

Use of Imaging Studies for Low Back Pain (LBP)

By working together, we can improve health outcomes for your patients, our members. The Healthcare Effectiveness Data and Information Set (HEDIS[®]) helps us measure many aspects of performance. This tip sheet provides key details of the HEDIS measure for use of imaging studies for low back pain.

What is the measure?

The measure assesses members between the ages of 18 and 75 who have a primary diagnosis **(first diagnosis on a claim)** of *uncomplicated low back pain* in any of the settings listed below **and** who did **not** have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis:

- Office visits, outpatient evaluations, telemedicine/telehealth visits, emergency department visits, observation level of care, telephone visits, e-visits, or virtual check-in visits
- Physical therapy and/or osteopathic and/or chiropractic manipulative treatment

We recognize that providers know even the simplest complaints of low back pain are never just “simple visits for low back pain.” Realizing each patient is unique and imaging may be required, the National Committee for Quality Assurance (NCQA) has added a vast number of medical conditions where imaging could be medically necessary.

Adding the exclusion diagnosis codes to the claim excludes your patient with low back from the HEDIS metric and does **not** negatively impact your performance for NCQA.

How to Improve Your Score

- If not medically required, avoid ordering imaging studies (X-rays, CT, MRI) within 28 days of the diagnosis of uncomplicated low back pain.
- **Use appropriate exclusion codes where necessary. For example:**
 - **G89.11** – Document this code on the claim when members have history of acute trauma or injury within the last 90 days.
 - **R26.2** – Document this code on the claim when a member complains of difficulty with walking due to low back pain.
 - **Z86.03** – Document this code on the claim when a member has a personal history of cancer, or uncertain behavior if you have concerns for metastasis or complications due to that history.
- Timely submission of claims and encounter data

Recommended Routine Treatment

- Diagnostic imaging should be ordered when necessary due to high occurrence of incidental findings on imaging in asymptomatic patients.
- Physical therapy, including massage, stretching, strengthening exercises and manipulation

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Recommended Routine Treatment

- First-line drug therapy with acetaminophen, a cyclo-oxygenase-2 inhibitors, or nonsteroidal anti-inflammatory drugs, when medically appropriate
- Steroidal drugs for inflammation reduction when medically appropriate
- Short-term use of muscle relaxants may be considered if medically necessary. Patients should stay as active as possible.
- Comorbid conditions such as sleep disorders, anxiety, or depression should be treated, and psychosocial issues should be addressed. Consider a referral to a behavioral health specialist or therapist when medically beneficial.
- Adjuvant therapy with antidepressant and anticonvulsant should be considered when medically beneficial.

Not only does the diagnosis of low-back pain trigger into the measure but so do other diagnoses with the low back such as radiculopathy, spinal stenosis, spondylosis, and sciatica, among others.

Exclusions (including but not limited to)

Descriptions

| | |
|---|--|
| Acute pain due to trauma | ICD-10 G89.11 |
| Trauma/fractures (trauma /fractures within 90 days) | ICD-10 "S" codes |
| Cancer (active) | ICD-10 "C" codes |
| Cancer (personal history) | ICD-10 "Z" codes |
| History of Neoplasm | ICD-10 Z85.3, Z85.40, Z85.45, Z85.850, Z85.9, Z86.03, |
| HIV | ICD-10 B20; Z21; 042; V08 |
| IV drug abuse | ICD-10 "F" codes apply |
| Kidney transplant | ICD-10 0TY00Z0-0TY00Z2; 0TY10Z0-0TY10Z2 |
| Major organ transplant, other than kidney | Heart, small intestine, large intestine, liver, pancreas islets, hand, other than kidney uterus, ovaries, face, thymus, spleen, lungs, esophagus, stomach |
| Neurologic impairment | ICD-10 G83.4, K59.2, M48.062, R26.2, R29.2 |
| Spinal infection, osteomyelitis and discitis | ICD-10 A17.81, G06.1, M46.25-M46.28, M46.35-M46.38, M46.46-M46.48 |
| Prolonged use of corticosteroids (90 consecutive days of treatment) | Hydrocortisone, Cortisone, Prednisone, Prednisolone, Methylprednisolone, Triamcinolone, Dexamethasone, Betamethasone |
| Osteoporosis (anytime during member's history) | Medication: Denosumab (J0897), Ibandronate Sodium (J170), Teriparatide (J3110), Romosozumab (J3111), Zoledronic acid (J3489), Alendronate, Alendronate-Cholecalciferol, Risedronate, Abaloparatide, Raloxifene |

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Exclusions Continued (including but not limited to)

| | |
|---|--|
| Lumbar surgery (anytime during member's history) | S2348, S2350, repair, release, destruction, division, drainage, reposition, excision, extirpation of matter-lumbar spinal cord and lumbar vertebra. Lumbar fusion and insertion of internal and external fixation devices. |
| Spondylopathy (anytime during member's history) | M45.0, M45.3-M45.9, M48.10, M48.13-M48.19, 720.0, 721.6 |
| Fragility fractures (within 90 days) | Fatigue fractures of vertebra, age-related osteoporosis, stress fractures-hip, periprosthetic fracture around internal prosthetic-hip joint, osteoporosis with pathological fracture of vertebra |
| Hospice care (in hospice or using Hospice services) | HCPCS: G0182, G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, CPT: 99377, 99378 |
| Palliative care (during measurement year) | HCPCS: G9054, M1017, ICD-10: Z51.5 |

Member who died during the measurement year

Members age 66 and older as of December 31 of the measurement year, with frailty and advanced illness; members must meet **both** frailty and advanced illness criteria to be excluded

Uncomplicated Low Back Pain Diagnosis Codes (including but not limited to)

Below are some common ICD-10 diagnosis codes, when used as the first diagnosis on a claim, triggers the LBP HEDIS care gap.

M54.40 – M54.42, M54.31 – M54.32, M54.9, M54.5, M47.26 – M47.28, M47.816 – M47.818, M48.061, M48.07-M48.08, M51.26 – M51.27, M54.30 – M54.32, M51.16 – M51.17, M51.26 – M51.27, M51.36 – M51.37, M51.86 – M51.87, M99.53, S33.100A, S33.100D, S33.100S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.82XA, S39.82XD, S39.82XS

Resources

Delitto, A, George S. Z., Van Dillen, L., Whitman, J. M., Sowa G., Shekelle, P., Denninger, T. R., and Godges, J. J. (n.d.). Low Back Pain. *Journal of Orthopedics & Sports Physical Therapy* 2012 42:4, A1-A57.

Sparks, Dana (2019). Home Remedies: Treatments and therapies for back pain. Retrieved August 15, 2019, from [newsnetwork.mayoclinic.org/discussion/home-remedies-treatments-and-therapies-for-back-pain/](https://www.newsnetwork.mayoclinic.org/discussion/home-remedies-treatments-and-therapies-for-back-pain/).

Berry, Jennifer (2018). Home remedies for fast back pain relief. Retrieved August 16, 2019, from [medicalnewstoday.com/articles/322582.php](https://www.medicalnewstoday.com/articles/322582.php).

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