



2014 HEDIS Criteria Use of Imaging Studies for Low Back Pain

Q: Which members are included in the measure? How is someone considered compliant?

A: Members ages 18-50 who have a new primary diagnosis of low back pain in an outpatient or ED visit are included in the measure. The numerator is the number of members who did not receive an imaging study within 28 days of the diagnosis. The intent of this measure is to evaluate appropriate utilization of diagnostic imaging studies. Clinical guidelines indicate that diagnostic imaging is not necessary for most patients with new-onset low back pain (see below for details).¹ This measure does not involve chart review; it is based only on claims and encounter data submitted to San Francisco Health Plan.

Exclusions include:

- Cancer
- Neurologic impairment
- Recent trauma
- IV Drug Abuse

Q: How to improve score for this HEDIS measure?

A: Some ideas for improving HEDIS scores for this measure are:

- Avoid ordering diagnostic studies in the first 6 weeks of new-onset back pain in the absence of red flags (e.g. cancer, recent trauma, neurologic impairment, or IV drug abuse).
- Use of correct exclusion codes where necessary (e.g. code for cancer or other secondary diagnoses if these are why you are ordering the studies).

¹ National Quality Measures Clearinghouse: <http://www.qualitymeasures.ahrq.gov/content.aspx?id=33608>

Note: **2014 HEDIS Criteria** is derived from the NCQA HEDIS 2014 Technical Specifications, Volume 2

Adapted with permission from LA Care's Procedure and Diagnosis Codes document: <https://www.lacare.org/providers/resources/hedis>



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Q: What codes are used?

A: Codes used on date of delivery to indicate the diagnosis of low back pain and an imaging study:

Description	CPT Code	ICD-9 Diagnosis Code	HCPCS	UBREV
Outpatient Visit	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456, 99217-99220		G0402, G0438, G0439, G0463	0982, 0983, 0510-0517, 0519-0523, 0526-0529
ED visit	99281-99285			0981, 0450-0452, 0459, 0456
Low Back Pain		721.3, 722.10, 722.32, 722.52, 722.93, 724.02, 724.03, 724.2, 724.3, 724.5, 724.6, 724.70, 724.71, 724.79, 738.5, 739.3, 739.4, 846.0-846.3, 846.8, 846.9, 847.2		
Imaging Studies	72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141, 72142, 72146-72149, 72156, 72158, 72200, 72202, 72220			0352, 0320, 0350, 0610, 0614, 0612, 0329, 0359, 0619, 0972

B. Codes to identify exclusions:

Description	ICD-9 Diagnosis Code
Cancer	140-165.9, 170.0-176.9, 209.79, 230-239, V10
Trauma	800-839, 850-854, 860-869, 905-909, 926.11, 926.12, 929, 952, 958-959
IV drug abuse	304.00-305.73
Neurologic impairment	344.60, 729.2



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Rationale (from the Agency on Healthcare Research and Quality)

Back problems are second only to cough among symptoms of people who seek medical care at physician offices, outpatient departments and emergency rooms.

Low back pain is a pervasive problem that affects two thirds of adults at some time in their lives. It ranks among the top 10 reasons for patient visits to internists and is the most common and expensive reason for work disability in the U.S.

Back pain is among the most common musculoskeletal conditions, afflicting approximately 31 million Americans, and is the number one cause of activity limitation in young adults. For most individuals, back pain quickly improves. Nevertheless, approximately 15 percent of the U.S. population reports having frequently low back pain that lasted for at least two weeks during the previous year. Persistent pain that lasts beyond 3 to 6 months occurs in only 5 to 10 percent of patients with low back pain. According to the American College of Radiology, uncomplicated low back pain is a benign, self-limited condition that does not warrant any imaging studies. The majority of these patients are back to their usual activities in 30 days.

There is no compelling evidence to justify substantial deviation from the diagnostic strategy published in clinical guidelines, which indicate that for most patients with acute low back pain, diagnostic imaging is usually unnecessary. Although patients may have a perceived need for imaging studies, efforts to educate patients on appropriate indications for imaging are within a provider's capacity.

Evidence Supporting the Measure

- Use of imaging in early, acute low back pain appears to lead to more use of surgery, and complications from unnecessary surgery can increase the duration of low back pain and lead to permanent disability.
- The duration of low back pain beyond the acute stage, more than the pain's severity, correlates with decreased quality of life and disability.
- About 85 percent of persons with musculoskeletal diseases have at least one ambulatory care visit to a doctor's office, averaging around six visits each year.
- Low back pain is the most costly ailment in the workplace, when both cost an average of \$8,000 per claim and frequency are considered. From 2000 to 2006, medical expenditures for imaging services such as computed axial tomography (CAT) scans and magnetic resonance imaging (MRI) rose from \$3.6 billion to \$7.6 billion.
- Refer to the *State of Health Care Quality Report* for quality improvement data from more than 1,000 health plans in HEDIS year 2010.

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Kovacs FM, et al. Correlation between pain, disability, and quality of life in patients with common low back pain. *Spine (Phila Pa 1976)* 2004 Jan 15;29(2):206-10. [PubMed](#)