



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

## Learn how to improve your HEDIS<sup>1</sup> rates for osteoporosis management.

Use this tip sheet to review key details of the OMW measure, best practices and resources.

### Measure

- Women ages 67–85 who suffered a fracture and had either a bone mineral density (BMD) test or prescription for a medication to treat osteoporosis in the 6 months after the fracture.
- Fracture diagnosis between July 1 of the prior year through June 30 of the current calendar year.
- Appropriate testing or treatment for osteoporosis after the fracture defined by any of the following criteria:
  - A BMD test within 6 months/180 days of the fracture, or
  - Osteoporosis therapy or a dispensed prescription to treat osteoporosis filled within 6 months/180 days of the fracture.



Often called a silent disease, osteoporosis reduces bone mass through structural deterioration, resulting in compromised bone strength. Osteoporosis is more common in women than in men. One in two women will have an osteoporosis-related fracture in their lifetime.<sup>2</sup>

### Exclusions

Patients who meet the following criteria:

- Have a fracture of a finger, toe, face or skull.
- From July 1 of the prior year through the end of the measurement year:
  - Enrolled in an Institutional Special Needs Plan (I-SNP) or living long-term in an institution.
  - Have advanced illness and frailty.
  - Received or had an encounter for palliative care.
  - Members ages 67-80 as of December 31 of the measurement year with frailty and advanced illness must have:
    - Two indications of frailty and either of the following during the measurement year or the year prior to the measurement year.
    - Advanced illness on at least two different dates of services, or
    - Dispensed dementia medication.
- Members ages 81 and older with at least two indications of frailty.
- Use hospice services or elect to use a hospice benefit any time during the measurement year.
- Had BMD test within 24 months preceding the fracture.
- Received osteoporosis therapy within the 12 months preceding the fracture.
- Received a dispensed prescription or had an active prescription to treat osteoporosis within the 12 months preceding the first fracture.
- Had another fracture within 60 days preceding the fracture.
- Died any time during the measurement year.

<sup>1</sup>HEDIS: Healthcare Effectiveness Data and Information Set

<sup>2</sup>National Osteoporosis Foundation at [www.nof.org/patients/what-is-osteoporosis](http://www.nof.org/patients/what-is-osteoporosis): What is Osteoporosis and What Causes It.

## Best practices

- Ask patients whether they have had falls or fractures since the last appointment. Address disparities in osteoporosis screening and management in diverse patient populations.
- Following a fragility fracture, such as a fall from standing height or less, it is crucial to initiate osteoporosis treatment as soon as possible to reduce the risk of future fractures.
- Evaluate women for risk factors that would increase the risk of osteoporosis. Some risk factors include low body weight, excessive alcohol intake, current tobacco use, history of fractures and use of certain medications.
- Refer patients to case management for resources and help post-fracture.
- Set up a BMD screening process to identify patients with fractures:
  - Provide a BMD prescription and urge patients to complete the screening soon.
  - Make sure the screening site notifies you with results in a timely manner.
- Follow up with patient to ensure the BMD was completed and discuss results at patient's next visit.
- Prescribe medication to treat osteoporosis. Patients can use their pharmacy benefit to fill prescriptions.
- Discuss osteoporosis prevention with your patients, such as taking calcium and vitamin D supplements, and taking part in weight-bearing exercises.
- Promote evidence-based interventions, such as Fracture Liaison Services, coordinator-based, secondary fracture prevention services for the systemic identification and treatment of osteoporotic patients.

## Use the appropriate service codes when billing.

### Codes

Description	Code
<b>Bone mineral density test</b>	<b>CPT codes</b> 76977, 77078, 77080, 77081, 77085, 77086
	<b>ICD-10-PCS</b> BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BROGZZ1
<b>Osteoporosis therapy</b>	<b>HCPCS</b> J0897, J1740, J3110, J3111, J3489, Q5136

## Prescribe the appropriate medications for OMW.

### Medications

Description	Medication <sup>3</sup>
<b>Bisphosphonates</b>	<ul style="list-style-type: none"> <li>• Alendronate</li> <li>• Alendronate-cholecalciferol</li> <li>• Ibandronate</li> <li>• Risedronate</li> <li>• Zoledronic acid</li> </ul>
<b>Other agents</b>	<ul style="list-style-type: none"> <li>• Abaloparatide</li> <li>• Denosumab</li> <li>• Raloxifene</li> <li>• Romosozumab</li> <li>• Teriparatide</li> </ul>

<sup>3</sup>Not all medications listed are on the 2026 Health Net Drug Formulary. Refer to [wellcare.healthnetcalifornia.com/drug-pharmacy/formulary.html](http://wellcare.healthnetcalifornia.com/drug-pharmacy/formulary.html).  
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#### Resources

- Final Recommendation Statement, Osteoporosis to Prevent Fractures: Screening. US Preventive Services Task Force at [www.uspreventiveservicestaskforce.org/uspstf/recommendation/osteoporosis-screening](http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/osteoporosis-screening).
- National Committee for Quality Assurance (NCQA), HEDIS Measurement Year 2026, Volume 2: Technical Specifications for Health Plans, 2025.

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