



Focus on

Osteoporosis and Hyperparathyroidism

May is National Osteoporosis Month

Osteoporosis and Fracture Risks¹

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

Each year, one in every three adults ages 65 and older falls. 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.

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

Primary and Secondary Hyperparathyroidism:

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.

ICD-9-CM Coding:²

- **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:³

- 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

ICD-9-CM Coding:²

- 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)
- Subcategory notes: 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

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

ICD-10-CM Coding:³

Category M81 notes: Use additional code to identify: major osseous defect, if applicable (M89.7-) personal history of (healed) osteoporosis fracture, if applicable (Z87.310)

- M81.0 Age-related osteoporosis without current pathological fracture (osteoporosis NOS)
- M81.6 Localized osteoporosis [Lequesne]
- M81.8 Other osteoporosis without current pathological fracture
 - Drug-induced osteoporosis without current pathological fracture
 - Idiopathic osteoporosis without current pathological fracture
 - Osteoporosis of disuse without current pathological fracture
 - Postophorectomy osteoporosis without current pathological fracture
 - Postsurgical malabsorption osteoporosis without current pathological fracture
 - Post-traumatic osteoporosis without current pathological fracture
 - Use additional code for adverse effect,

if applicable, to identify drug (T36-T50 with fifth or sixth character)

- 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.

A initial encounter for fracture
D subsequent encounter for fracture with routine healing
G subsequent encounter for fracture with delayed healing
K subsequent encounter for fracture with nonunion
P subsequent encounter for fracture with malunion
S sequela

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

¹ Watt, NB. Understanding the Bone Mass Measurement Act. J Clin Densitom 2: 211-217, 1999.

² Optum ICD-9-CM for Physicians Professional 2015. Vols. 1&2. Salt Lake City: 2014.

³ Optum ICD-10-CM: The Complete Official Draft Set 2015. Salt Lake City: 2014.