

2019 HEDIS® MEASURE: USE OF IMAGING STUDIES FOR LOW BACK PAIN (LBP)

Gold Coast Health Plan's goal is to help its providers gain compliance with their annual Healthcare Effectiveness Data and Information Set (HEDIS®) scores. This tip sheet will provide the key components to the HEDIS® measure, "Use of Imaging Studies for Low Back Pain (LBP)."

Measure Description: Measures the percentage of members between the ages of 18 and 50 who received a primary diagnosis of low back pain and who did not have an imaging study (plain X-ray, MRI, CT Scan) within 28 days of the diagnosis.

This measure is reported as an inverted rate, where the higher score indicates appropriate treatment of low back pain and represents the proportion for which imaging studies did not occur.

Inclusive criteria:

In order to be included in the measure, one of the following must occur:

- ▶ Outpatient visit with a principal diagnosis of uncomplicated low back pain.
- ▶ Observation visit with a principal diagnosis of uncomplicated low back pain. Observation visits that result in an inpatient stay do not count for inclusion into this measure.
- ▶ ED visit with a principal diagnosis of uncomplicated low back pain. ED visits that result in an inpatient stay do not count for inclusion into this measure.
- ▶ Osteopathic or chiropractic manipulative treatment with a principal diagnosis of uncomplicated low back pain.
- ▶ Physical therapy visit with a principal diagnosis of uncomplicated low back pain.
- ▶ Telephone visit with a principal diagnosis of uncomplicated low back pain.
- ▶ Online assessment with a principal diagnosis of uncomplicated low back pain.

Required exclusions:

Members who also had one of the following conditions, 180 days prior to diagnosis of low back pain, are excluded from this measure:

- ▶ Cancer
- ▶ Recent trauma
- ▶ Intravenous drug use
- ▶ Neurologic impairment
- ▶ HIV
- ▶ Spinal infection
- ▶ Major organ transplant
- ▶ Prolonged use of corticosteroids

Codes to identify members diagnosed with low back pain that received an imaging study

Description	ICD-10-CM Diagnosis	CPT	UBREV
Uncomplicated Low Back Pain	M47.26, M47.27, M47.28, M47.816, M47.817, M47.818, M47.896, M47.897, M47.898, M48.06x, M48.07, M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6, M53.2X7, M53.2X8, M53.3, M53.86, M53.87, M53.88, M54.16, M54.17, M54.18, M54.30, M54.31, M54.32, M54.40, M54.41, M54.42, M54.5, M54.89, M54.9, M99.03, M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, 533.8XXA, 533.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS		



Description	ICD-10-CM Diagnosis	CPT	UBREV
Imaging Study		72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72158, 72200, 72202, 72220	0320, 0329, 0350, 0352, 0359, 0610, 0612, 0614, 0619, 0972

Codes used to identify type of clinical visit

Description	CPT	Telehealth CPT Modifier	Telehealth POS	HCPCS	UBREV
Outpatient	99201-99205, 99211, 99212-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456			G0402, G0438, G0439, G0463, T1015	0510-0517, 0519-0523, 0526-0529, 0982, 0983
Outpatient Visit Associated with Telemedicine	99212-99215, 99241-99245	95 - Prof GT - Inst	02		
Observation	99217-99220				
Acute Inpatient	99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255, 99291				0100, 0101, 0110-0114, 0119-0124, 0129-0134, 0139-0144, 0149-0154, 0159, 0160, 0164, 0167, 0169, 0200-0204, 0206-0214, 0219, 0720-0724, 0729, 0987
ED	99281, 99282, 99283, 99284, 99285				0450, 0451, 0452, 0456, 0459, 0981
Telephone Visit	98966-98968, 99441-99443		02		
Online Assessment	98969, 99444		02		
Osteopathic or Chiropractic	98925-98929, 98940-98942				
Physical Therapy	97110-97113, 97124, 97140, 97161-97164				



Best practices:

- ▶ Imaging should be used when other noninvasive regimens have failed and injections or surgery are being considered.
- ▶ Effective treatments for acute low back pain are as follows:
 - Nonsteroidal anti-inflammatory drugs, acetaminophen, and muscle relaxants.
- ▶ Recommend the patient stays as active as possible, within their pain limits, and return to normal activities as soon as possible.
- ▶ Patients should avoid: bed rest, lifting, twisting, and bending.
- ▶ Patient education is vital to decreasing the patient's anxiety about back pain, improve discomfort and help eliminate the possibility of re-injury.
- ▶ Use the correct billing codes for exclusions.
- ▶ The American Academy of Family Physicians recommends not ordering imaging for LBP within the first six weeks, unless you identify red flags.
- ▶ For more information on noninvasive treatments for acute, subacute, and chronic low back pain, and Clinical Guidelines, click [here](#).

For additional information on specific HEDIS® measures, please visit the websites for the [National Committee for Quality Assurance \(NCQA\)](#) or the [Agency for Healthcare Research and Quality \(AHRQ\)](#).

Effective January 1, 2014, NCQA replaced the coding tables with “value sets” which contain all applicable codes that can be used to identify a specific service or condition included in any measure. Detailed information on the data sets and technical specifications can be found [here](#).

GCHP does not intend this information to be medical advice, but a tool to assist in compliance with the HEDIS® measures.