Definition

Percentage of women ages 67–85 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 (not including pathological fractures or fractures to the finger, toe, face, or skull).

Plans Affected

• Medicare Advantage.

Quality Programs Affected

• CMS Star Ratings.

Collection and Reporting Method

• Administrative claim/encounter data and pharmacy data.

This is a quick reference tool to help you with coding and documentation of Medicare Star Rating measures that close care gaps.

Codes

<table>
<thead>
<tr>
<th>Bone mineral density tests</th>
<th>CPT/CPT II</th>
<th>HCPCS</th>
<th>ICD-10 Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>76977, 77078, 77080-77082, 77085, 77086</td>
<td>G0130</td>
<td>BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1</td>
</tr>
</tbody>
</table>

Osteoporosis medications

| HCPCS | J0630, J0897, J1740, J3110, J3487, J3488, J3489, Q2051 |

Medications

<table>
<thead>
<tr>
<th>Drug category</th>
<th>Medications</th>
</tr>
</thead>
</table>
| Biphosphonates| • Alendronate
                • Alendronatecholecalciferol
                • Ibandronate
| Other agents  | • Calcitonin
                • Denosumab
                • Raloxifene
                • Teriparatide |

Exclusion(s)

<table>
<thead>
<tr>
<th>Standard exclusions</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients who had a BMD test.</td>
<td>• 24 months prior to the fracture.</td>
</tr>
<tr>
<td>Patients who had osteoporosis therapy.</td>
<td>• 12 months prior to the fracture.</td>
</tr>
<tr>
<td>Patients who were dispensed a medication or had an active prescription for medication to treat osteoporosis.</td>
<td>• 12 months prior to the fracture.</td>
</tr>
<tr>
<td>Patients in hospice.</td>
<td>• Anytime during the measurement year.</td>
</tr>
<tr>
<td>Patients living in long-term care institutions.</td>
<td>• Anytime during the measurement year.</td>
</tr>
</tbody>
</table>

HMSA will make the final decision about reimbursement when we receive a claim. Submitting a claim with a code from this document doesn’t guarantee payment. Payment of covered services depends on a patient’s plan benefits, your eligibility for payment, claim processing requirements, and your contract with HMSA.
Medical Record Documentation

| Test, service, or procedure to close the care gap |  |
|-------------------------------------------------|-------------------------------------------------
| BMD test.                                       | • BMD test must take place within six months of the fracture.  
• If the fracture resulted in an inpatient stay, a BMD test administered during the stay will close the care gap. |
| Osteoporosis therapies identified through pharmacy data. | • Osteoporosis medication must be dispensed within six months of the fracture.  
• Documentation that the medications aren’t tolerated isn’t an exclusion for this measure.  
• If the fracture resulted in an inpatient stay, long-acting osteoporosis therapy administered during the stay will close the care gap. |

Medical record detail, any of the following:  
• Medication list.  
• Progress notes.  
• BMD test results.

Tips and Best Practices to Help Close the Care Gap

• **The post-fracture treatment period to close this care opportunity is only six months.** Please see patients for an office visit as soon as possible after an event.
• Osteoporosis medication must be filled using a patient’s Part D benefit.
• To help prevent women from being included in this measure incorrectly, please check that fracture codes are used appropriately. Code initial for a new fracture, use healing status ICD-10 codes for older fractures.
• A referral for a BMD alone won’t close this care opportunity. The service must be performed.

For information about Medicare Star Ratings measures, please visit the Provider Resource Center at hmsa.com/portal/provider/zav_pel.aa.MED.100.htm.

Information in this guide is based on National Committee for Quality Assurance (NCQA) HEDIS technical specifications. For details, visit ncqa.org.

If you have any questions, call HMSA Provider Services at 948-6820 on Oahu or 1 (877) 304-4672 toll-free on the Neighbor Islands.