



## 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

- BMD reports, dated with results, within **24 months before** and/or **6 months after** the fracture.
- Dispensed osteoporosis medication therapy, including any long-acting treatment provided during inpatient stay for fracture within **12 months before** or **6 months after** the fracture.

### Tips for Improving Performance

- Screen female patients starting at age 65 to reduce the risk of osteoporosis. Consider BMD testing at each Annual Wellness Visit.
- Claims for BMD tests should be submitted with an ICD-10 diagnosis code that indicates risk factors exist for osteoporosis. Claims submitted with screening diagnosis codes, such as Z13.820, may cause the claim to be denied.
- Promote the use of remote/mobile dual-energy X-ray absorptiometry (DEXA) scans.

### 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.



## Pharmacologic Therapy

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

- Patients who died anytime during the measurement year
- Patients in hospice, using hospice services or receiving palliative care
- Patients 67 years old and older living long-term in an institutional setting or enrolled in an Institutional Special Needs Plan (I-SNP) **(G9898)**
- Frailty diagnosis on 2 different DOS during the MY **(G2099)**
- Advanced Illness: Either of the following during the MY or PY **(G2098)**
- Advanced illness diagnosis on 2 different DOS
- Dispensed a dementia medication (Donepezil, Galantamine, Rivastigmine, Memantine)

**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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### Improvement Notation

Higher score indicates better quality

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### Important 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.