820 Encounter for screening for osteoporosis

ICD-9-CM: Coding Hyperparathyroidism⁵

252.00	Hyperparathyroidism, unspecified
252.01	Primary hyperparathyroidism
252.02	Secondary hyperparathyroidism, non-renal
252.08	Other hyperparathyroidism
588.81	Secondary hyperparathyroidism (of renal origin)

ICD-10-CM: Coding Hyperparathyroidism⁶

E21.3	Hyperparathyroidism, unspecified
E21.0	Primary hyperparathyroidism
E21.1	Secondary hyperparathyroidism, not elsewhere classified
N25.81	Secondary hyperparathyroidism of renal origin
E21.2	Other hyperparathyroidism

1. Bone Health and Osteoporosis: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General; 2004.

2. U.S. Preventive Services Task Force. Screening for Osteoporosis: U.S. Preventive Services Task Force Recommendation Statement. *Ann Intern Med.* 2011;154:356-364.

3. Centre for Metabolic Bone Diseases at the University of Sheffield. FRAX WHO Fracture Risk Assessment Tool. 2015. Available at: shef.ac.uk/FRAX/tool.aspx?country=9. Accessed March 31, 2015.

4. Watt, NB. Understanding the Bone Mass Measurement Act. *J Clin Densitom.* 2: 211-217, 1999.

5. *Optum ICD-9-CM Professional for Physicians, Vol. 1 & 2, 2015.* Salt Lake City, 2014.

6. *Optum ICD-10-CM: The Complete Official Draft Set 2015.* Salt Lake City, 2014.