Osteoporosis Management in Women Who Had a Fracture (OMW)

Approximately 50% of women over the age of 50 will experience an osteoporotic fracture during their lifetime.[1,2] The Bone Health & Osteoporosis Foundation (BHOF) recommends pharmacologic treatment for postmenopausal women and men 50 years and older with a bone mineral density (BMD) T-score less than or equal to -2.5, a moderate T-score (-1.0 to -2.5) with elevated FRAX risk, or prior hip or vertebral fracture regardless of BMD. The BHOF also suggests performing BMD testing one to two years after initiating or changing therapy and reassessing fracture risk after three to five years of bisphosphonate therapy to determine whether a drug holiday is appropriate.[2]

The OMW Healthcare Effectiveness Data and Information Set (HEDIS) and Medicare Star measures evaluate the percentage of women 67 to 85 years of age enrolled in a Medicare plan who received appropriate osteoporosis management within six months after a fracture. Appropriate testing or treatment is defined by one of the following:[3,4]

- BMD test (dual-energy x-ray absorptiometry [DXA]) in any setting
- Long-acting osteoporosis therapy during an inpatient stay
- A dispensed prescription for any osteoporosis treatment option

Patients are excluded from the measure if they are 67 to 80 years of age with frailty and advanced illness, age 81 or older with frailty, or receiving hospice or palliative care. Fractures of the finger, toe, face and skull are not included.

How can I help improve performance?

- Submit applicable codes to identify BMD testing and osteoporosis therapy in a timely manner.

Description	Code Examples
Bone mineral density tests	CPT: 76977, 77080, 77081, 77085, 77086
Long-acting osteoporosis medications	HCPCS: J0897, J1740, J3110, J3111, J3489, Q5136

- Consider the following formulary treatments for your patients with a history of osteoporotic fracture.

Drug Category	Generic Medication (Brand Name) and Strength	OneCare Formulary Status
Bisphosphonates and derivatives (first line)	alendronate (Fosamax) 10 mg, 35 mg, 70 mg, 70 mg/75 mL	Formulary
	ibandronate (Boniva) 150 mg	Formulary
	risedronate (Actonel) 35 mg, 150 mg	Formulary
RANK-ligand inhibitor	denosumab (Prolia) 60 mg/mL	PA required*^
Parathyroid hormone analogs	teriparatide (Forteo, Bonsity) 560 mcg/2.24 mL	PA required†
	abaloparatide (Tymlos) 80 mcg	PA required*
Selective estrogen receptor modulator	raloxifene (Evista) 60 mg	Formulary

*PA required for brand. ^Prolia biosimilars are nonformulary. †PA required for generic teriparatide and Bonsity. Forteo is nonformulary.

References

1. Bone Health & Osteoporosis Foundation. Bone Basics: Osteoporosis Medicines. www.bonehealthandosteoporosis.org/wp-content/uploads/Bone-Basics_Osteoporosis-Medicines_update.pdf
2. LeBoff, M., Greenspan, S., Insogna, K. et al. The clinician's guide to prevention and treatment of osteoporosis. National Osteoporosis Int 33, 2049–2102 (2022). https://doi.org/10.1007/s00198-021-05900-y
3. National Committee for Quality Assurance. HEDIS MY 2026. Volume 2. Technical Specifications for Health Plans.
4. Medicare 2026 Part C & D Star Ratings Technical Notes. Centers for Medicare & Medicaid Services. Updated September 25, 2025.