

Use of Imaging Studies for Low Back Pain (LBP)

New for 2025

Added

- Added a diagnosis of osteoporosis to required exclusions

Definition

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 measure and a higher score indicates appropriate treatment of low back pain, where imaging studies did not occur.

Plans(s) affected	Quality program(s) affected	Collection and reporting method
<ul style="list-style-type: none"> • Commercial • Medicaid • Medicare 	<ul style="list-style-type: none"> • CMS Quality Rating System • NCQA Accreditation • NCQA Health Plan Ratings 	Administrative <ul style="list-style-type: none"> • Claim/encounter data

Codes

The following codes can be used to close HEDIS numerator gaps in care; they are not intended to be a directive of your billing practice.

The following codes are imaging studies that should be avoided with a diagnosis of uncomplicated **low back pain**.

Imaging studies	
CPT®/CPT II	72126, 72125, 72127, 72132, 72131, 72133, 72129, 72128, 72130, 72142, 72141, 72149, 72148, 72147, 72146, 72156, 72158, 72157, 72202, 72200, 72220, 72040, 72050, 72052, 72082, 72083, 72084, 72081, 72100, 72120, 72114, 72110, 72020, 72070, 72072, 72074, 72080

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Use of Imaging Studies for Low Back Pain (LBP) (cont.)

Imaging Studies

SNOMED

168573004, 2847006, 241092006, 14871000087107, 713016000, 1251643002, 241592002, 16554061000119109, 702513003, 702514009, 702515005, 702516006, 711224009, 715290001, 723646000, 241580002, 702521009, 702522002, 709698004, 702523007, 572091000119106, 702487007, 702488002, 90523008, 24856003, 90805008, 26537001, 47987001, 6238009, 57235004, 61368000, 91583001, 35443000, 429868005, 429860003, 168588009, 431613003, 429871002, 711271003, 430021001, 430507007, 432244001, 440450002, 16328021000119109, 700320001, 700321002, 413001000119107, 702607002, 702608007, 16384831000119100, 241646009, 60443006, 571891000119109, 495741000119105, 411611000119102, 711184004, 711186002, 433141005, 433140006, 241648005, 431250008, 709652000, 726546000, 709653005, 41333006, 394451000119106, 700319007, 448641007, 241647000, 411571000119106, 91333005, 396171000119100, 772220000, 276478001, 868279006, 17141000087101, 712970008, 3721000087104, 840361000, 3731000087102, 783627007, 66769009, 79760008, 45554006, 46700000, 7812007, 48816001, 86392000, 21613005, 6728003, 72508000, 68862002, 241094007, 443580006, 303935004, 431496002, 711104001, 431557005, 22791004, 431892005, 419942003, 431871005, 432078003, 444634007, 432770001, 715458009, 716830000, 718542005, 717912001, 718545007

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Use of Imaging Studies for Low Back Pain (LBP) (cont.)

Required exclusion(s)

Exclusion	Time frame
<ul style="list-style-type: none"> Members in hospice or using hospice services Members receiving palliative care Members who died 	<p>Any time during the measurement year</p>
<ul style="list-style-type: none"> Members 66 years of age and older as of Dec. 31 of the measurement year with frailty and advanced illness. Members must meet both frailty and advanced illness criteria to qualify as an exclusion: <ul style="list-style-type: none"> - Frailty: At least 2 diagnoses of frailty on different dates of service during the measurement year. Do not include claims where the frailty diagnosis was from an independent lab (POS 81). - Advanced Illness: Indicated by one of the following: <ul style="list-style-type: none"> o At least 2 diagnoses of advanced illness on different dates of service during the measurement year or year prior. Do not include claims where the advanced illness diagnosis was from an independent lab (POS 81). o Dispensed dementia medication Donepezil, Donepezil-Memantine, Galantamine, Rivastigmine or Memantine 	<ul style="list-style-type: none"> Frailty diagnoses must be in the measurement year and on different dates of service Advanced illness diagnosis must be in the measurement year or year prior to the measurement year

Any member who had a diagnosis where imaging is clinically appropriate including:

<ul style="list-style-type: none"> Cancer HIV Major organ transplant Osteoporosis or osteoporosis therapy Lumbar surgery Spondylopathy 	<p>Any time in a member's history through 28 days after the principal diagnosis of low back pain between Jan. 1–Dec. 3 of the measurement year</p>
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Use of Imaging Studies for Low Back Pain (LBP) (cont.)

Exclusion	Time frame
<ul style="list-style-type: none"> • Recent trauma • Fragility fractures 	Any time 90 days prior to or 28 days after the principal diagnosis of low back pain between Jan. 1–Dec. 3 of the measurement year
Prolonged use of corticosteroids – 90 consecutive days of corticosteroid treatment	Dispensed any time 12 months prior to the principal diagnosis of low back pain between Jan. 1–Dec. 3 of the measurement year
<ul style="list-style-type: none"> • Intravenous drug abuse • Neurologic impairment 	Any time 12 months prior to or 28 days after the principal diagnosis of low back pain between Jan.1–Dec. 3 of the measurement year
Spinal infection	Any time 12 months prior to or 28 days after the principal diagnosis of low back pain between Jan. 1–Dec. 3 of the measurement year

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Important notes

	Test, service or procedure to avoid	Test, service or procedure to close care opportunity
The imaging studies listed in the column at right are not clinically appropriate for a diagnosis of <u>uncomplicated low back pain</u> .	<ul style="list-style-type: none"> • CT scan • MRI • Plain X-ray 	
The principal diagnosis of <u>uncomplicated low back pain</u> can come from any of the services listed in the column at right for a member to be included in this measure.		<ul style="list-style-type: none"> • E-visit or virtual check-in • Osteopathic or chiropractic manipulative treatment • Outpatient visit • Physical therapy visit • Telephone visit

Tips and best practices to help close this care opportunity

- **Please check your Patient Care Opportunity Report (PCOR) or Practice Assist often to see members with open care opportunities.**
If you have questions, your UnitedHealthcare representative can help
- Sharing member demographic data is critical to understanding the cultural, linguistic and social needs of those we serve and decreasing health inequities across the care continuum. This data can include, but is not limited to, race, ethnicity, language, sexual orientation, gender identity, pronouns, sex assigned at birth and disability status.
- As part of the UnitedHealthcare clinical structured data exchange program, we encourage you to include this demographic data with any structured data file or CCD. Your information is confidential. UnitedHealthcare will keep personally identifiable information confidential and won't disclose any information without your written consent.

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