

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

## Why It Matters



**Osteoporosis is a bone disease characterized by low bone mass, which leads to bone fragility, increasing susceptibility to fractures.** Osteoporosis fractures have a negative impact on quality of life as a result of chronic pain and decreased mobility. Appropriate screening and treatment can reduce osteoporosis-related fractures.



## Measure description

The percentage of women age 67 to 85 years 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.



**TIMELINE:** Fracture diagnosis is between **July 1 of the prior year through June 30** of the current calendar year.



## Key tips

- ✓ Central Dual-energy X-ray absorptiometry (DEXA) assessment is the “gold standard” for serial assessment of BMD.
- ✓ Educate patients about Osteoporosis screening with a non-invasive BMD.
- ✓ Encourage patients to notify you if they have a fracture to allow for timely intervention.
- ✓ Collaborate with inpatient settings to complete the BMD if fracture results in an inpatient stay.

*(continued)*

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## What do you need to do?

- ✓ Order osteoporosis screening bone mineral density test.
- ✓ Follow-up with patients to ensure they have completed a post fracture BMD.
- ✓ Review the BMD results and develop treatment plan as applicable (medication, vitamins, referral to specialist, etc.).
- ✓ Review patient's risk factors and encourage appropriate calcium and vitamin D intake, exercise, fall prevention, and other lifestyle measures.

The suggested codes for these services include:

Description	CPT codes	Medications
<b>Bone Mineral Density Tests</b>	76977, 77080, 77081, 77085, 77086	Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic acid, Abaloparatide, Denosumab, Raloxifene, Romosozumab, Teriparatide.



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