



## Osteoporosis Management in Women (OMW) Who Had a Fracture Guide

### Importance of OMW

Patients at high risk of fracture, including patients with a history of fragility fractures, should be screened for osteoporosis and patients who have a fragility fracture of the hip or spine should be provided with a treatment for osteoporosis.

### Measure Description

The percentage of women 50–85 years of age who suffered a fracture\* and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

\* Fractures of face, skull, fingers or toes are excluded

### Rationale

Detecting osteoporosis and initiating treatment will help to prevent future fractures from occurring. Future fractures, especially in the older population, can cause significant health issues, decline in function, and, in some cases lead to mortality.

### Medical Records Documentation

Within six months of fracture date or date of discharge (if hospitalized for fracture):

- A BMD test in any setting, including tests administered during inpatient stay for fracture
- Dispensed osteoporosis medication therapy, including any long-acting treatment provided during inpatient stay for fracture

### Improvement Notation

Higher score indicates better quality

### Denominator

Women who experienced a fracture, except fractures of the finger, toe, face or skull, during the six months prior to the performance period through June 30 of the performance period

### Numerator

Patients who received either a bone mineral density test or a prescription for a drug to treat osteoporosis in the six months after the fracture



## Definitions

**Bone Mineral Density (BMD):** An examination by either special x-rays or ultrasound to determine how much bone mineral content (calcium and other minerals) is present in any section of bone.

**Prescribed:** May include prescription given to the patient for treatment of osteoporosis (as listed above) at one or more encounters during the performance period, or documentation that the patient is already taking pharmacologic therapy for osteoporosis, as documented in the current medical list.

**Pharmacologic Therapy:** U.S. Food and Drug Administration approved pharmacologic options for osteoporosis prevention and/or treatment of postmenopausal osteoporosis include: bisphosphonates, alendronate, alendronate-cholecalciferol, ibandronate, risedronate, zoledronic acid, teriparatide, denosumab, abaloparatide, romosozumab and raloxifene.

## Exclusions

- Hospice services or palliative care any time during the measurement period (**G9709 or G9992**)
- Bone mineral density measurement results not documented for medical reasons (**G9769**)
- Patients who died anytime during the measurement period
- Patients 66 and older in institutional special needs plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during measurement period (**G9898**)
- Patients 66 years and older with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia (Donepezil, Galantamine, Rivastigmine, Memantine) during the measurement period or the year prior to the measurement period (**G2098**)
- Patients 66 and older with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or non-acute inpatient encounters on different dates of service with an advanced illness diagnosis during or the year prior to the measurement period (**G2099**)

**Disclaimer:** *This information is not intended to dictate or substitute your professional judgment in a particular patient.*

## References

[CMS, Quality ID #418 \(NQF 0053\): Osteoporosis Management in Women Who Had a Fracture \(2023\)](#)

[Humana, Quality Indicator Reference for Physicians](#)

[Arkansas Blue Cross and Blue Shield, Osteoporosis Management in Women with a Fracture \(OMW\) \(2023\)](#)

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