



Commercial Quality Improvement

LOW BACK PAIN TOOLKIT

LOW BACK PAIN

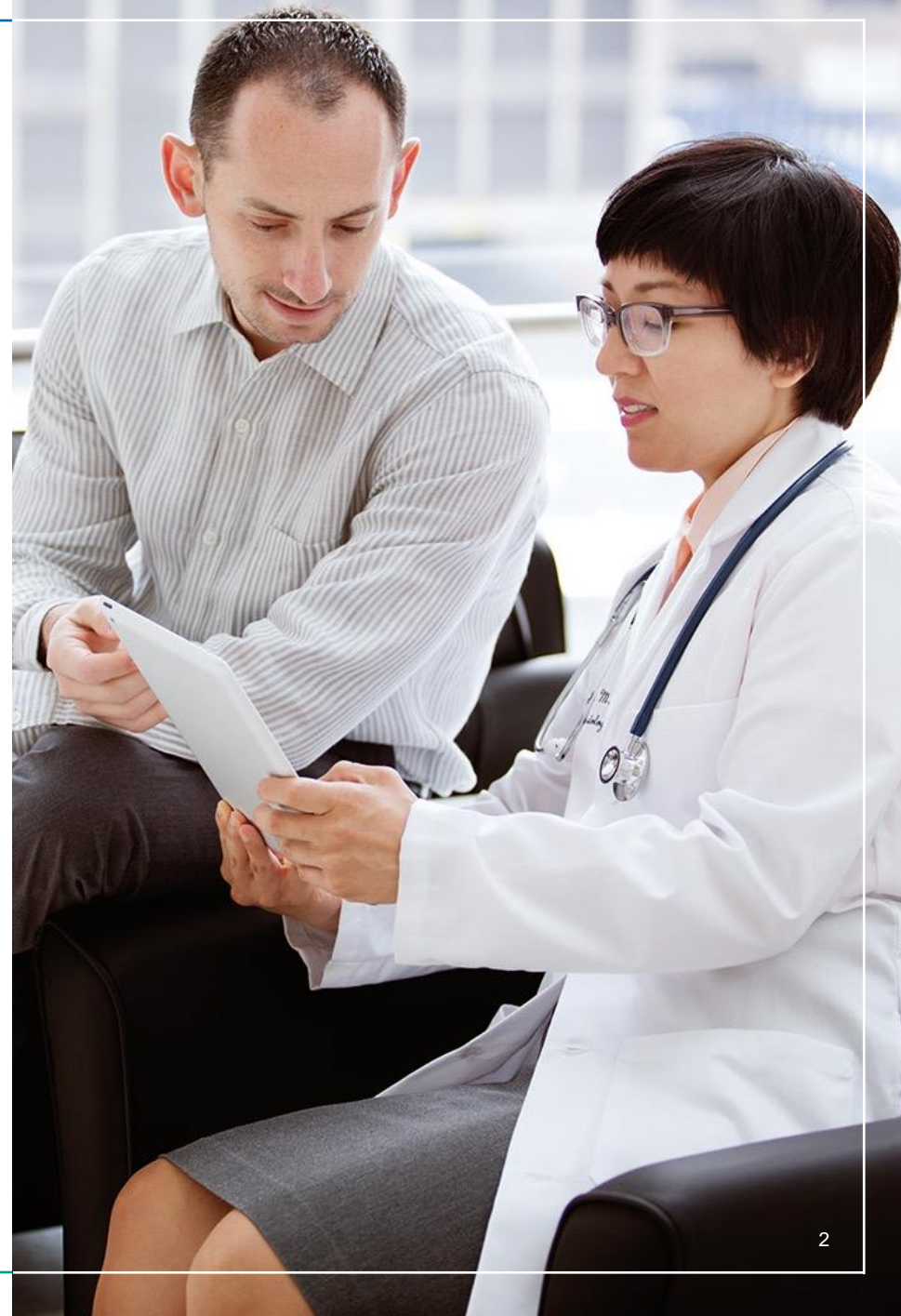
Topics

In this presentation, we'll cover:

- › HEDIS® Update
- › Centers for Disease Control and Prevention (CDC) Update
- › Provider Resources
- › Contact Information

