

# Osteoporosis management in women who had a fracture (OMW)

Effectiveness of Care HEDIS® Measure

## Measurement definition

Female patients ages 67–85 who suffered a fracture and had **either** a bone mineral density (BMD) test **or** received a prescription to treat osteoporosis within six months of after the fracture.

**Note:** Fractures of finger, toe, face and skull are not included in this measure

## Exclusions

Patients are excluded if they:

- Had a bone mineral density test within 24 months prior to the fracture.
- Received osteoporosis medication therapy or a prescription to treat osteoporosis within 12 months prior to the fracture.
- Received hospice care during the measurement year.
- Are age 81 or older with frailty within the measurement year.
- Are ages 67–80 with advanced illness and frailty (for additional definition information, see the *Advanced Illness and Frailty Guide*).
- Are deceased during the measurement year.
- Received palliative care between July 1 of the year prior to the measurement year through the end of the measurement year.

## Patient medical records should include either

- A BMD test on the fracture date or within 180 days (six months) after the fracture, BMD tests during an inpatient stay are acceptable.
- Osteoporosis medication therapy or a prescription to treat osteoporosis that's filled on the fracture date or within 180 days (six months) of the fracture.

Category	Prescription	
Bisphosphonates	Alendronate Alendronate-cholecalciferol Ibandronate	Risedronate Zoledronic acid
Others	Abaloparatide Denosumab Raloxifene	Romosozumab Teriparatide

## Tips for success

- The U.S. Preventive Services Task Force<sup>2</sup> recommends BMD screening for:
  - Female patients starting at age 65 to reduce the risk of fractures.
  - Postmenopausal women younger than age 65 if they are at high risk.
- Provide patients with a BMD referral order and where to call for an appointment.
- Encourage them to obtain the BMD screening and follow up with the patient to ensure the test was completed.
- If telehealth, telephone or e-visits are used instead of face-to-face visits:
  - Discuss the need for a bone mineral density test and mail an order to the patient that contains the location and phone number of a testing site.
  - Mail a prescription for, or e-scribe, an osteoporosis medication, if applicable.
- Prescribe pharmacological treatment when appropriate.
  - Patients should fill prescriptions using their pharmacy benefit. Gap closure is dependent on pharmacy claims.
- Document and bill exclusions annually (see the *Advanced Illness and Frailty guide* for details).
- Bill fracture-related encounters according to the current CMS official coding guidelines.<sup>3</sup>
  - Use appropriate ICD-10 codes to identify how the fracture happened (e.g., fall).
  - Only initial fracture encounters should have a 7<sup>th</sup> character of A, B, or C in the diagnosis code, indicating active treatment of a new fracture.
  - Subsequent encounters for routine care in the healing or recovery phase (after the patient has completed active treatment for the fracture) should be billed with the appropriate 7<sup>th</sup> character in the diagnosis code (such as D or S).
  - Patients who have a history of osteoporosis fractures should be coded as Z87.310 “Personal history of (healed) osteoporosis fracture”.

## Tips for talking with patients

- Discuss osteoporosis prevention, including calcium and vitamin D supplements, weight-bearing exercises and modifiable risk factors.
- Ask patients if they have had any recent falls or fractures, since treatment may have been received elsewhere.
- Discuss fall prevention such as:
  - The need for assistive devices, e.g., cane, walker.
  - Removing trip hazards, using night lights and installing grab bars.

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<sup>2</sup>U.S. Preventive Services Task Force. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/osteoporosis-screening>

<sup>3</sup>CMS ICD-10-CM Official Guidelines for Coding and Reporting, pages 59 – 60, and 77-78.

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