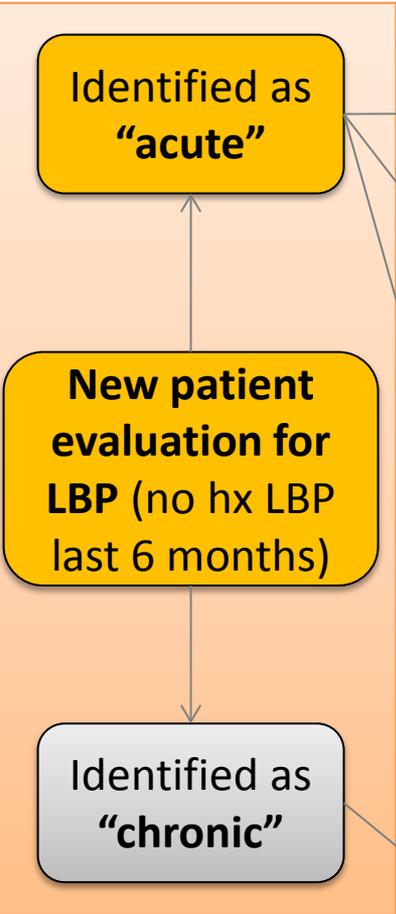


HEDIS ACUTE Low Back Imaging **CODING** algorithm based on FY17 NCQA changes and DHA guidance

**Code as follows:**



If **no imaging** for at least **28 days** and\*:  
**1° dx:** any low back pain code

If imaging completed **within 28 days\*** and:  
**1° dx:** any low back pain code  
**2° dx:** **no valid exclusionary diagnosis**

If imaging completed **within 28 days\*** and:  
**1° dx:** any low back pain code  
**2° dx:** **valid exclusionary diagnosis:** cancer, trauma within 90 days, IV drug use, cauda equina (in CY17 G83.4 is the only neurological impairment code allowed), HIV, spinal infection, major organ transplant, 90+ consecutive days of corticosteroid use

**1° dx:** **G89.29** (chronic pain)  
**2° dx:** any low back pain code

**1° dx:** **Physical exam code**  
**2° dx:** any low back pain code

**Impact of coding on HEDIS low back imaging metric**

Positively impacts HEDIS low back metric

Negatively impacts HEDIS low back metric

No impact – when low back pain coded as 2<sup>nd</sup> diagnosis, this patient not included in the calculation

\*28 days after first visit for low back pain (no previous visits in the 6 months)

If **no imaging** for at least **28 days** and\*:  
1° dx or 2° dx: any low back pain code

There is only one way to improve the metric – **wait at least 28 days** from initial visit to order imaging

If imaging completed **within 28 days\*** and:  
1° dx: any low back pain code  
2° dx: **no valid exclusionary diagnosis**

There is only one way to hurt the metric – use low back pain codes as the 1° diagnosis and has imaging without a valid exclusionary code within 28 days

If imaging ordered **within 28 days\*** and:  
1° dx: any low back pain code  
2° dx: **valid exclusionary diagnosis:**  
cancer, trauma within 90 days, IV drug use, cauda equina (**in CY17 G83.4 is the only neurological impairment code allowed**), HIV, spinal infection, major organ transplant, 90+ consecutive days of corticosteroid use

There are two ways to exclude the encounter from the metric:

- Put LBP as 1° diagnosis with a valid exclusionary code
- Put low back pain as 2° diagnosis\*

1° dx: **G89.29** (chronic pain)  
2° dx: any low back pain code

1° dx: **Physical exam code**  
2° dx: any low back pain code

\*While it is enticing to choose a policy of always putting LBP as the 2° diagnosis, this often detracts the hospital because the denominator will be artificially low allowing a few non-adherent clinicians to tank the metric