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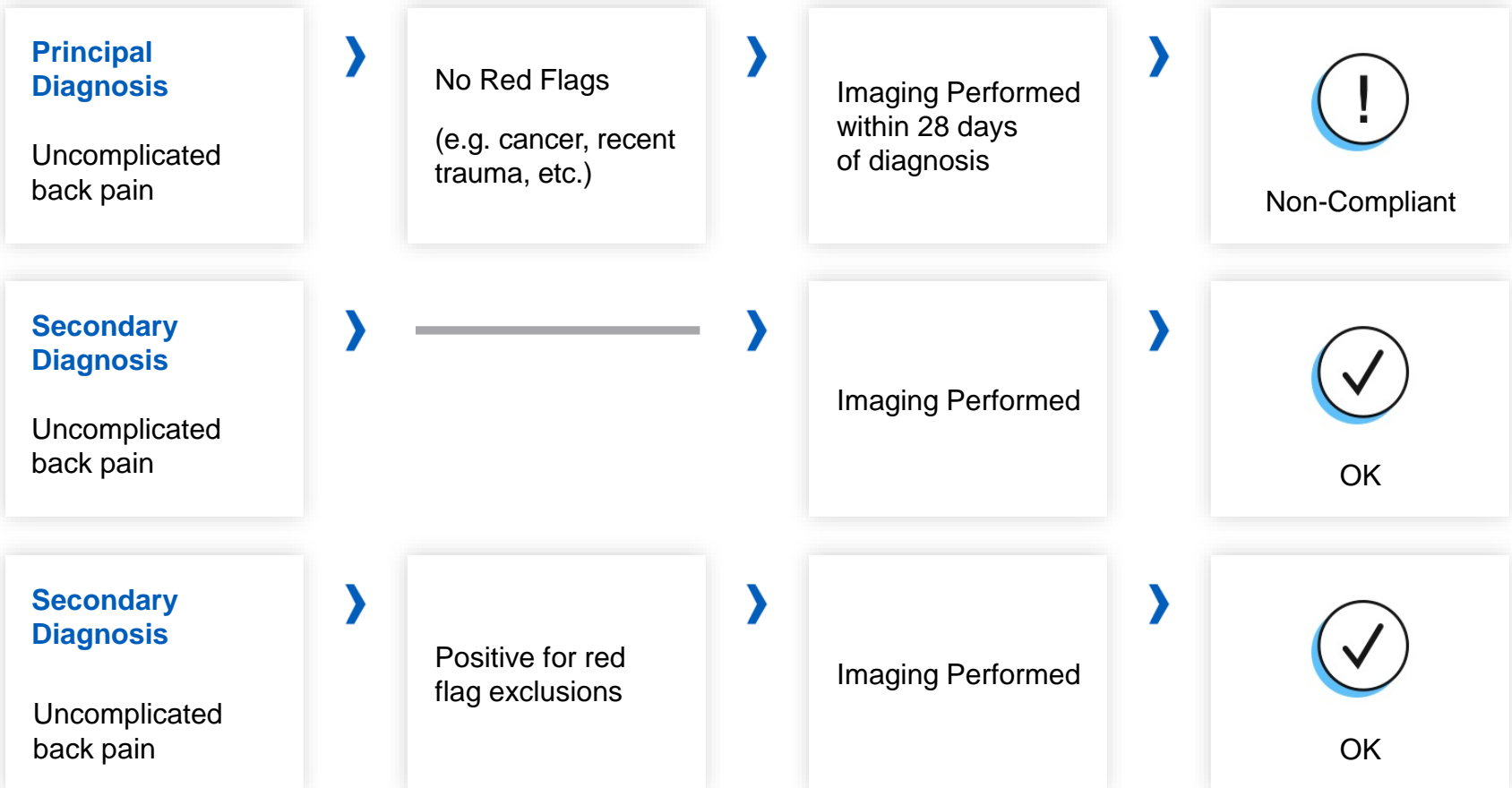
Use of Imaging Studies for Low Back Pain (LBP) (18-75 years)

Patients with a primary diagnosis of uncomplicated low back pain should wait 28 days or more from primary diagnosis being given, before they undergo an imaging study (plain X-Ray, MRI, CT scan).

- › Encourage patients to try conservative treatments such as:
 - Ice
 - Heat
 - OTC Pain Relief
 - Stretching or back straightening exercises
 - Safe back habits
- › Helpful Tips:
 - Include documentation and coding, along with the diagnosis of LBP on the claim, for “red-flag” conditions (exclusions) where an imaging study should be ordered. This will prevent an open gap that can’t be closed. There's a six month review period for any primary diagnosis of LBP during that time.
 - If this gap opens, it can’t be closed.

QUALITY CARE

Use of Imaging Studies for Low Back Pain (LBP) (18-75 years)



What to Report

It's important to document and code for any exclusions that would warrant use of imaging studies.

Below are categories and sample codes for HEDIS[®] exclusions:

› Cancer

- Examples: C34.10 Malignant Neoplasm of the Upper Lobe, Lung; C25.1 Malignant Neoplasm of Body of Pancreas (ICD-10 codes)
- Cancer any time during the member's history through 28 days after the primary diagnosis of LBP

What to Report (cont.)

