



## Osteoporosis Management in Women Who Had a Fracture *Tip Sheet*

Health Net Health Plan of Oregon, Inc. (Health Net) wants to help you improve your quality scores on Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) measures. To assist your practice in increasing your HEDIS rates, we have created this Osteoporosis Management in Women Who Had a Fracture (OMW) *Tip Sheet* outlining key aspects of the OMW HEDIS measure, codes associated with this measure and guidance for proper documentation for compliance.

### What is HEDIS?

HEDIS, developed and maintained by the National Committee for Quality Assurance (NCQA), is a set of standardized performance measures that evaluates plan performance on important dimensions of care and service. NCQA develops HEDIS measures through a committee represented by purchasers, consumers, health plans, health care providers, and policymakers. HEDIS allows for standardized measurement, standardized reporting and accurate, objective side-by-side comparisons of quality across health plans and against benchmarks.

### Osteoporosis in Women Facts

Often called a silent disease, osteoporosis reduces bone mass through structural deterioration, resulting in compromised bone strength. Low bone mass has been shown to be a strong predictor of future fracture risk. Osteoporosis is more common in women than men. Estrogen plays a vital role in helping prevent bone loss, and women are at the highest risk for osteoporosis after menopause when estrogen levels are significantly lower. One in two women will have an osteoporosis-related fracture in their lifetime.<sup>1</sup> The burden of this disease is substantial due to osteoporosis-related fractures which are associated with significant cost, poor quality of life, and increased morbidity and mortality. The U.S. Preventive Services Task Force (USPSTF), along with the National Osteoporosis Foundation, recommends screening for osteoporosis in women ages 65 and older.<sup>2,3</sup>

### HEDIS Specifications

**Line of Business: Medicare**

**Description:** The percentage of women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or a prescription for a drug to treat osteoporosis in the six months after the fracture.

Appropriate testing or treatment for osteoporosis after the fracture defined by any one of the following criteria:

- A dispensed prescription to treat osteoporosis on the date of the fracture or within the 180-day (6-month) period after the fracture.
- A BMD test in the six months after the fracture.

#### Exclusions

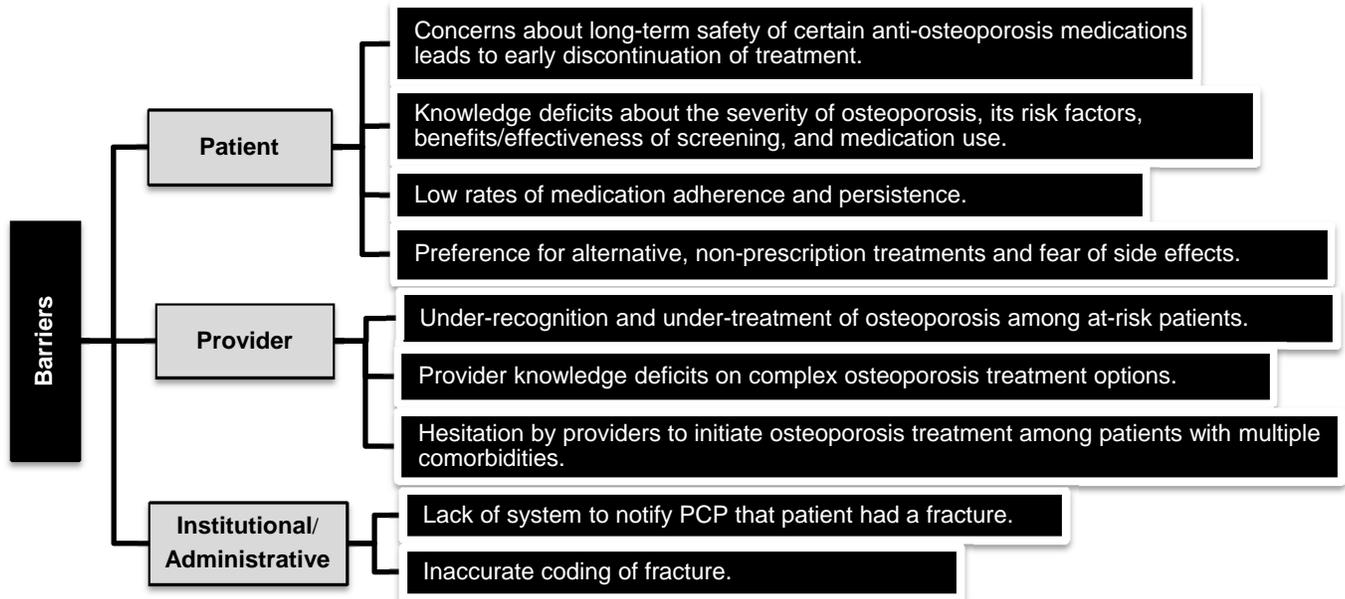
- Patients who had a BMD test within 24 months preceding the fracture.
- Patients with a fracture of a finger, toe, face, or skull.
- Patients who received a dispensed prescription or had an active prescription to treat osteoporosis in the 12 months preceding the fracture.
- Patients who had a fracture within 60 days preceding the fracture.
- Patients ages 65 and older who are enrolled in an Institutional Special Needs Plan (I-SNP) or living long-term in an institution any time during the measurement year.

