

Osteoporosis Management in Women Who Had a Fracture

Category: Other Program: Adult Stars Measure ×

Measure Requirements

Women who had a diagnosis of a fracture on or between July 1 of the year prior to the measurement year (2023) and June 30 of the measurement year (2024) and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after the fracture.

Member Requirements

Members who were with a practice for 11 consecutive months within the measurement year (2024) and who were 67 through 85 as of December 31 of the measurement year (2024) who had a diagnosis of fracture (excluding pathological fractures or fractures of the fingers, toes, face, or skull) on or between July 1 of the year prior to the measurement year (2023) and June 30 of the measurement year (2024), who had no prior diagnosis of fracture in the two months prior to the fracture date, who did not have a BMD test in the 24 months prior to the date of the fracture, and who did not receive any osteoporosis treatment during the 12 months prior to the date of the fracture.



| Band 1 | 72% – 100% | |
|--------|--------------|----------------------------------|
| Band 2 | 63% – 71.99% | See payment details in section 5 |
| Band 3 | 60% – 62.99% | of guide. |
| Band 4 | 55% – 59.99% | |
| Band 5 | <55% | |

*These targets include the performance of more than one measure. This represents the combined performance for all the measures in this category.

Options to close Care Gaps

• **Option 1:** Claim/encounter submission with appropriate coding for an applicable screening or pharmaceutical dispense (e.g., Coding of a dexa-scan during measurement year 2024 from a radiology specialty).

| Osteoporosis management codes | | | | | | | |
|-------------------------------|-------|-------|-------|-------|-------|-------|-------|
| CPT [®] codes | 76977 | 77078 | 77080 | 77081 | 77082 | 77085 | 77086 |
| HCPCS codes | J0897 | J1740 | J3110 | J3111 | J3489 | | |

Osteoporosis medications

| Description | Prescription | | |
|----------------|---|--------------------------------|--|
| Biphosphonates | Alendronate Alendronate-cholecalciferol Ibandronate | Risedronate Zoledronic acid | |
| Other agents | Abaloparatide Denosumab Raloxifene | Romosozumab Teriparatide | |

• **Option 2:** PEAR CV form submission.

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