

Proper Coding Can Be Important to Delivering Post-Fracture Care (PFC)¹

Gaps exist in post-fracture management that require an increased need for care-coordination services to enhance care for patients. Providing coordinated care can help reduce or prevent second and subsequent fractures in patients with osteoporosis who have had an initial fracture. Proper coordination and management can help ensure that patients receive such enhanced care from a PFC program.² This resource aims to help improve fracture care management by identifying where specific codes align in the patient journey.

Patient Journey Through PFC Management



Origination: Approaches for Identifying Fragility Fractures

Patient Identification

Identification of patients receiving care for a likely fragility fracture is the first step at the beginning of the patient's fracture journey in the hospital and office settings.³ It is important to properly classify patient information in the electronic medical record system, as it will help properly track PFC for individual patients as well as provide benchmarking abilities for population health strategies.² Please consider the following types of codes for patients with osteoporosis-related fractures:

Type of care	Codes to consider ^{4,5,6,7}
Inpatient hospital care	<ul style="list-style-type: none">• DRG codes• CPT codes used in companion to E/M codes• MS-DRG codes for Medicare patients• Prolonged service codes to capture additional time that exceeds general time parameters of the visit
Outpatient care	<ul style="list-style-type: none">• CPT codes used in companion to E/M codes• Prolonged service codes to capture additional time that exceeds general time parameters of the visit

Discharge and Rehabilitation⁸

A fracture liaison service (FLS) program is designed to identify, investigate, and initiate appropriate treatment for patients who are at high risk for another osteoporosis-related fracture. The FLS coordinator identifies patients at risk in the emergency room or during hospitalization and places a referral for outpatient bone health evaluation while simultaneously providing preliminary education. Following the referral, FLS evaluation occurs 2-6 weeks after the fracture and includes laboratory and imaging assessment. Additionally, the FLS can also provide a framework for treatment initiation. Please consider the following codes provided for discharge and rehabilitation of a fracture patient with osteoporosis:

Type of care	Codes to consider ^{7,10}
Inpatient care	Transitional care management (TCM) codes can be used to support your patients following discharge from a hospital, SNF, or CMHC stay; outpatient observation; or partial hospitalization
Additional services outside of physicians' offices	Level II HCPCS codes are used to identify products, supplies, and services not included in the CPT codes



Diagnosis and Management

More than 80% of older patients who suffer bone fractures are not tested or treated for osteoporosis, identifying current gaps in PFC.¹¹ Because prior osteoporosis-related fracture increases the risk of future fractures, optimal PFC is important.^{2,12-14} The following codes should be considered for identification, diagnosis, evaluation, initiation of therapy, and management:

Type of care	Codes to consider ^{4,15}
Identification and diagnosis	<ul style="list-style-type: none">• ICD-10 diagnosis codes:<ul style="list-style-type: none">- Age-related osteoporosis with current pathological fracture: M80.0- Age-related osteoporosis without current pathological fracture: M81.0
Evaluation and management for office visits	<ul style="list-style-type: none">• Three key components determine the appropriate level of E/M services provided:<ul style="list-style-type: none">- History- Examination- Medical decision-making

CMHC=community mental health center; CPT=Current Procedural Terminology; DRG=diagnosis-related group; E/M=evaluation and management; HCPCS=Healthcare Common Procedure Coding System; ICD-10=International Classification of Diseases, tenth revision; SNF=skilled nursing facility.

For patients on osteoporosis medication, it is important to follow up for adherence to treatment.¹⁶ Consider the care-coordination codes you regularly use for other focused areas and consider them for post-fracture patients. Potential codes to use include

Type of care*	Codes to consider ¹⁷
Noncomplex chronic care management (CCM)	<ul style="list-style-type: none"> Noncomplex CCM allows for at least 20 minutes of time dedicated to care coordination services under the Physician Fee Schedule (PFS) from the Centers for Medicare & Medicaid Services (CMS)
Complex CCM	<ul style="list-style-type: none"> Complex CCM allows for additional time of 60 minutes or more dedicated to care coordination services under the PFS from the CMS

*Care services consist of helping patients plan and stay on track with treatments, medication, referrals, and appointments through regular check-ins and reminders.¹⁷

Persistent use of osteoporosis medication for 12 months was associated with ~41% reduction in hip fracture ($P < 0.001$)^{18,†}



Telehealth Expansion in Response to COVID-19

Telehealth has expanded the opportunities for patient engagement and follow-up. CMS has expanded access to Medicare telehealth services through a waiver that, on a temporary and emergency basis, covers office, hospital, and other visits furnished for new and established patients via telehealth across the country as well as a patient's place of residence.^{19,20,‡} Consider using new telehealth codes available from the CMS.²¹

There are alternate ways of following up with patients, including telemedicine²⁰

With the proper education and awareness, practice staff can leverage codes for PFC program services provided by qualified healthcare professionals.

¹⁸The study examined the relationship between persistent osteoporosis medication use and fracture risk among elderly female Medicare beneficiaries aged 66 years ($n = 294,369$) diagnosed with osteoporosis using Medicare claims, January 1, 2009, to June 30, 2011. Persistence was defined as the duration of continuous use of a medication, from medication initiation to either medication discontinuation or end of follow-up.¹⁸

[‡]Telemedicine can include visits on video and on the phone as well as remote patient monitoring, physical and occupational therapy, emergency department visits, observation discharge day management, and additional services.²⁰

The information provided in this document is of a general nature and for informational purposes only; it is not intended to be comprehensive or instructive. Coding and coverage policies change periodically and often without warning. The healthcare provider is solely responsible for determining coverage and reimbursement parameters and appropriate coding for his/her own patients and procedures. In no way should the information provided in this section be considered a guarantee of coverage or reimbursement for any product or service.

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