1. **Confirmed hip fracture**: Fracture of the proximal femur, including fractures of the femoral neck, intertrochanteric region, and greater trochanter

   1.1. **Date of Diagnosis**: [ ] [ ] [ ] (M/D/Y)

   1.2. **Fracture site**: (Mark the one that applies best.)
   - [ ] Neck of femur (transcervical, cervical)
   - [ ] Intertrochanteric fracture
   - [ ] Greater trochanter
   - [ ] Unspecified part of proximal femur

   1.3. **Side of hip fracture**: (Mark the one that applies best.)
   - [ ] Right
   - [ ] Left
   - [ ] Both sides
   - [ ] Unknown

   1.4. **Hip fracture based on**: (Mark the one category that applies best.)
   - [ ] Written radiology report that is read by a radiologist and identifies the presence of a new, acute, or healing fracture of the proximal femur (femoral neck, intertrochanteric region, or the greater trochanter region) and documented on a discharge summary
   - [ ] Radiologist's report confirms a proximal femur fracture, but the hospital discharge summary does not (or is equivocal or missing)
   - [ ] All of the following:
     1) hospital discharge summary listing fracture of the proximal femur, femoral neck fracture, intertrochanteric fracture, trochanteric fracture, or hip fracture;
     2) equivocal written radiology report of the hip (e.g., “possible” or “probably” or “suspected” hip fracture); and,
     3) a written radiologist's report of either a bone scan, MRI, or CT scan unequivocally stating that a new hip fracture or healing hip fracture is present
   - [ ] Hip fracture diagnosed in discharge summary, or other written report, but no radiology report available or radiograph not read by radiologist

   1.5. **Pathologic hip fracture**: fracture resulting from bone tumors or cysts, Paget’s disease, bone or joint prostheses, or surgical manipulation. **Osteoporotic fracture is not considered a pathologic fracture.** (Mark the one category that applies best.)
   - [ ] No
   - [ ] Yes
   - [ ] Possible

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Responsible Adjudicator Signature: RV_______ K_______ V_______