

# Osteoporosis Management in Women and Preventing Fractures



Osteoporosis is commonly underdiagnosed and undertreated. Osteoporosis may present minor symptoms, or even be asymptomatic in the early stages. Many people are unaware they have this condition, which may become serious. A fracture may be an indicator of osteoporosis. Screening and subsequent medication treatment for osteoporosis can significantly improve health and prevent fractures.

## When should I provide bone mineral density testing?

The United States Preventive Services Task Force (USPSTF) recommends all women ages 65 and older routinely have a bone mineral density (BMD) test to screen for osteoporosis. A BMD test is also recommended when men and women ages 50 and older break a bone.

BMD tests are the most effective method for determining bone health, identifying osteoporosis, determining risk for fractures, and assessing response to osteoporosis treatment.

## Does Meridian cover a BMD test?

Meridian covers BMD testing. To find a hospital or radiology center, check the Provider Directory at [www.mymeridiancare.com](http://www.mymeridiancare.com).

Codes to bill for BMD testing♦:

CPT	HCPCS	ICD-10-CM Procedure
76977, 77078, 77080-77082, 77085, 77086	G0130	BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1

Recommended pharmacologic options for osteoporosis treatment include:

FDA-Approved Osteoporosis Therapies*		
Bisphosphonates	Abaloparatide Alendronate-cholecalciferol bandronate	Risedronate Zoledronic acid
Other agents	Albandronate Calcitonin Denosumab	Raloxifene Teriparatide

\*Not all drugs may be covered. For a list of covered drugs, refer to the Meridian Drug Formulary at [www.mymeridiancare.com](http://www.mymeridiancare.com)

## Contact Information:

For questions regarding the Meridian Medicare Drug Formulary, please call MeridianRx at **855-323-4580**.



For further questions, please call the Meridian Quality Improvement department at **888-437-0606**



Remember to visit the Provider Portal to enter relevant HEDIS® information [hprovider.atlascomplete.com](http://hprovider.atlascomplete.com)



Bone mineral density test results may be faxed to **313-309-8589**

♦Codes listed are specific to subject matter of this flyer. While Meridian encourages you to use these codes in association with the subject matter of this flyer, Meridian recognizes that the circumstances around the services provided may not always directly support/match the codes. It is crucial that the medical record documentation describes the services rendered in order to support the medical necessity and use of these codes.



**The following guideline recommends assessment and management of patients to reduce fracture risk due to osteoporosis.**

Eligible Population	Key Components Assessment	Recommendation and Level of Evidence	Frequency
Patients at potential risk for osteoporosis	<p>Assess risk factors to perform FRAX [C]:</p> <ul style="list-style-type: none"> <li>Age</li> <li>Sex</li> <li>Weight (kg)</li> <li>Height (cm)</li> <li>Previous fracture</li> <li>Parent fractured hip</li> <li>Current smoking</li> <li>Glucocorticoids</li> <li>Rheumatoid arthritis</li> </ul> <p>Secondary osteoporosis [type 1 diabetes, osteogenesis imperfecta in adults, untreated long-standing hyperthyroidism, hypogonadism or premature menopause (&lt;45 years), chronic malnutrition, or malabsorption, and chronic liver disease)</p> <p>Alcohol 3 or more units per day (see FRAX)</p> <p>Femoral neck BMD (g/cm<sup>2</sup>)</p>	<p>Vitamin D deficiency or low dietary calcium intake</p> <p>Inadequate physical activity</p> <p>Loss of height (1.5 inches)</p> <p>Family history of osteoporosis</p> <p>Depo-Provera use</p> <p>Aromatase inhibitor therapy</p> <p>Androgen inhibitor therapy</p> <p>Lupron therapy</p> <p>Calculate <b>FRAX</b> to assess future fracture risk and to identify patients for BMD testing. Record result.</p> <p>Perform bone mineral density (BMD) testing using DXA for:</p> <ul style="list-style-type: none"> <li>White women ≥ 65 years regardless of risk factors</li> <li>Men/women with fracture risk (10-year probability of fracture using FRAX ≥ 9.3%)</li> <li>On corticosteroids</li> <li>Transplant</li> </ul> <p>CT scan for screening is not recommended.</p>	<p>Adult height assessments at periodic well exams</p>
Patients requiring therapy to reduce high risk of non-traumatic fractures	<p>Core Principles of Treatment and Prevention</p> <p>Patient Selection for Pharmacological Management Based on Risk</p>	<p>Dietary calcium 1200 mg/d and 800 - 1000 IU/d vitamin D<sub>3</sub> [B]</p> <p>Weight-bearing exercise [A]</p> <p>Address modifiable risk factors above</p> <p>Treat patients on corticosteroid therapy with a T-score ≤ -1.0. [A]</p> <p>Treat patients with a history of an osteoporotic fracture or fracture of the hip or spine. [A]</p> <p>Treat patients without a history of fractures but with a T-score of -2.5 or lower. [A]</p> <p>Treat patients with a T-score between -1.0 and -2.5 if FRAX major osteoporotic fracture probability is ≥ 20% or hip fracture probability is ≥ 3%. [D]</p> <p>Consider oral bisphosphonate therapy<sup>1</sup>. A drug holiday may be considered after 3-5 years<sup>2</sup> in low-risk (6-10 years in high-risk). If not tolerated or ineffective, consider other agents.</p> <p>Consider referral to endocrine or bone and mineral metabolism specialist if patient does not tolerate treatment or shows progression or recurrent fracture after 2 years on treatment.</p>	<p>There is insufficient evidence on the optimal screening interval in a woman with previous normal BMD</p>
Patients with fracture	<p>Pharmacological Management</p> <p>Diagnosis and Treatment</p>	<p>Calculate <b>FRAX</b> to predict probability of a major osteoporotic fracture:</p> <ul style="list-style-type: none"> <li>If &gt;20% probability, prescribe a drug to treat osteoporosis (e.g. bisphosphonate)</li> <li>If &lt;20% probability, obtain a BMD if not done in the past year. Re-calculate FRAX with BMD result, and treat as above.</li> </ul> <p>Fall prevention</p> <p>Optimize calcium (1600 mg/d) and vitamin D<sub>3</sub> [cholecalciferol (1000 IU/d)] intake</p>	

<sup>1</sup>Use caution in patients with active upper GI disorders. Take medication on an empty stomach with water, remain upright, no food or beverage for 30 minutes, (60 minutes for ibandronate).

<sup>2</sup>J of Bone Metabolism Nov 2015. Drug Holidays and Principles of Monitoring

**Levels of Evidence for the most significant recommendations:** A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel. This guideline represents core management steps. It is based on Qaseem A, Forciea MA, McLean RM, Denberg TD, for the Clinical Guidelines Committee of the American College of Physicians. Treatment of Low Bone Density or Osteoporosis to Prevent Fractures in Men and Women: A Clinical Practice Guideline Update From the American College of Physicians. Ann Intern Med. 2017;166:818-839. doi: 10.7326/M15-1361; The Guide to Clinical Preventive Services 2014, Recommendations of the U.S. Preventive Services Task Force (www.preventiveservices.hhs.gov). Individual patient considerations and advances in medical science may supersede or modify these recommendations.