

Use of Imaging Studies for Low Back Pain (LBP)

APPLICABLE LINES OF BUSINESS

- Commercial

MEASURE DESCRIPTION

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

EXCLUSIONS

Patients are excluded if they:

- Had a previous diagnosis of uncomplicated low back pain within the last six months.
- Had cancer, HIV, major organ transplant, lumbar surgery or spondylopathy any time during the patient's history.
- Experienced recent trauma within the last three months.
- IV drug abuse any time during the last 12 months.
- Experienced neurologic impairment any time during last 12 months.
- Experienced spinal infection any time during last 12 months.
- Had prolonged use of corticosteroids (90 consecutive days) in the past 12 months.
- Received palliative care or hospice services/elect to use a hospice benefit any time during the measurement year.
- Had a visit which resulted in an inpatient stay.
- Had osteoporosis therapy or a dispensed prescription to treat osteoporosis any time during the patient's history.
- Had a fragility fracture any time during the last three months.
- Died during the measurement year.
- Are age 66 and older with advanced illness and frailty (for additional definition information see the [Advanced Illness and Frailty Exclusions Guide](#)).

CODING

Type	Code	Description
CPT ^{®ii}	72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080–72084, 72100, 72110, 72114, 72120, 72125–72133, 72141, 72142, 72146–72149, 72156–72158, 7220, 72202, 72220	Imaging Study
ICD-10 ⁱⁱⁱ	M47.26–M47.28, M47.816–M47.818, M47.896–M47.898, M48.061, M48.07, M48.08, M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6, M53.2X7, M53.2X8, M53.3, M53.86–M53.88, M54.16–M54.18, M54.30–M54.32, M54.40–M54.42, M54.5, M54.50, M54.51, M54.59, 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, S33.8XXA, S33.9XXA, 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	Uncomplicated Low Back Pain

TIPS FOR SUCCESS

Patient Care

- Discourage the use of imaging studies for LBP within 28 days of diagnosis, unless otherwise clinically indicated.
- Consider a physical therapy referral, including massage, stretching, strengthening exercises, and manipulation. Educate patients about ways to treat symptoms and prevent reinjury^{iv}:
 - Avoid bed rest, lifting heavy objects, twisting, and bending.
 - Use nonsteroidal, anti-inflammatory drugs, and/or acetaminophen.
 - Avoid opioids to treat common low back pain. Visit the Own Your Health WA website to learn more at www.ownyourhealthwa.org.

Documentation and Coding

- Partner with your health plan payers to submit electronic data from your EMR.
- Document medical and surgical history in the medical record with dates in structured fields so your EMR can include these in reporting. This will allow the corresponding code to be included in electronic reporting, including claims, to health plans.
- Code for exclusions.

ⁱ National Committee for Quality Assurance. HEDIS® Measurement Year 2024 Volume 2 Technical Specifications for Health Plans (2024), 323-328.

ⁱⁱ CPT Copyright 2024 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

ⁱⁱⁱ ICD-10 created by the National Center for Health Statistics (NCHS), under authorization by the World Health Organization (WHO). WHO-copyright holder.

^{iv} Annals of Internal Medicine. *Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians* (2017), <https://www.acpjournals.org/doi/10.7326/M16-2367>