



Use of Imaging Studies for Low Back Pain (LBP)

2024 Provider Training

Why we're in business

OUR PURPOSE

Transforming the health of the community, one person at a time

What we do

OUR MISSION

Better health outcomes at lower costs

What we represent

OUR PILLARS



Focus on the Individual



Whole Health



Active Local Involvement

What drives our activity

OUR BELIEFS

We believe healthier individuals create more vibrant families and communities.

We believe treating people with kindness, respect and dignity empowers healthy decisions.

We believe we have a responsibility to remove barriers and make it simple to get well, stay well, and be well.

We believe in treating the whole person, not just the physical body.

We believe local partnerships enable meaningful, accessible healthcare.

Low Back Pain¹

Low back pain is defined as pain, muscle tension, or stiffness localized below the costal margin and above the inferior gluteal folds with or without leg symptoms. Acute low back pain (less than 4 weeks) is a common reason for patient calls or visits to a primary care clinician. For most patients, back symptoms are nonspecific, having no evidence of radicular symptoms or underlying systemic disease.



Each year, approximately 2.5 million Americans visit an outpatient clinical setting for low back pain (LBP).



The Centers for Disease Control and Prevention (CDC) reports from September 2021-December 2021, 25% of U.S. adults report having LBP, making it second only to the common cold as a cause for lost work time and a primary reason for a doctor's visit.



It is estimated that 75% of adults will experience low back pain at some time in their lives.



For most acute LBP patients, symptoms resolve within 4 weeks and the use of routine imaging may result in unnecessary radiation exposure and add unnecessary costs and wasted time for patients without contributing to patient outcomes.



What are HEDIS[®] Technical Specifications²?



- **Healthcare Effectiveness Data and Information Set (HEDIS[®])**
 - Set of standardized *performance measures*.
 - Developed by National Committee for Quality Assurance (NCQA) to objectively measure, report, and compare quality across health plans.
 - Technical specifications are the requirements or “rules” of each of the HEDIS performance measures.
- **HEDIS rates are used to:**
 - Evaluate health insurance companies’ efforts to improve preventive health outreach for members.
 - Evaluate your practice’s preventive care efforts.

Use of Imaging Studies for Low Back Pain (LBP)²

Measure evaluates percentage of members 18 to 75 years of age 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, in any of the following settings:

- Office visits, outpatient evaluations, telemedicine/telehealth visits, emergency department visits, and observation level care.
- Physical therapy and/or osteopathic and/or chiropractic manipulative treatment.
- Intake period: January 1 - December 3 of the measurement year. The intake period is used to identify the first eligible encounter with a principal diagnosis of low back pain.
- IESD: Index episode start date. The earliest date of service for an eligible encounter during the intake period with a principal diagnosis of low back pain.
- Negative diagnosis history: A period of 180 days prior to the IESD when the member had no claims/diagnosis encounters with any diagnosis of low back pain.

Description	Codes*
CPT®/CPT®-CAT-II	72020, 72052, 72100, 72110, 72114, 72120, 72131–33, 72141–42, 72146–49, 72156, 72158, 72200, 72202, 72220

*Codes subject to change.

Common ICD-10-CM Codes that Trigger Patients into the HEDIS Measure²

We recognize that providers know that even the simplest complaints of low back pain are never just simple visits for low back pain.

- To improve patient care and resource utilization, we are focusing on low back pain, which is the percentage of members aged 18 to 75 years with a principal diagnosis of low back pain who did not undergo an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.
- This measure helps ensure that imaging studies are reserved for cases where they are truly necessary, thereby avoiding unnecessary radiation exposure and costs.

Code	Description
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M54.16, M54.17	Radiculopathy
M54.30 – M54.32, M54.40 – M54.42	Sciatica
M54.50, M54.51, M54.59	Low back pain
M54.89, M54.9	Dorsalgia
M99.03, M99.04	Segmental and somatic dysfunction of lumbar region / sacral region
M99.83	Other biomechanical lesions of lumbar region
S33.5XXA, S33.6XXA	Sprain of sacroiliac joint, initial encounter
S39.012A, (D,S)	Strain of muscle, fascia, and tendon of lower back
S39.92XS, (A,D)	Unspecified injury of lower back, sequela

*This is a list of commonly used codes. Other codes not listed here related to low back pain may trigger HEDIS measures.

