Osteoporosis Management in Women Who had a Fracture (OMW)

**Who:** Female patients aged 67–85 years who suffered a fracture in the measurement year.

**Why:** Osteoporosis is referred to as the silent disease because there are no symptoms with bone loss. A bone mineral density (BMD) test can identify osteoporosis, determine risk for future fractures, and help measure an individual’s response to treatment. Early detection and treatment can help preserve quality of life.

**What:** Percentage of women who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis within six months of the fracture.

**How:** Appropriate testing (BMD) or treatment (Medication) for osteoporosis **within 6 months** of the fracture.

Note that women who had a fracture during the measurement period are excluded if:

- They had a pharmacy claim for osteoporosis medications 12-months prior to fracture; or
- They had BMD imaging in 2 years or less prior to fracture.

**Exclusions:** Fractures of finger, toe, face and skull are excluded. Patients in hospice or using hospice services as well as those patients age 66 and older who are living long term in an institutional setting or enrolled in an I-SNP are excluded. Patients 66–80 years of age and older diagnosed with frailty and advanced illness or patients 81 years of age and older with diagnosed with frailty are excluded.

**Coding:**

- **BMD Test CPT/HCPCS:** 76977, 77078, 77081-77082, 77085-77086, G0130
- **Medications HCPCS:** J0630, J0897, J1740, J3110, J3487, J3488, J3489, Q2051
- **Medications Long-Acting HCPCS:** J0897, J1740, J3487, J3488, J3489, Q2051
Osteoporosis Management FAQs

Q: Do I need to include women who had a second qualifying fracture in the measurement period?

A: No. If a patient had more than one fracture, include only the first fracture.

Q: How do I correct a misdiagnosis of a fracture for a patient?

A: If you find a patient that is in the osteoporosis measure but they did not have a fracture, bring it to the provider’s attention for correction of charting and claims.