FOCUS ON: OSTEOPOROSIS AND HYPERPARATHYROIDISM

Each year, one in every three adults age 65 and older falls.¹ Falls can cause moderate to severe injuries, such as hip fractures and head traumas, and can increase the risk of early death. In 2010, 2.3 million nonfatal fall injuries among older adults were treated in emergency departments and more than 662,000 of these patients were hospitalized. In 2010, the direct medical costs of falls, adjusted for inflation, was $30 billion. Yet, this public health problem is largely preventable. One out of three older adults (those aged 65 or older) falls each year; however, less than half talk to their healthcare providers about it. Among older adults, falls are the leading cause of both fatal and nonfatal injuries.¹

To lower their hip fracture risk, older adults can:
- Get adequate calcium and vitamin D - from food and/or from supplements
- Do weight bearing exercise
- Get screened and, if needed, treated for osteoporosis

The Bone Mass Measurement Act of 1998 broadened the selective screening by mandating Medicare coverage for densitometry services for individuals at risk of osteoporosis as defined by the following criteria:
- An estrogen-deficient woman at clinical risk for osteoporosis
- An individual with vertebral abnormalities
- An individual receiving or planning to receive long-term glucocorticoid therapy greater than or equal to 5.0 mg prednisone/day or an equivalent dose for greater than or equal to three months
- An individual with primary hyperparathyroidism
- An individual being monitored to assess the response to or the efficacy of a U.S. Food and Drug Administration (FDA)-approved drug for osteoporosis therapy

Finally, hyperparathyroidism places patients at increased risk for osteoporosis. Therefore, elderly patients with serum calcium >10 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.

ALWAYS REMEMBER...
- Document whether current pathological fracture is present or not
- Osteoporosis with current pathological, identify the osteoporosis and the site of the pathological fracture

DOCUMENTATION AND CODING TIPS

ICD-9-CM Coding: Osteoporosis²
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 (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 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: Osteoporosis³
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 appropriate 7th character is to be added to each code from category M80 to report episode of care and/or type of healing.

Z13.820 Encounter for screening for osteoporosis
Note: Nonspecific abnormal findings disclosed at the time of these examinations are classified to categories R70-R94.

ICD-9-CM Coding: Hyperparathyroidism²
252.00 Hyperparathyroidism, unspecified
252.01 Primary hyperparathyroidism
252.02 Secondary hyperparathyroidism, non-renal
588.81 Secondary hyperparathyroidism (of renal origin)
252.08 Other hyperparathyroidism

ICD-10-CM Coding: Hyperparathyroidism³
E21.3 Hyperparathyroidism, unspecified
E21.0 Primary hyperparathyroidism
E21.1 Secondary hyperparathyroidism, not elsewhere classified
N25.81 Other secondary hyperparathyroidism of renal origin
E21.2 Other hyperparathyroidism

Optum does not warrant that this easy reference guide, supplied for informational purposes, is complete, accurate or free from defects; the ICD-9-CM and ICD-10-CM code books are the authoritative references. 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. In 2013, CMS announced an “upated, clinically revised CMS-HCC risk adjustment model” that differs from the proposed model. The highest level of specificity 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.

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