Categories and sample codes for HEDIS® exclusions:

› Recent Trauma

- Example: G89.11 Acute Pain due to Trauma (ICD-10 code)
- Additional examples include: S02.0XXA, S03.00XA, S06.0X0A, S06.1X0A, S06.2X0A, S06.300A, S06.310A, S06.5X6A, S12.8XXA. There are many codes in this category for use. If you have questions, please contact a Clinical Consultant for additional assistance.
- Trauma any time during the three months (90 days) prior to the primary diagnosis of LBP through 28 days after the diagnosis of LBP
- **Note:** A code must be specific to be considered as an exclusion. General codes such as "falls" or "weakness" won't meet the exclusion standard. Make sure the information you're entering is as specific as possible.

What to Report (cont.)

Categories and sample codes for HEDIS® exclusions:

› Intravenous (IV) Drug Abuse

- Example: F11.10 Opioid abuse, uncomplicated (ICD-10 code)
- IV drug abuse any time during the 12 months (one year) prior to the primary diagnosis of LBP through 28 days after the diagnosis of LBP

› Neurologic Impairment

- Example: G83.4 Cauda equina syndrome (ICD-10 code)
- Neurologic impairment any time during the 12 months (one year) prior to the primary diagnosis of LBP through 28 days after the diagnosis of LBP

› Human Immunodeficiency Virus (HIV)

- Example: B20 Human Immunodeficiency Virus (HIV) disease and Z21 Asymptomatic HIV infection status (ICD-10 codes)
- HIV any time during the patient's history through 28 days after the primary diagnosis of LBP

What to Report (cont.)

Categories and sample codes for HEDIS[®] exclusions:

› Spinal Infection

- Example: G06.1 Intraspinal abscess and granuloma (ICD-10 code)
- Spinal infection any time during the 12 months (one year) prior to the primary diagnosis of LBP through 28 days after the diagnosis of LBP

› Organ Transplant (other than kidney)

- 32850-32856 CPT[®] codes
- Organ transplant (other than kidney) any time in the patient's history through 28 days after the primary diagnosis of LBP

› Kidney Transplant

- Example: Z94.0 Kidney Transplant Status (ICD-10 code)
- Kidney transplant any time in the patient's history through 28 days after the primary diagnosis of LBP

What to Report (cont.)

Categories and sample codes for HEDIS[®] exclusions:

› Prolonged Use of Corticosteroids

- Use Corticosteroid medication list
- 90 consecutive days of corticosteroid treatment any time during the 365-day period prior to the primary diagnosis of LBP and ends on the day of the primary diagnosis of LBP (366 days total)

› Osteoporosis

- Osteoporosis therapy or a dispensed prescription to treat osteoporosis
- Any time during the member's history through 28 days after the primary diagnosis of LBP
- Example: CPT[®] J0897; Injection, Denosumab, 1 mg

What to Report (cont.)

Categories and sample codes for HEDIS[®] exclusions:

› Fragility Fracture

- Any time during the three months (90 days) prior to the primary diagnosis of LBP through 28 days after the primary diagnosis of LBP
- Example: M48.40XD (ICD-10 code); Fatigue fracture of vertebra, site unspecified, subsequent encounter for fracture with routine healing

› Lumbar Surgery

- Any time during the member's history through 28 days after the primary diagnosis of LBP
- Example: CPT[®] 22114

What to Report (cont.)

Categories and sample codes for HEDIS® exclusions:

› Spondylopathy

- Any time during the member's history through 28 days after the primary diagnosis of LBP
- Example: M45.0 (ICD-10 code); Ankylosing spondylitis of multiple sites in the spine

› Palliative Care

- Patient receiving palliative care during the measurement year



HEDIS® UPDATE

HEDIS® Measure: Use of Imaging Studies for LBP

Accurate coding is key.

- › The percentage of patients with a primary diagnosis of LBP who did **not** have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis and does not have an exclusion code
- › **Age Group:** 18-75 years of age

A Common Condition

Low back pain (LBP) is very common, causing more global disability than any other condition.

In one study, it was the most common type of pain reported by patients, with 25% of U.S. adults reporting LBP in the last three months.

LBP is frequently classified based on several clinical characteristics, including duration of symptoms.

- › Acute back pain is often defined as lasting less than four weeks.
- › Subacute back pain lasts four to 12 weeks.
- › Chronic back pain lasts more than 12 weeks.

Many patients do not present acute symptoms for LBP, as it typically will resolve on its own without intervention.

