



QUALITY CARE

Use of Imaging Studies for Low Back Pain

We collect quality data from our providers to measure and improve our members' care. Use of Imaging Studies for Low Back Pain is one aspect of care we measure in our quality programs. Quality measures evaluate a prior calendar year performance.

What We Measure

We capture the percentage of members ages 18 to 75 **with a primary diagnosis of low back pain who didn't have an imaging study** (X-ray, MRI or CT scan) within 28 days of the diagnosis.

LBP is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure. See the [National Committee for Quality Assurance website](#) for more details.

Why It Matters

About 75% of American adults will experience low back pain at some time in their lives, according to NCQA. In any three-month period, about 25% will experience at least one day of back pain. Unnecessary or routine imaging for low back pain isn't associated with improved outcomes. For most people who experience severe low back pain, the pain will improve within the first two weeks. If there is no indication of an underlying condition, avoiding imaging can prevent unnecessary harms such as radiation and reduce health care costs. Learn more from [NCQA](#).

Eligible Population

Members age 18 (before or on Jan. 1 of the measurement year) to age 75 (as of Dec. 31 of the measurement year) are included in this measure.

Exclusions: Members who meet any of the following criteria are excluded:

- Receiving hospice or palliative care
- With documented evidence of cancer, recent trauma, IV drug abuse, neurologic impairment, human immunodeficiency virus, spinal infection, major organ transplant, prolonged use of corticosteroids, osteoporosis or osteoporosis therapy, fragility fracture, lumbar surgery or spondylopathy

Tips to Consider

- Avoid ordering diagnostic studies in the first four weeks of new-onset back pain if there aren't indications of underlying conditions.
- Educate members about conservative treatment, normal healing times, self-care and home treatments. Home treatments may include heat or ice, staying active, stretching exercises and anti-inflammatories.
- Be aware of the exclusions noted above, and use the correct exclusion code when indicated.
- Submit claims and encounter data in a timely manner.

How to Document

- LBP data is collected from claims data. Hybrid chart review doesn't apply.
- Use complete and accurate codes. Document telephone visits addressing primary uncomplicated back pain and code appropriately.

For more information, see [NCQA's HEDIS Measures and Technical Resources](#).



Questions?

Contact your Provider Network Consultant.

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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