

## HEDIS MEASURE OVERVIEW

# Osteoporosis Management in Women who had a Fracture (OMW)

Please note that the information offered in this flyer is based on Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications. It is not meant to replace your clinical judgment.

### Measure description

Percentage of women 67–85 years old who suffered a fracture\* between July 1 of the prior year and June 30 of the current measurement year and 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.

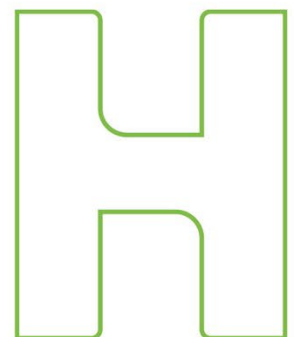
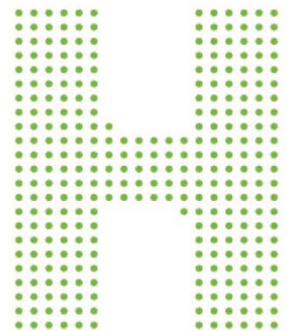
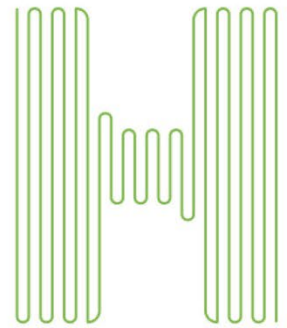
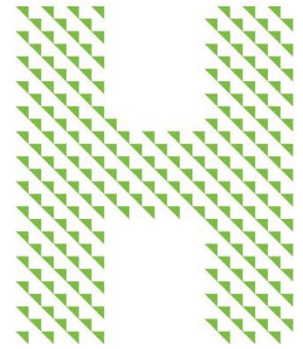
### Who is included in the OMW measure?

Women 67–85 years old who suffered a fracture between July 1 of the prior year and June 30 of the current measurement year.

- Patients will be removed from the eligible population if they have had a:
  - BMD test within 24 months prior to the fracture
  - Prescription to treat or prevent osteoporosis within 12 months before the fracture

### Exclusions

- 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)
- Patients 67–80 years old with frailty **and** advanced illness, as well as those 81 years old and older with frailty only



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## Satisfying the OMW measure

Any one of the following services performed for eligible members will satisfy the measure requirement:

- Within six months of the 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

## Best practices for healthcare professionals

- Prescribe medication to treat osteoporosis. Use of calcium supplements will not meet criteria for the measure.
- Promote the use of remote/mobile dual-energy X-ray absorptiometry (DEXA) scans.
- Collaborate with our designated team of nurses to conduct outreach calls to your Humana-covered patients who have recently sustained a fracture. During the call, a nurse will inform patients about osteoporosis risks, encourage screenings and offer the scheduling of any needed bone density tests.
- Encourage your at-risk patients to have a screening before a fracture occurs. Humana pays for a BMD test every two years for qualified patients—generally women older than 65 who are at risk of losing bone mass or are at risk for osteoporosis, and post-menopausal women older than 50 based on risk factors.
- Claims for BMD test 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.
- For activity before the fracture, submit supplemental data (i.e., medical record) for a BMD test performed within 24 months, or osteoporosis therapy medication prescribed within 12 months.
- For osteoporosis medication given to the patient in a clinical setting within the 12 months prior to the fracture, document in the medical record the medication name, the date that it was dispensed, its dosage/strength and administration route. This documentation can then be submitted as supplemental data.

## U.S. Food and Drug Administration (FDA)-approved osteoporosis therapies

For detailed formulary information, visit [Humana.com/MedicareDrugList](https://www.humana.com/MedicareDrugList).

Drug type	Drug	HCPCS codes
Bisphosphonates	Alendronate (low-cost option)	N/A
	Ibandronate	J1740
	Risedronate	N/A
	Zoledronic acid	J3489
Other agents	Abaloparatide	N/A
	Denosumab	J0897
	Raloxifene	N/A
	Teriparatide	J3110

Based on 2021 Super National 5 MAPD

## Coding guidance

Supplemental data is accepted for the OMW measure. Documentation of a BMD test completed in any setting in the 180-day (six-month) period after the fracture date or documentation of a dispensed prescription to treat osteoporosis in the 180-day (six-month) period after a fracture date addresses the measure.

Code	Code type	Definition
76977	CPT	Ultrasound bone density measurement and interpretation, peripheral site(s), any method
77078	CPT	Computed tomography, bone mineral density study, one or more sites; axial skeleton (e.g., hips, pelvis, spine)
77080	CPT	Dual-energy X-ray absorptiometry (DXA), bone density study, one or more sites; axial skeleton (e.g., hips, pelvis, spine)
77081	CPT	Dual-energy X-ray absorptiometry (DXA), bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)
77085	CPT	Dual-energy X-ray absorptiometry (DXA), bone density study, one or more sites axial skeleton (e.g., hips, pelvis, spine), including vertebral fracture assessment
77086	CPT	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)
BP48ZZ1	ICD-10-PCS	Ultrasonography of right shoulder, densitometry
BP49ZZ1	ICD-10-PCS	Ultrasonography of left shoulder, densitometry
BP4GZZ1	ICD-10-PCS	Ultrasonography of right elbow, densitometry
BP4HZZ1	ICD-10-PCS	Ultrasonography of left elbow, densitometry
BP4LZZ1	ICD-10-PCS	Ultrasonography of right wrist, densitometry
BP4MZZ1	ICD-10-PCS	Ultrasonography of left wrist, densitometry
BP4NZZ1	ICD-10-PCS	Ultrasonography of right hand, densitometry
BP4PZZ1	ICD-10-PCS	Ultrasonography of left hand, densitometry
BQ00ZZ1	ICD-10-PCS	Plain radiography of right hip, densitometry
BQ01ZZ1	ICD-10-PCS	Plain radiography of left hip, densitometry
BQ03ZZ1	ICD-10-PCS	Plain radiography of right femur, densitometry
BQ04ZZ1	ICD-10-PCS	Plain radiography of left femur, densitometry
BR00ZZ1	ICD-10-PCS	Plain radiography of cervical spine, densitometry
BR07ZZ1	ICD-10-PCS	Plain radiography of thoracic spine, densitometry
BR09ZZ1	ICD-10-PCS	Plain radiography of lumbar spine, densitometry
BR0GZZ1	ICD-10-PCS	Plain radiography of whole spine, densitometry
<p>Please note: Listed here are obsolete codes that are in the HEDIS value set but are no longer recognized by organizations such as the American Medical Association (AMA). If received on claims/encounter submission, they will be denied for payment processing. CPT: 77082 and ICD-9 Procedure: 88.98</p>		

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