ACP supports MIPS measure ID# TBD: “Appropriate Use of DXA Scans in Women under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture” because implementation will likely result in measureable and meaningful improvements in clinical outcomes and the developers cite clinical recommendations of the United States Preventive Services Task Force (USPSTF) on “Screening for Osteoporosis” to form the basis of the measure. While developers do not cite any performance data to describe the opportunity for improvement, our sense is that a performance gap does exist. While we support this measure, we note that healthcare institutions are aggressively working to enhance their capture of malnutrition documentation and coding, as this has a variety of implications for reimbursement and outcomes reporting (e.g., risk adjustment for expected mortality rate). Increased documentation in the inpatient setting may limit the potential for this measure to inform appropriate use of DXA scans because the traditional concept of malnutrition in the chronic context may not apply in the acute context. Furthermore, we note that the exclusion criterion for “white women” seems a bit broad. A stronger measure may promote appropriate use of screening in patients whose risk equates to an evidence-based threshold of developing an osteoporotic fracture as defined by the FRAX® or other validated assessment tool.