**3.2 Summary Table**

This table does not contain all the criteria for the numerator and denominator. Adhere to the metric specification. Refer to the [General Guidance](#GeneralGuidance) section for information that applies across PRIME projects.

|  |
| --- |
| **[Document Control Log](#DocumentControlLog)** |
| [**Eligible Population**](#EligiblePopulation) |
| [**3.2.4 - Use of Imaging Studies for Low Back Pain (anytime) Variation of HEDIS Imaging Studies for Low Back Pain measure**](#m324) |
| **Specification Source:** PRIME Innovative Measure Steward |
| **Sub-rate #1 Plain Film****Numerator:** Individuals from each denominator who **In the 6 months prior to or on the imaging date**, have documentation in the medical record of any of the clinical red flags detailed in [Table LBP-C](#LBPA) (refer to the measure specs)**OR*** **At any time in the patient’s medical history**, have documentation in the medical record of any of the clinical red flags detailed in Table [LBP-D](#LBPB) (refer to the measure specs)

**Denominator:** All individuals from the Project 3.2 Target Population aged 18 years or older at the beginning of the measurement period who had an outpatient or ED encounter with a principal diagnosis of low back pain during the measurement period and who received a plain x-ray detailed in Table LBP-A during the measurement period. |
| **Sub-rate #2 Advanced Images****Numerator:** Individuals from each denominator who **In the 6 months prior to or on the imaging date**, have documentation in the medical record of any of the clinical red flags detailed in [Table LBP-C](#LBPA) (refer to the measure specs)**OR*** **At any time in the patient’s medical history**, have documentation in the medical record of any of the clinical red flags detailed in Table [LBP-D](#LBPB) (refer to the measure specs)

**Denominator:** All individuals from the Project 3.2 Target Population aged 18 years or older at the beginning of the measurement period who had an outpatient or ED encounter with a principal diagnosis of low back pain during the measurement period and who received an advanced imaging study (MRI or CT scan) detailed in Table LBP-B during the measurement period. |

* + 1. **-** **Use of Imaging Studies for Low Back Pain (anytime) Variation of HEDIS Use of Imaging Studies for Low Back Pain measure**

**Summary of Changes from DY 14 Year End Reporting Manual**

* Restructured the specification so that the measure only assesses “Appropriate use of imaging for patient with low back pain”, where-in two sub-rates are based on two different denominators but with a single common numerator.
* Denominator, split into two denominators:
	+ Denominator #1: measures patients with low back pain who received a plain x-ray
	+ Denominator #2: measures patients with low back pain who received either an MRI or a CT Scan.
* Denominator codes, replaced the HEDIS Imaging Study Value Set with two separate value sets included directly in the specifications: Plain X-ray Value Set, Table LBP-A and Advanced Imaging Value Set, Table LBP-B.
* Denominator Exclusions, correction made by replacing reference to “Table LBP-D”, to refer to HEDIS Inpatient Value Set
* Numerators, eliminated the Inappropriate Rate numerator and all associated language.
* Numerator Codes, renamed Tables LBP-A, LBP-B, and LBP-C, to be Tables LBP-C, LBP-D, and LBP-E
* Table LBP-E, updated link to “most current HEDIS NDC List”

**Summary of Changes from DY 13 Year End Reporting Manual**

* Updated the “Value Sets for this metric” section to include HEDIS value set link.
* Metric Denominator, changed:
	+ From: All individuals from the Project 3.2 Target Population aged 18 years or older at the beginning of the measurement period who had an outpatient or ED encounter with a principal diagnosis of low back pain, acute or chronic, during the measurement period.
	+ To: All individuals from the Project 3.2 Target Population aged 18 years or older at the beginning of the measurement period who had an outpatient or ED encounter with a principal diagnosis of low back pain, acute or chronic, during the measurement period and who received an imaging study (plain x-ray, MRI, CT scan) during the measurement period.
* Denominator codes, added Imaging Study Value Set
* Metric Numerators, both rates, removed imaging criteria
* Numerator Codes, removed Imaging Study Value Set
* Corticosteroid Med list: Added instructions to “refer to most current HEDIS NDC list”

