

USE OF IMAGING STUDIES FOR LOW BACK PAIN (LBP)

PROVIDER TIP SHEET



What is Being Measured?

This measure assesses adults 18–50 with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI or CT scan) within 28 days of the diagnosis. A higher percentage indicates better performance.



Why is This Measure Important?

In any three-month period, approximately 25% of Americans will experience at least one day of back pain. Evidence shows that unnecessary or routine imaging (X-ray, MRI, CT scans) for low back pain is not associated with improved outcomes. It also exposes patients to unnecessary harms such as radiation and further unnecessary treatment. For the majority of individuals who experience severe low back pain, pain improves within the first two weeks of onset.

Avoiding imaging for patients when there is no indication of an underlying condition can prevent unnecessary harm and unintended consequences to patients and can reduce health care costs.



Eligible Population

Members who are between the ages of 18 and 75.



Associated Medical Conditions

Imaging within 28 days after diagnosis may be necessary if the member has other medical concerns. Examples of medical conditions that may require early imaging studies are listed in the chart below. Document the medical condition and appropriate code when able to show the need for early imaging studies.

Early Imaging Exclusions	ICD-10 Codes
Cancer (active)	C00.0-96.Z and D00.00-49.9
Cancer (personal history)	Z85-86.03
Corticosteroid Use (90 consecutive days)	During 12 months prior to LBP diagnosis
HIV	B20; Z21
IV Drug Abuse	F11.10-15.29 (any time during 12 months prior to LBP diagnosis)

Continued on page 2


Associated Medical Conditions Cont.

Early Imaging Exclusions	ICD-10 Codes
History of Kidney Transplant (Kidney Transplant)	Z94.0; (0TY00Z0-2, 0TY10Z0-2)
Organ Transplant Other Than Kidney	02YA0Z0-2, 07YMOZ0-2, 07YPOZ0-2, 0BYCOZ0-2, 0BYDOZ0-2, 0BYFOZ0-2, 0BYGOZ0-2, 0BYHOZ0-2, 0BYJOZ0-2, 0BYKOZ0-2, 0BYLOZ0-2, 0BYMOZ0-2, 0DY50Z0-2, 0DY60Z0-2, 0DY80Z0-2, 0DYE0Z0-2, 0FY00Z0-2, 0FYGOZ0-2, 0UY00Z0-2, 0UY10Z0-2, 0UY90Z0-2, 0WY20Z0-1, 0XYJOZ0-1, 0XYKOZ0-1, 3E030U1, 3E033U1, 3E0J3U1, 3E0J7U1, 3E0J8U1
Neurologic Impairment	G83.4 (any time during 12 months prior to LBP diagnosis)
Spinal Infection, Osteomyelitis, and Discitis	A17.81, G06.1, M46.25-46.28, M46.35-46.38, M46.46-46.48 (any time during 12 months prior to LBP diagnosis)
Trauma/Fractures	G89.11; "S" series (any time during 3 months prior to LBP diagnosis)


Best Practices

- Rule out other conditions that contribute to LBP such as depression, anxiety, or a narcotic dependency.
- Provide patient education on comfort measures to address low back pain, such as stretching exercises, pain relief, physical therapy, or massage.
- Document and code correctly all co-morbidities such motor vehicle accident, fall, trauma, cancer, or other injuries.
- Discourage the use of imaging studies for low back pain within 28 days of a diagnosis of new-onset back pain if there are no indicators of underlying conditions.


References

1. National Committee for Quality Assurance. (2023). **Use of Imaging Studies for Low Back Pain.**

 **Support**

We are committed to the care and well-being of our members. We are also committed to working with you as a partner to develop the best possible treatment plans for all patients.

Please view the Provider section of our website at [AmbetterofAlabama.com](https://www.ambetterofalabama.com) for additional tools and resources. You may also contact your Provider Engagement Administrator directly for support and education.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). This tip sheet has been updated with information from the release of the HEDIS® MY 2021 Volume 2 Technical Specifications by NCQA and is subject to change.

CPT codes, descriptions and other data only are copyright 2021 American Medical Association. All Rights Reserved.