Opioids Commonly Prescribed

Opioids continue to be prescribed for LBP, despite an overall lack of evidence to support their effectiveness.

A recent study showed that 13.7% of 2017 visits for acute LBP covered by private insurance were associated with an opioid prescription. Prescriptions were for a median seven-day supply (interquartile range 4-15 days) and median daily dosage of 21.4 milligrams.

Another recent study found that in 2015, 27% of opioid-naïve patients with newly diagnosed low-back or extremity pain received an opioid prescription.


- › In the last three months, 25% of U.S. adults reported having LBP, making it the most commonly reported.
- › Almost 14% of insured patients who sought care for LBP were prescribed opioids.

A photograph of a doctor in a white lab coat with a stethoscope around her neck, sitting and talking to an older woman with long white hair. They are in a clinical setting with a desk and a lamp in the background. The entire image is overlaid with a blue-to-green gradient.

Provider Resources

LBP Pocket Guide

Based on recommendations from the CDC and Choosing Wisely (ABIM).

 of Tennessee

Low Back Pain (LBP)

A guide to evaluation of acute, non-traumatic LBP

Note: Include documentation and coding for “red flag” conditions (exclusions) where an imaging study should be ordered, along with the secondary diagnosis of LBP on the claim, when appropriate. This will prevent an open gap that can’t be closed.

Check History

- › Date of onset
- › Character
- › Precipitating events
- › Previous episodes
- › Associated symptoms
- › Location
- › Severity
- › Duration
- › Relieving/exacerbating factors
- › Attempted treatment

Exam

- › Inspection of back/posture/gait
- › Neurologic evaluation
- › Straight leg raise (SLR)
- › Reflexes
- › Strength
- › Sensory
- › Percussion

Look For These “Red Flags”

- › Unintended weight loss
- › Night Sweats
- › History of malignancy
- › Neurologic symptoms
 - Weakness
 - Falls/gait instability
 - Numbness/sensory change
 - Bowel/bladder symptoms
- › Recent bacterial infection
- › Fever
- › Immuno-compromise (transplant, corticosteroids, biologic medications, HIV)
- › Recent back procedures
- › Intravenous drug abuse (IVDA)
- › Worsening/night pain
- › Osteoporosis or a history of lumbar surgery, fragility fractures, spondylopathy or taking steroids

Imaging Considerations

! Avoid unnecessary radiation exposure. It’s rarely indicated in the first six weeks following index visit.

Recommended Treatment*

- › Activity as tolerated
- › Physical therapy
- › Simple analgesics (avoid opioids)
- › Non-pharmacologic therapies
 - Heat
 - Massage
 - Acupuncture
 - Spinal manipulation

* Based on recommendations from the Centers for Disease Control and Prevention (CDC) and Choosing Wisely (ABIM).

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EXTERNAL PROVIDER RESOURCES

CDC and Choosing Wisely

There are many external websites to assist with additional patient education related to LBP. These sites include materials for in-office use and patient visits.



CDC and Choosing Wisely (cont.)

› CDC

- [Guideline for Prescribing Opioids for Chronic Pain](#)
- [Guideline Resources: Clinical Tools](#)
- [Training for Providers](#)
- [Calculating Daily Dose of Opioids, and Morphine Milligram Equivalents \(MME\)](#)

› Choosing Wisely

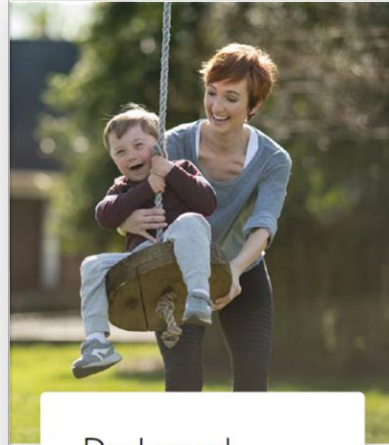
- https://www.choosingwisely.org/patient-resources/#keyword=Back_pain

LBP Member-Focused Brochure



MANAGING PAIN AT HOME ›

Low Back Pain



Do I need an X-ray?

Most of the time, the answer is no. Low back pain is usually caused by muscle strain. In these cases, an X-ray won't reveal the problem.



Do I need to see my provider?

If the pain gets worse or doesn't get better after a few days, call your primary care provider. Your provider may recommend or prescribe:

- › Acupuncture
- › Chiropractic care
- › Massage therapy
- › Pain medication
- › Physical therapy



Partners in the Pursuit of Health

For more information, contact your BlueCross Commercial Quality Improvement team:

- › Educational opportunities
- › Order more Low Back Pain brochures
- › Ask a question or get assistance with resources

CONTACTS

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