**Modification from Native Specification**

Specification Source: PRIME Innovative Metric Steward (Los Angeles County, Department of Health Services)

Metric Steward: Med Current

* N/A

**Value Sets for this metric:**

* HEDIS specs and value sets can also be obtained at the [NCQA Store](https://urldefense.proofpoint.com/v2/url?u=http-3A__store.ncqa.org_index.php_performance-2Dmeasurement_hedis-2Dpublications-2Doutline.html&d=DQMFAg&c=mw0DGsIRSWeeIwTtOgLlUYBaj_ULHm47-3qeImycAG0&r=J5cJUwCDEMX875BkPYijYq6Rd_OGqOewbhsz-vQdFf8&m=FUva6M6tSRROsH5FfIHgROEPVatUwCfVgfOxzr4vUtY&s=BtaJBmOyc5Zhfi-5woBCRt_E83v8VGHVeZDK4UmEQjk&e=). Refer to the *Technical Specifications for Health Plans*.
* The most current HEDIS NDC list can be found on [NCQA’s website](http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license).

***Metric Description***

This metric examines the use of imaging for low back pain (LBP) with and without clinical indications of ‘red flags’ present.

***Sub-Rate #1 Denominator***

All individuals from the Project 3.2 Target Population aged 18 years or older at the beginning of the measurement periodwho had an outpatient or ED encounter with a principal diagnosis of low back pain, acute or chronic, during the measurement period and who received an plain x-ray during the measurement period.

***Metric Denominator #2***

All individuals from the Project 3.2 Target Population aged 18 years or older at the beginning of the measurement periodwho had an outpatient or ED encounter with a principal diagnosis of low back pain, acute or chronic, during the measurement period and who received an **advanced** imaging study (MRI or CT scan) during the measurement period.

**Denominator Code/s (CPT, ICD10, other)**

* Uncomplicated Low Back Pain Value Set
* Plain X-ray Value Set - [Table LBP-A](#LBPA)
* Advanced Imaging Value Set - [Table LBP-B](#LBPB)
* Outpatient Value Set.
* ED Value Set
* Inpatient Stay Value Set.

**Denominator Exclusion/s**

* Do not include ED visits that result in an inpatient stay (Inpatient Stay Value Set). An ED visit results in an inpatient stay when the ED date of service and the admission date for the inpatient stay are one calendar day apart or less.

**Numerator Description**

Individuals with presence of back pain and documentation of any clinical red flags in the specified look-back periods.

**Metric Numerator**

Individuals from the denominator who:

* **In the 6 months prior to or on the imaging date**, have documentation in the medical record of any of the clinical red flags detailed in [Table LBPD-C](#LBPC)

**OR**

* **At any time in the patient’s medical history**, have documentation in the medical record of any of the clinical red flags detailed in [Table LBP-D](#LBPD)

**Numerator Code/s (CPT, ICD10, other)**

* CLINICAL RED FLAG Codes: See Tables [LBP-C](#LBPC) and [LBP-D](#LBPD).
* Malignant Neoplasms Value Set
* Other Neoplasms Value Set
* History of Malignant Neoplasm Value Set
* Trauma Value Set
* IV Drug Abuse Value Set
* Neurologic Impairment Value Set
* HIV Value Set
* Spinal Infection Value Set
* Organ Transplant Other Than Kidney Value Set
* Kidney Transplant Value Set

**Reporting Business Logic**

TBD

**Definitions as applicable**

N/A

**Other Notes as applicable**

Data sources may include, but are not limited to: primary and secondary diagnoses, problem lists, encounter codes.

A higher Appropriate Rate indicates better quality.