### Coding Recommendations

Osteoporosis Testing and Treatment	CPT	HCPCS	ICD-10-PCS/CM
<b>Bone mineral density test</b>	76977, 77078, 77080, 77081, 77082, 77085, 77086	G0130	BP48ZZ1, BP49ZZ1, BQ00ZZ1, BR0GZZ1, BP4GZZ1, BP4HZZ1, BQ01ZZ1, BP4LZZ1, BP4MZZ1, BQ03ZZ1, BP4NZZ1, BP4PZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1
<b>Osteoporosis therapy</b>		J0630, J0897, J1740, J3110, J3487, J3488, J3489, Q2051	

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Medications for Osteoporosis				
Medication Class	Medication			
Biphosphonates	alendronate	ibandronate		zoledronic acid
	alendronate-cholecalciferol	risedronate		
Other agents	calcitonin	denosumab	rалoxifene	teriparatide



## Recommendations to Improve Performance

- Refer patients to case management as indicated for resources and assistance post-fracture.
- Evaluate women ages 67 to 85 annually for risk factors that would increase the risk of osteoporosis, such as medication use.
- Ask all female patients ages 67 to 85 whether they had a fracture since their last appointment.
- Develop a standing order for a BMD test to be completed within six months for women who sustained a fracture.
- Ensure proper documentation of the fracture in the medical record utilizing complete and accurate diagnosis codes.
  - Review care gaps to ensure patients are not misdiagnosed.
  - If the wrong code has been submitted, work with your Health Net encounter representative to correct all encounters with the incorrect diagnosis. Submit your encounters to the provider organization in a timely manner.
- Ensure women ages 67 to 85 are being treated in a timely manner for osteoporosis.
- If data is captured in a Pay for Performance (P4P) program database/registry, provide the data to Health Net's HEDIS Department. Contact your HEDIS program manager to submit data.
- Set up a process to identify patients with fractures and notify the primary care physician (PCP).
- Assess patient beliefs/attitudes about screenings, and address disparities associated with language and cultural differences.
- Engage patients with multimedia decision aids that enhance osteoporosis screening knowledge, self-efficacy and intent. Leverage culturally appropriate resources made available by the National Osteoporosis Foundation and the Centers for Disease Control and Prevention (CDC) as decision aids and cues to action.
- Educate patients that osteoporosis screening is a covered preventive service as a result of the Affordable Care Act.
- Provide patients with a clinical evaluation of calcium and vitamin D supplementation, particularly in the elderly population.

<sup>1</sup>Office of the Surgeon General (US) (2004) Bone health and osteoporosis: A Report of the Surgeon General. Office of the Surgeon General (US), Rockville (MD). Available from: [www.ncbi.nlm.nih.gov/books/NBK45513/](http://www.ncbi.nlm.nih.gov/books/NBK45513/).

<sup>2</sup>U.S. Preventive Services Task Force. Screening for osteoporosis: U.S. Preventive Services Task Force recommendation statement *Ann Intern Med*. 2011; Jan 18 [Epub ahead of print]. Reprints are available from the USPSTF website: [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org).

<sup>3</sup>Cosman, F., de Beur, S. J., LeBoff, M. S., Lewiecki, E. M., Tanner, B., Randall, S., & Lindsay, R. (2014). Clinician's Guide to Prevention and Treatment of Osteoporosis. *Osteoporosis International*, 25(10), 2359–2381.