

Use of Imaging Studies for Low Back Pain (LBP)

Patient Profile

MVP members 18–50 years of age with 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. NCQA further specifies the diagnosis be *Uncomplicated Low Back Pain*.

Examples of *Uncomplicated Low Back Pain* diagnoses take from the HEDIS 2020 Technical Specifications Value Set Directory:

- Spondylosis, radiculopathies, myelopathies, stenoses, intervertebral disc disorders, spinal instabilities, dorsopathies, sciatica, lumbago, dorsalgia, subluxations, sprains, strains, and non-allopathic/biomechanical lesions

Exclude any member who has had a diagnosis for which imaging is clinically appropriate. Any of the following will meet the criteria:

- **Cancer:** any time in the member's history through 28 days after the episode start date.
- **Recent trauma:** any time during the 90 days prior to the episode start date through 28 days after.
- **IV Drug abuse:** any time during the 12 months prior to the episode start date through 28 days after.
- **Neurologic Impairment:** any time during the 12 months prior to the episode start date through 28 days after.
- **HIV:** any time in the member's history through 28 days after the episode start date.
- **Spinal infection:** any time during the 12 months prior to the episode start date through 28 days after.
- **Major organ transplant:** any time in the member's history through 28 days after the episode start date.
- **Prolonged use of corticosteroids:** 90 consecutive days of corticosteroid treatment any time during the 12 months prior to and including the episode start date. Examples of corticosteroid treatment medications are Hydrocortisone, Cortisone, Prednisone, Prednisolone, Methylprednisolone, Triamcinolone, Dexamethasone, and Betamethasone.
- Exclude members in hospice from the eligible population for this measure.



Best Practices: Low Back Pain

- Imaging should be reserved for members whom non-invasive, conservative regimes have failed and surgery or therapeutic injection is being considered.
- The evaluation for low back pain should include a complete, focused medical history looking for red flags which include, but are not limited to: severe or progressive neurologic deficits (e.g., impaired bowel or bladder function, saddle paresthesia); fever, sudden back pain with spinal tenderness (especially with history of osteoporosis, cancer, steroid use); trauma, and indications of a serious underlying condition (e.g., osteomyelitis, malignancy).
- It is also important to rule out non-spinal causes of back pain such as urologic or GI pathology and pelvic disease.
- Provide members with conservative therapy using MVP's "Prescription for Your Low Back Pain" at the time of the initial episode. The prescription is available by visiting mvphealthcare.com and selecting *Providers*, then *Quality Programs*, then *Provider Quality Improvement Manual*, then *Back Pain*, then *Useful Information for Patients*. We have also included a sample on page 2 of this Reference Guide.
- For further information, visit aafp.org.

Information related to all 2020 HEDIS measures has been extracted from the NCQA 2019 HEDIS Technical Specifications Volume 2.

Sample of MVP's Prescription for Your Low Back Pain

Prescription for Your Low Back Pain

Name _____ Date _____

Follow these instructions to manage your low back pain:

- Stay active and walk often.
- Sleep on your side with a pillow between your knees.
- Sleep on your back with a pillow under your knees.
- Use moist heat as directed: _____
- Take anti-inflammatory drugs as directed: _____
- Take prescription drugs only as directed: _____
- Go to your physical therapy appointments: _____
- Do your home exercise program as instructed: _____
- Apply a TENS Unit pain relief device as directed: _____
- Consider acupuncture, massage, or yoga therapy.

Call us if any of these occur:

- Your back pain is not better in four weeks.
- Your pain gets much worse for more than 48 hours.
- You start to lose weight or you get a fever.
- You lose control of your bladder or bowels.



Facts About Imaging for Low Back Pain

- Low back pain is the fifth most common reason for all doctor visits.
- If you get an imaging test (X-ray, CT scan, or MRI) for your back pain, it will not make the pain improve faster. That is why they are not done routinely.
- X-rays and CT scans use radiation that can add up over time and be harmful. For your safety, it is best to avoid radiation whenever possible.
- To learn more, visit choosingwisely.org and select *For Patients*.

2020 Coding for Use of Imaging Studies for Low Back Pain (LBP)

Codes for LBP	Use of these codes will make the member a pass for LBP
ED: As long as there was no Inpatient Stay	CPT: 99281-99285 UB Rev: 0450-0452, 0456, 0459, 0981
Imaging Study with the Uncomplicated Low Back Pain Codes	CPT: 72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141-72142, 72146-72149, 72156, 72158, 72200, 72202, 72220 UB Rev: 0320, 0329, 0350, 0352, 0359, 0610, 0612, 0614, 0619, 0972
Observation with the Uncomplicated Low Back Pain Codes	CPT: 99217-99220
Online Assessments with the Uncomplicated Low Back Pain Codes	CPT: 98969, 99444
Osteopathic and Chiropractic Manipulative Treatment with the Uncomplicated Low Back Pain Codes	CPT: 98925-98929, 98940-98942
Physical Therapy with the Uncomplicated Low Back Pain Codes	CPT: 97110, 97112-97113, 97124, 97140, 97161-97164
Telephone Visits with the Uncomplicated Low Back Pain Codes	CPT: 98966-98968, 99441-99443
Uncomplicated Low Back Pain	Over 200 Codes Ranging From: ICD-10 CM: M47.26-M47.28, M47.816-M47.898, M48.08, M51.16-M51.87, M53.2X6- M53.2X8, M53.3-M53.88, M54.16-54.9, M99.03-M99.84, S33.100A-S33.9XXA, S39.002A-S39.92XS
Exclusion from LBP	Use of these codes will exclude member from LBP
History of Kidney Transplant	ICD-10 CM: 0Z94.0
History of Malignant Neoplasm	Over 250 Codes Ranging From: ICD-10 CM: Z85.00-Z85.9, Z86.000-Z86.008, V10.00-V10.91
HIV	ICD-10 CM: B20, Z21 ICD-9 CM: 042, V08
Hospice Encounter	HCPCS: G9474-79, Q5003-8, Q5010, S9126, T2042-46 UB Rev: 0115, 0125, 0135, 0145, 0155, 0235, 0650-52, 0655-59
Hospice Intervention	CPT: 99377-78 HCPCS: G08182
Inpatient Stay	UB Rev: 0100-0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002
IV Drug Use Abuse	ICD-10 CM Ranging From: F11.10-11.29, F13.10F13.29, F14.10-F14.29, F15.10-F15.29
Kidney Transplant	CPT: 50360, 50365, 50380 HCPCS: S2065 ICD-10 PCS: 0TY00Z0, 0TY00Z1, 0TY00Z2, 0TY10Z0, 0TY10Z1, 0TY10Z2
Malignant Neoplasm	Over 5000 Codes Ranging From: ICD-10 CM: C00.0-C96.Z
Neurologic Impairment	ICD-10 CM: G83.4 Cauda equine syndrome
Other Neoplasms	ICD-10 CM Ranging From: D00.00 – D49.9
Other Malignant Neoplasms of Skin	ICD-10 CM Ranging From: C44.00-C44.99
Organ Transplant Other than Kidney	CPT: 32850-32856, 33927-33930, 39333, 33935, 33940, 33944, 33945, 44132-44137, 44715-44721, 47133-47147, 48160, 48550-48556 HCPCS: S2053-S2055, S2060, S2061, S2152 ICD-10 PCS: 02YA0Z0-3E0J8U1
Spinal Infection	ICD-10 CM: A17.81, G06.1, M46.25-M46.28, M46.35-M46.38, M46.46-M46.48
Trauma	ICD-10 CM Ranging From: G789.11-S99.299S