NCQA Use of Imaging for Low Back Pain [Metric link here](http://www.qualityforum.org/QPS/0052) for informational purposes only

**APPENDIX – Tables**

***Table LBP-A: Plain X-Ray Value Set***

|  |  |  |
| --- | --- | --- |
| **Description** | **Code** | **Code System** |
|  |  |  |
|  |  |  |
| X-ray exam of spine | 72020 | CPT |
| X-ray exam entire spi 1 vw | 72081 | CPT |
| X-ray exam entire spi 2/3 vw | 72082 | CPT |
| X-ray exam entire spi 4/5 vw | 72083 | CPT |
| X-ray exam entire spi 6/> vw | 72084 | CPT |
| X-ray exam of lower spine | 72100 | CPT |
| X-ray exam of lower spine | 72110 | CPT |
| X-ray exam of lower spine | 72114 | CPT |
| X-ray exam of lower spine | 72120 | CPT |
| X-ray exam sacroiliac joints | 72200 | CPT |
| X-ray exam sacroiliac joints | 72202 | CPT |
| X-ray exam of tailbone | 72220 | CPT |
| Radiology - Diagnostic | 0320 | UBREV |

***Table LBP-B: Advanced Imaging Value Set***

|  |  |  |
| --- | --- | --- |
| **Description** | **Code** | **Code System** |
| CT Scan | 0350, 0352, 0359, 0972 | UBREV |
| Ct lumbar spine w/o dye | 72131 | CPT |
| Ct lumbar spine w/dye | 72132 | CPT |
| Ct lumbar spine w/o & w/dye | 72133 | CPT |
| Magnetic Resonance Technology (MRT) | 0610, 0612, 0614, 0619  | UBREV |
| Mri lumbar spine w/o dye | 72148 | CPT |
| Mri lumbar spine w/dye | 72149 | CPT |
| Mri lumbar spine w/o & w/dye | 72158 | CPT |
| Mr angio spine w/o&w/dye | 72159 | CPT |

***Table LBP-C: Clinical Red Flags (6 month look-back)***

|  |  |  |
| --- | --- | --- |
| **Description** | **ICD-10 Diagnosis** | **Additional parameters** |
| Immunosuppression  | ICD-10: D80-D89, Z92.25ICD-9: 279, V87.46 |  |
| Cauda equina | G83.4Neurologic Impairment Value Set |  |
| Focal deficit & progressive/disabling symptoms | M79.2 |  |
| Unexplained weight loss or fever | R50.9, R63.4 |  |
| IV drug abuse | Using HEDIS® IV Drug Abuse Value Set |  |
| Surgery or intervention candidate | Codes for pre-operative/preprocedural examination: Z01.818 | Otherwise identify according to local system for tracking. |
| Persistent back pain >6 weeks despite conservative treatment | None | At least 6 weeks from time of first diagnosis with low back pain to date of imaging study.Conservative treatment defined as absence of intervention. Non-surgical management includes, but is not limited to: verbal advice, rest, directed exercise, medication/analgesia, massage therapy, physiotherapy, accupuncture). |
| Minor or low velocity trauma in patient aged 60+ years | S30-S39, V00-V79 | Age 60+ years as of 6 months prior to imaging study. |
| Osteoporosis | M80-M81 |  |
| Chronic steroid use | Z79.51, Z79.52 | Refer to *Instructions to identify Chronic Steroid Use,* below Table [LBP-E](#LBPE) |
| Spinal infection | Spinal Infection Value Set |  |
| Trauma | Trauma Value Set |  |

***Table LBP-D: Clinical Red Flags (any time in the patient’s medical record)***

|  |  |  |
| --- | --- | --- |
| **Description** | **ICD-10 Diagnosis** | **Additional parameters** |
| Hx of Cancer |  Using:* Malignant Neoplasms Value Set
* Other Neoplasms Value Set
* History of Malignant Neoplasm Value Set
 |  |
| Previous lumbar surgery | Z98.89 | Clarify that post-procedural state is specific to lumbar surgery. |
| Major Organ Transplant | Organ Transplant Other Than Kidney Value Set, Kidney Transplant Value Set |  |
| HIV | HIV Value Set |  |

**Table LBP-E: Corticosteroid Medications** (refer to most current [HEDIS NDC](http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2019/hedis-2018-ndc-license) list)

|  |  |
| --- | --- |
| **Description** | **Prescription** |
| Corticosteroid | HydrocortisoneCortisonePrednisonePrednisolone | MethylprednisoloneTriamcinoloneDexamethasoneBetamethasone |