Acute Low Back Pain Clinical Practice Guidelines: Imaging is not always the best choice

- **Recommended**

- Nonpharmacologic treatment with superficial heat.
 - To learn more, visit the [Annals of Internal Medicine webpage](https://www.acpjournals.org/doi/10.7326/M16-2367#sec-8).
([acpjournals.org/doi/10.7326/M16-2367#sec-8](https://www.acpjournals.org/doi/10.7326/M16-2367#sec-8))
- Anti-inflammatory drugs or skeletal muscle relaxants.
 - To learn more, visit the [Annals of Internal Medicine webpage](https://www.acpjournals.org/doi/10.7326/M16-2367#sec-8).
([acpjournals.org/doi/10.7326/M16-2367#sec-8](https://www.acpjournals.org/doi/10.7326/M16-2367#sec-8))

- **Not Recommended**

- Imaging modalities have frequent false positive and negative results. Imaging in acute low back pain has not been shown to yield significant new findings or alter outcomes.
 - To learn more, read the [Journal of Orthopaedic & Sports Physical Therapy Volume 42, Issue 4](https://www.jospt.org/doi/epdf/10.2519/jospt.2012.42.4.A1).
([jospt.org/doi/epdf/10.2519/jospt.2012.42.4.A1](https://www.jospt.org/doi/epdf/10.2519/jospt.2012.42.4.A1))
- For patients with acute low back pain, without focal neurologic deficits or other red flags (e.g., signs, symptoms, history), it is recommended against routinely obtaining imaging studies or performing invasive diagnostic tests.
 - To learn more, visit the [Department of Veterans Affairs webpage](https://www.healthquality.va.gov/guidelines/Pain/lbp/VADoDLBPCPGFinal508.pdf).
([healthquality.va.gov/guidelines/Pain/lbp/VADoDLBPCPGFinal508.pdf](https://www.healthquality.va.gov/guidelines/Pain/lbp/VADoDLBPCPGFinal508.pdf))

Best Ways to Manage Low Back Pain After Onset³

Educate the patient about the reason imaging tests are not warranted.

Educate about self-treatment options during periods of acute pain or flare-ups of chronic pain.

Walking is a good way to ease low back pain. If the member stays in bed more than a day or two, they can get stiff and have an increase in pain.

Using heat to relax their muscles. Try a heating pad, electric blanket, warm bath, or shower.

Take non-prescription pain medicines.

Educate the member on adjusted sleep positions, like sleeping on their side or back or putting a pillow under or between their knees.

Common Exclusions²

Realize that each patient is unique, and imaging may be required. NCQA has added several medical conditions where imaging could be medically necessary.

By simply providing the additional diagnosis in your medical evaluation, your patient with low back pain is excluded from the HEDIS[®] metric.

There are several diagnoses that will remove the member from the LBP HEDIS measure if imaging is done within 28 days of the diagnosis for medical necessity. It is important to include additional diagnoses as appropriate.

Note: These lists are not all-inclusive. This information is not about a change in policy but a reference to quality improvement activities.

