

Use of Imaging Studies for Low Back Pain

Health Net* and Community Health Plan of Imperial Valley (CHPIV) want to help your practice provide optimum care to members and increase HEDIS®¹ rates. This tip sheet outlines key details of the Use of Imaging Studies for Low Back Pain (LBP) HEDIS measure, its codes and documentation guidelines.



Measure²

The percentage of members ages 18-75 with a principal diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

This measure is reported as an inverted rate. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).

Eligible population²

Age	18 years, as of January 1 of the measurement year to 75 years as of December 31 of the measurement year. The rate is reported in two age stratifications, (18-64 and 65-75) and as a total rate.
Intake period	January 1 through December 31 of the measurement year. The intake period is used to identify the first eligible encounter with a principal diagnosis of low back pain.
Episode date (anchor date)	The earliest date of service for an eligible encounter during the intake period with a principal diagnosis of low back pain.
Product lines	Commercial, Medi-Cal, Medicare

Best practice tips

- Educate the patient about the reason imaging tests are not warranted.
- Educate patients about ways to treat symptoms and prevent reinjury:
 - Avoid bed rest, lifting heavy objects, twisting and bending.
 - Use heat/ice.
 - Use non-narcotic pain relievers.
 - Remain active.
- Avoid opioids to treat common low back pain.
- If appropriate, encourage light walking and complementary care therapies such as massage, chiropractic care, acupuncture and/or refer to physical therapy.

For member visits where the following events are in evidence, the member would be excluded from the measure. HEDIS exclusions to the LBP measure are shown in the chart below.

	When	Event
Exclusions²	At any time in the patient’s history through 28 days after the episode date.	<ul style="list-style-type: none"> • History of HIV • History of cancer • Lumbar surgery • Osteoporosis therapy or a dispensed prescription to treat osteoporosis • Spondylopathy
	Any time during the measurement year.	<ul style="list-style-type: none"> • Death • Receiving palliative care • Using hospice services
	Within the last 12 months prior to the episode date through 28 days after the episode date.	<ul style="list-style-type: none"> • History of intravenous drug abuse • Major organ transplant • Neurologic impairment • Spinal infection
	During 90 days prior to the episode date through 28 days after the episode date.	<ul style="list-style-type: none"> • Fragility fracture • Recent trauma
	For 90 consecutive days any time during the 366 days prior to and including the episode date.	<ul style="list-style-type: none"> • Prolonged use of corticosteroids. Corticosteroid medication list:² <ul style="list-style-type: none"> - Hydrocortisone - Cortisone - Prednisone - Prednisolone - Methylprednisolone - Triamcinolone - Dexamethasone - Betamethasone/betamethasone acetate
	As of December 31 of the measurement year with frailty and advanced illness.	<ul style="list-style-type: none"> • Ages 66 and older

For more information

- Refer to the latest NCQA Quality Rating System (QRS) HEDIS Value Set Directory³ for a complete list of diagnosis codes for low back pain.
- Visit the National Institutes of Health Value Set Authority Center at vsac.nlm.nih.gov/welcome or scan this QR code:



¹Healthcare Effectiveness Data and Information Set (HEDIS).

²National Committee for Quality Assurance (NCQA) HEDIS Measurement Year 2023 Volume 2: Technical Specifications for Health Plans, Washington, D.C., 2022.

³NCQA HEDIS Measurement Year 2023 Volume 2 Value Set Directory, Washington, D.C., 2023.

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