

MEDICAL MANAGEMENT

HEDIS Spotlight: Imaging for Low Back Pain

As you are aware, back pain represents a major disease burden with estimates that 80% of adults experience low back pain at some point in their lives¹. In fact, low back pain is one of the most common reasons for an outpatient visit². According to the American Chiropractic Association, half of all working Americans experience back pain each year. This results in approximately 15 million office visits per year with costs exceeding 90 billion dollars annually. As a result, employers, government agencies and healthcare providers have an intense interest in appropriate management of care for low back pain. Therefore, Louisiana Blue is asking to partner with providers to improve performance for patients with complaints of uncomplicated low back pain.

According to published literature, most patients seeking care for low back pain have a nonspecific mechanical etiology for their pain without a triggering event and will improve with conservative therapy. Additionally, studies and consensus guidelines from multiple professional organizations agree that routine imaging for nonspecific low back pain results in a low diagnostic yield and no significant improvement. In fact, there are concerns about associated costs, risks of radiation exposure to reproductive organs, and iatrogenic harm resulting from incidental radiologic findings. However, routine spinal imaging remains a steadfast practice among many providers despite the clinical evidence.

The HEDIS performance measure for uncomplicated low back pain assesses the degree to which physicians and health plans comply with the care guidelines. Use of Imaging Studies for Low Back Pain (LBP) is one of the performance measures used to assess a standard of care for adults aged 18 to 75 presenting with uncomplicated low back pain of less than 28 days' duration.

Unfortunately, performance in the LBP measure remains low in Louisiana.

What Can You Do as a Provider?

- Ensure proper coding. If a patient presents with complaints of uncomplicated back pain that has lasted more than 28 days the recommendation is to code it as chronic pain instead of acute pain.
- Include exclusionary codes in cases where patients qualify for use of the codes in acute care situations

The attached information provides some example medical conditions that qualify for exclusionary codes that may be included on claims in the event that a patient does warrant imaging prior to 28 days of conservative treatment.

As this is a subset of exclusionary diagnosis conditions, if you have a question about a specific code or condition please email FEPQI@lablue.com.

Use of Imaging Studies for Low Back Pain Measure (LBP)

The percentage of members 18–75 years of age with a principal diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

To improve your score:

Accurate coding for diagnoses in which imaging is clinically appropriate to assist in exclusion of members from the HEDIS sample:

- Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: a clinical practice guideline from the American College of Physicians indicate that X-ray is not recommended for initial evaluation of non-specific LBP.
- Consider advising patients to remain active and provide information about effective self-care options.
- Avoid prescribing opioids, if possible.

(Story continues on on next page.)

1. Fatoye, F., Gebrye, T. & Odeyemi, I. Real-world incidence and prevalence of low back pain using routinely collected data. *Rheumatol Int* 39, 619–626 (2019). <https://doi.org/10.1007/s00296-019-04273-0> Source: Real-world incidence and prevalence of low back pain using routinely collected data | SpringerLink Accessed 11.13.2024

2. Sources: Agency for Health Care Research and Policy (AHCPR), *Cochrane Reviews Imaging for Low Back Pain* (www.aafp.org) Accessed 11/13/2024

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HEDIS Spotlight: Imaging for Low Back Pain (continued)

The American College of Physicians (ACP), and the Council on Chiropractic Guidelines and Practice Parameters (CCGPP) endorse the evidence based ACP practice guidelines. Routine imaging or other diagnostic tests are not recommended for patients with nonspecific LBP.

Codes for Exclusion Conditions

HEDIS Exclusion Value Sets

Condition History:

- Cancer
- HIV
- Trauma
- IV Drug Abuse
- Spinal Infection
- Major organ transplant
- Spondylopathy
- Hospice Care
- Palliative Care

HEDIS Value Set Codes Examples

C25.0-C25.9;C71.0-C71.9;C77.0-C78.02;B20; Z21;M80.00XA; M80.80XA; Z94.0-Z94.4; 15743005; F13.20;M46.25-M46.28; M46.35-M46.38; Q5003-Q5008;Q5010; T2042-T2046; G9054; 103735009; 305686008

Conditions Examples

- Malignant neoplasms, recent trauma, fragility fracture, prolonged use of corticosteroids, osteoporosis therapy, lumbar surgery, neurologic impairment
- Receiving palliative care services, receiving hospice services