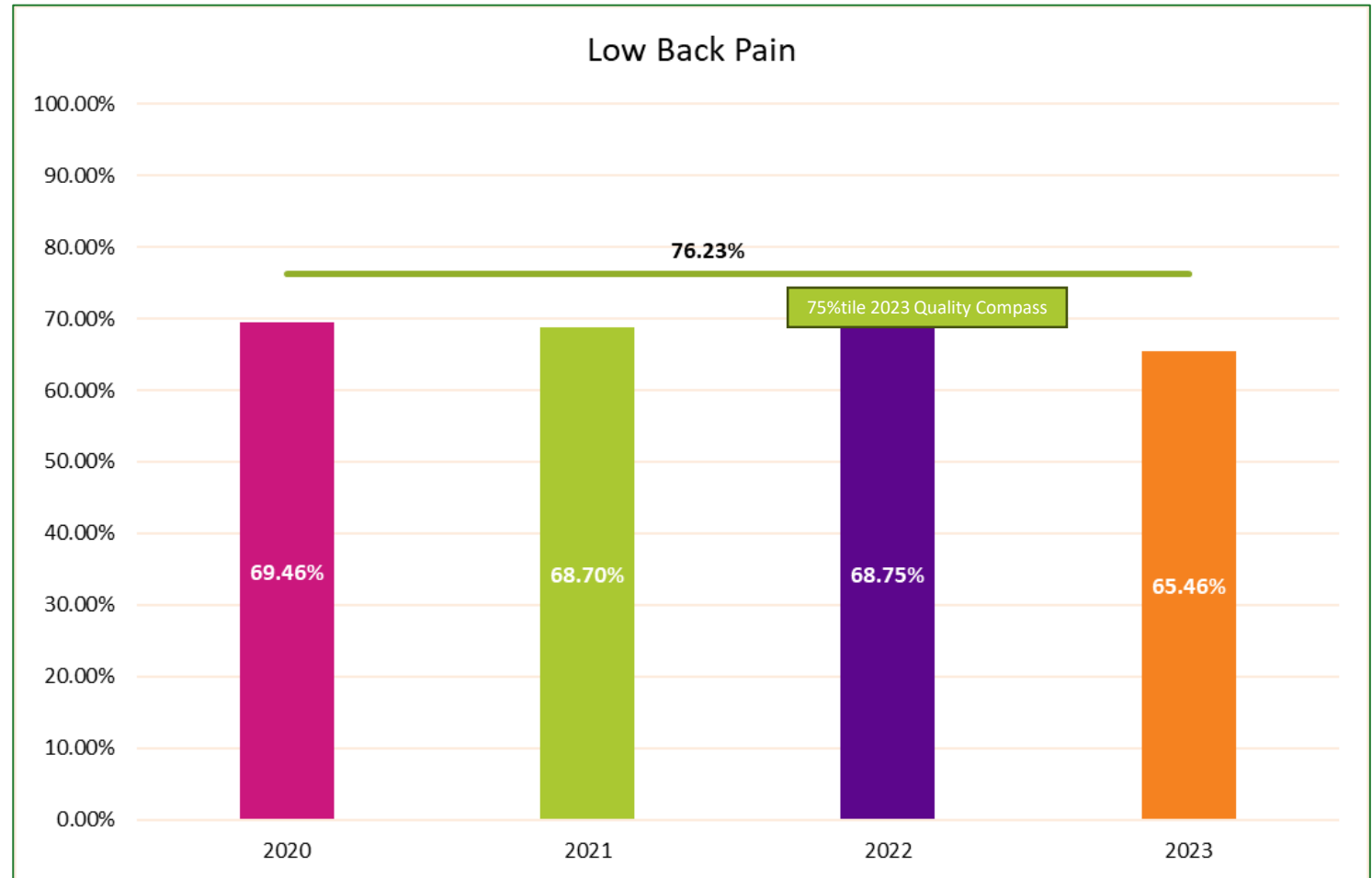
Code	Description
G89.11	Acute pain due to trauma
B20; Z21	HIV
CPT & ICD10 PCS Codes	Lumbar surgery
Medication	Prolonged use of corticosteroids
Medication	Osteoporosis •Osteoporosis medication therapy Long-activity osteoporosis medication
M45.6	Spondylopathy
Neurological impairment	
R26.2	Difficulty in walking, not elsewhere classified
R29.2	Abnormal reflex
G83.4	Cauda equina syndrome
Spinal infection	
M46.46	Discitis, unspecified, lumbar region
M46.36	Infection of intervertebral disc (pyogenic), lumbar region
A17.81; G06.1; M46.25- M46.28	Spinal infection; osteomyelitis; discitis
Cancer — History of malignant neoplasm	
Z85.9	Personal history of malignant neoplasm, unspecified (any cancer)
Z86.03	Personal history of neoplasm of uncertain behavior (any cancer)
Z85.3	Personal history of malignant neoplasm of breast
Z85.40	Personal history of malignant neoplasm of unspecified female genital organ (cervix, uterus, ovary, etc.)
Z85.45	Personal history of malignant neoplasm of unspecified male genital organ (prostate, testicular, etc.)
Z85.820	Personal history of malignant melanoma of skin
Major organ transplant / History of major organ transplant	
OTY00Z0-OTY00Z2; OTY10Z0- OTY10Z2	Kidney transplant

Iowa Total Care Annual Trends

Benchmark results from the HEDIS database provide a resource for comparing state-level results for Medicaid measures. Quality benchmarks are a point of comparison used to assess measure performance. NCQA reviews data submitted by health plans and assesses the range of performance across the nation for Medicaid plans. NCQA calculates percentiles (25th, 50th, 75th and 95th) and publishes them on Quality Compass.

Quality Compass includes results for HEDIS measures as a benchmark. The meaning of the 75th percentile indicates that only 25% of other plans scored higher than we did (for a certain measure).