*Instructions to identify Chronic Steroid Use:* 90 consecutive days of corticosteroid treatment any time during the 12 months (1 year) prior to and including the date of the low back pain outpatient or ED encounter. To identify consecutive treatment days, identify calendar days covered by at least one dispensed corticosteroid (Table LBP-C). For overlapping prescriptions assume the individual started taking the second prescription after exhausting the first prescription. For example, if an individual had a 30 day prescription dispensed on June 1 and a 30-day prescription dispensed on June 26, there are 60 covered calendar days (June 1 – July 30). Count only medications dispensed during the 12 months (1 year) prior to and including the low back pain outpatient or ED encounter date. When identifying consecutive treatment days, do not count days’ supply that extend beyond the low back pain outpatient or ED encounter date. For example, if a member had a 90-day prescription dispensed on the low back pain outpatient or ED encounter date, there is one covered calendar day (the low back pain outpatient or ED encounter date). No gaps are allowed.

**Rationale**

Low back pain is prevalent in the United States, accounting for approximately 2.5 million outpatient clinical visits each year and affecting 75% of adults at some time in their lives[[1]](#footnote-2). Evidence shows that “imaging for low back pain without indications of serious underlying conditions does not improve clinical outcomes”[[2]](#footnote-3). Thus avoiding imaging for patients presenting without indications of serious underlying pathology can prevent unnecessary harm to patients and reduce healthcare costs.

The metric is a variation of 3.2.3 HEDIS Use of Imaging Studies for Low Back Pain measure, which examines the percentage of patients 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. In the 3.2.3 HEDIS measure, patients with clinically appropriate indications for imaging are excluded, and the measure is reported as an inverted rate (1 - [numerator/denominator]) so a higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).

In comparison, this metric involves breaking out two measures that represent “appropriate” vs. “inappropriate” imaging of low back pain, both acute and chronic presentations. In addition, “red flag” features identified by the American College of Radiology Appropriateness Criteria[[3]](#footnote-4) are incorporated as clinically appropriate indications for imaging. These criteria are approved for use under the CMS (Centers for Medicare and Medicaid Services) Appropriate Use Criteria Program, which mandates that ordering professionals use a qualified clinical decision support mechanism (CDS) in order for furnishing professionals to receive reimbursement under Medicare Part B Outpatient claims for advanced diagnostic imaging services. The enactment date of this legislation is currently January 1, 2020 when a 1-year “education and testing” period begins, with reimbursement denials set to commence January 1, 2021.[[4]](#footnote-5)

This metric also increases the 28 day time interval for imaging to 6 months. Data from safety net health systems suggests that unnecessary imaging is performed for chronic LBP outside the 28-day acute window.

1. National Quality Measures Clearinghouse (NCQM). Measure summary: Use of imaging studies for low back pain: percentage of members 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. In: National Quality Measures Clearinghouse (NQMC) [Website]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 1 Oct 2015. [Accessed 9 May 2018]. Available at: <https://www.qualitymeasures.ahrq.gov> [↑](#footnote-ref-2)
2. Chou R, Fu R, Carrino JA, Deyo RA (2009). Imaging strategies for low-back pain: systematic review and meta-analysis. The Lancet, 373(9662): 463-472. [Accessed 9 May 2018]. Available at: [https://doi.org/10.1016/S0140-6736(09)60172-0](https://doi.org/10.1016/S0140-6736%2809%2960172-0) [↑](#footnote-ref-3)
3. Patel ND, Broderick DF, Burns J, et al. ACR Appropriateness Criteria® Low Back Pain. American College of Radiology. [Accessed 1 February 2016]. Available at <https://acsearch.acr.org/docs/69483/Narrative/>. [↑](#footnote-ref-4)
4. Centers for Medicare and Medicaid Services. Appropriate Use Criteria Program [Website]. 29 November 2017. [Accessed 9 May 2018]. Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/index.html> [↑](#footnote-ref-5)