Iowa Total Care's 2023 measure performance is ~11 percentage points below the 2023 Quality Compass 75th percentile.



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

Iowa Total Care 2023 Compliancy Rates by Provider Type

Iowa Total Care Overall	Chiropractors	Family Practice	Hospital	Nurse Practitioners	Rural Health Clinic	Internal Medicine
65.46%	64.64%	70.84%	62.47%	68.55%	61.24%	63.93%

Top Five Referring/Ordering Provider Specialties (Non-compliant Population Only)

1. Family Practice
2. Nurse Practitioners
3. Chiropractor
4. Emergency Medicine
5. Physician's Assistant

Top Five Service Provider Specialties (Total Population)

1. Chiropractor
2. Family Practice
3. Hospital
4. Nurse Practitioners
5. Diagnostic Radiology



★ Top Performing Areas

▲ Areas of Opportunity

To Improve HEDIS® Measure²

- 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).
- Provide member education on comfort measures such as pain relief, stretching exercises, and activity level.
- Look for other reasons for visits for low back pain (e.g., depression, anxiety, narcotic dependency, psychosocial stressors).
- Do **not** do MRI, imaging, x-ray until after at least 30 days.
- Coding/Recoding – reinforce to providers that after imaging results come back, change/recode as appropriate to highest level of specificity, do not leave as “low back pain”.
- Use exclusion codes when necessary.

Description	Codes*
CPT®/CPT®-CAT-II	72020, 72040, 72050, 72070, 72072, 72074, 72080-72084, 72100, 72110, 72114, 72120, 72125–72133, 72141, 72142, 72146-49, 72156-58, 72200, 72202, 72220

*Codes subject to change.

Imaging for Low Back Pain

Prior Authorization

Prior Authorizations

After the initial 28-day period, further studies may be required to determine the cause of the low back pain. These studies might necessitate prior authorization.

When seeking prior authorization for any procedure, the best place to start is the Iowa Total Care Pre-Screening Tool, available on the [Medicaid Prior Authorization webpage](http://iowatotalcare.com/providers/preauth-check/medicaid-pre-auth.html) (iowatotalcare.com/providers/preauth-check/medicaid-pre-auth.html).

For providers that are in-network (PAR), many of the radiology imaging options for the lower back do not require prior authorization. Example codes:

	72110 - RAD EXAM SPINE LUMBOSACRAL; COMPLT W/OBLIQ VIEWS No pre-authorization required for all providers.		72100 - RAD EXAM SPINE LUMBOSACRAL; AP & LAT No pre-authorization required for all providers.
--	---	--	---


EMG testing may also be used to help diagnose the cause of low back pain. EMG testing looks at the electrical activity in the muscle and helps diagnose issues with muscles or nerves. EMG testing does not require prior authorization for PAR providers. Example codes:


	95869 - NDLE EMG; THORACIC PARASPINAL MUSC Pre-authorization is required for non-participating providers.		95887 - MUSC TST DONE W/N TST NONEXT Pre-authorization is required for non-participating providers.
--	---	--	---

Prior Authorizations, *continued*

Diagnostic selective nerve root block injections are sometimes used to help diagnose the cause of low back pain. This procedure would be reviewed by our Vendor for prior authorization.

- Example codes:

	64479 - NJX AA AND /STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL Services are administered by NIA.
---	--

	64483 - NJX AA AND /STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL Services are administered by NIA.
---	--

	64493 - INJ PARAVERT F JNT L/S 1 LEV Services are administered by NIA.
---	--

Tips for prior authorization:

- When a member needs care related to low back pain, use a provider that is in-network (PAR) with Iowa Total Care, as many of the first line tests to diagnose low back pain will not require prior authorization.
- Using an out-of-network (NON-PAR) provider will cause delays due to waiting on the prior authorization to be processed.

Resources

Provider Resources



Get the tools you need at [IowaTotalCare.com](https://www.iowatotalcare.com). From the 'For Providers' tab on our website, you can access:

- Your [clinical quality consultant's](https://www.iowatotalcare.com/providers/quality-improvement/clinical-quality-consultant) ([IowaTotalCare.com/providers/quality-improvement/clinical-quality-consultant](https://www.iowatotalcare.com/providers/quality-improvement/clinical-quality-consultant)) contact information.
- Training on programs and gap closure support to fit your practice needs.
- [Manuals, forms, and HEDIS tip sheets](https://www.iowatotalcare.com/providers/resources/forms-resources) ([IowaTotalCare.com/providers/resources/forms-resources](https://www.iowatotalcare.com/providers/resources/forms-resources)) to assist with caring for your patient.



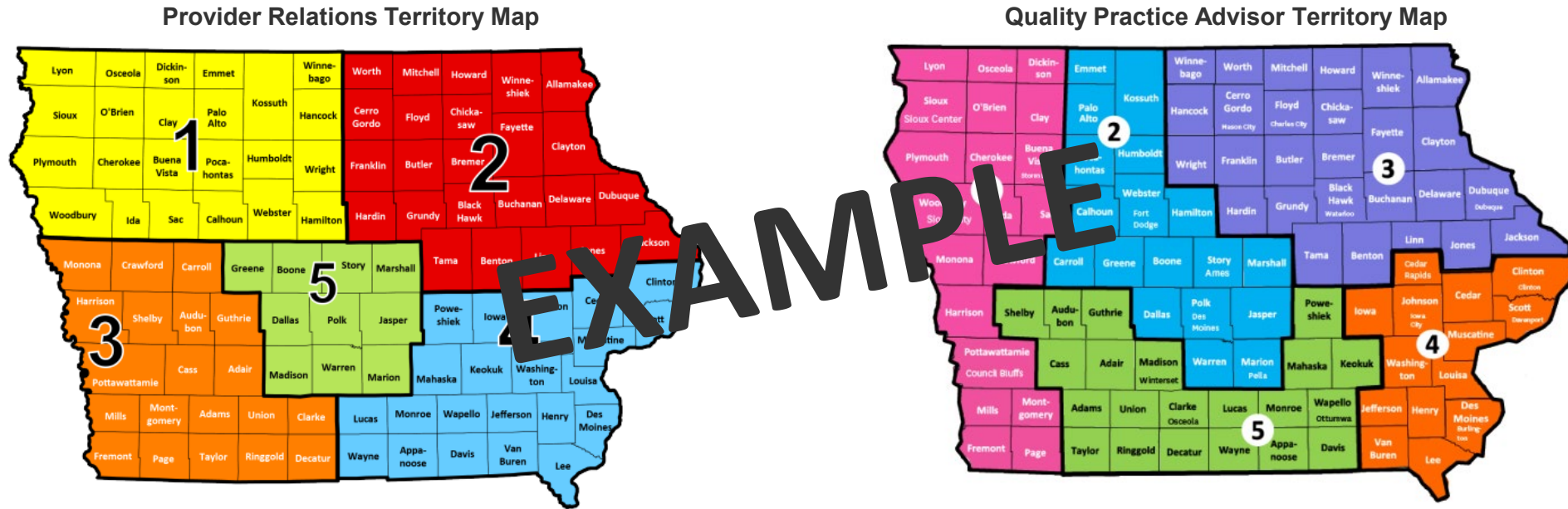
From the Provider Portal (provider.iowatotalcare.com):

- Click on **Patient** and select member's name to access patient's medical records.
- Click on the **Provider Analytics** link to be directed to your Quality dashboard and P4P Scorecard.
- Click on **Authorization** to create or view status of submitted prior authorizations.
- Click on **Claims** to review status of submitted claims.



Questions or concerns? Please reach out to your assigned clinical quality consultant as displayed on the next slide or call Iowa Total Care Provider Services at **1-833-404-1061** (TTY: 711).

Iowa Total Care Territory Maps



For the most up-to-date provider relations specialist and clinical quality consultant territory maps, visit the [Iowa Total Care Territory Maps webpage](http://iowatotalcare.com/maps) (iowatotalcare.com/maps).

Questions?

Resources

1. Use of Imaging Studies for Low Back Pain (LBP) [ncqa.org/hedis/measures/use-of-imaging-studies-for-low-back-pain/](https://www.ncqa.org/hedis/measures/use-of-imaging-studies-for-low-back-pain/)
2. 2024 National Committee for Quality Assurance (NCQA), HEDIS® Measurement Year 2024 Volume 2: Technical Specifications for Iowa Total Care, pgs. 323-328.
[ncqa.org/hedis/measures/](https://www.ncqa.org/hedis/measures/)
3. Iowa Total Care Clinical Practice Guidelines
iowatotalcare.com/providers/resources/practice-guidelines.html