

## LOW BACK PAIN METRIC CODING GUIDE (March 2019)

### What is the measure?

The HEDIS Low Back Pain measure looks at the percentage of adults age 18-50 enrolled in TRICARE Prime/Plus with a primary diagnosis of low back pain who did not have an imaging study (Plain X-ray, MRI or CT scan) within 28 days of the diagnosis.

### Improving HEDIS scores:

- The HEDIS goal is for the patients presenting with uncomplicated low back pain not to have imaging studies within 28 days of diagnosis.
- Imaging studies are not necessary for confirmation of most low back pain diagnoses; the majority of low back pain diagnoses resolve within 6 weeks
- Provide patient education on pain relief, stretching exercises, safe back habits and activity level
- Refer to Physical Therapy
- Imaging study for low back pain may be clinically indicated for patients with any history of cancer, HIV, or organ transplant or a recent history of trauma, IV drug abuse or neurologic impairment. Make sure you are using the correct diagnosis codes.

### Uncomplicated Low Back Pain Diagnoses

**Uncomplicated low back pain does NOT need imaging. Code with appropriate LBP diagnosis as primary diagnosis. Treat with rest, exercises, PT etc. and no imaging for 28 days. These patients are included in the metric and will IMPROVE the score. If patient does get imaging in the next 28 days, they will HURT the metric unless one of the green\*\* diagnoses are added in that 28 day period. (AVOID these as primary diagnosis if anticipate needs imaging within 28 days)**

Codes	Description
M47.26-M47.28	Other Spondylosis with Radiculopathy
M47.816 -M47.818	Spondylosis without radiculopathy
M47.896 - M47.898	Other Spondylosis
M48.06 -M48.08	Spinal Stenosis
M51.16 -M51.17	Invertebral disc disorders with radiculopathy
M51.26 -M51.27	Other intervertebral disc displacement
M51.36 -M51.37	Other intervertebral disc degeneration
M51.86 -M51.87	Other intervertebral disk disorders
M53.2X6 -M53.2X8	Spinal instabilities
M53.3	Sacrococcygeal disorders not elsewhere classified
M53.86 -M53.88	Other specified dorsopathies
M54.16-M54.18	Radiculopathy (Lumbar, lumbosacral, sacral and sacrococcygeal)
M54.30 -M54.32	Sciatica
M54.40 -M54.42	Lumbago with Sciatica
M54.5	Low Back Pain
M54.89 -M54.9	Other dorsalgia
M99.03-M99.04	Segmental and somatic dysfunction (lumbar/sacral region)
M99.23, M99.33, M99.43, M99.53, M99.63, M99.73	Subluxation, osseous, connective tissue, intervertebral Stenosis of neural canal of lumbar region
M99.83, M99.84	Other biomechanical lesions
S33.1	Subluxation of lumbar vertebra
S33.5-S33.9	Sprain spine and pelvis
S39.001(A,D,S) -S39.94X(A,D,S)	Strain or other injury of muscle, fascia and tendon of lower back

**Are You considering Imaging?...How to keep them off the metric (they do not hurt or help the metric):**

Reason for imaging	Diagnoses (DX) codes	Description of how to use the codes and metric impact
<b>Trauma</b>	Use G89.11 for acute pain due to trauma	Fractures, dislocations, penetrating trunk wounds, concussions etc. This DX will keep pt off metric for next 3 months if comes in for LBP
<b>Mechanism of injury suggests need for imaging, but DX is one of "Blue" uncomplicated LBP DXs</b>	<b>*S30.810 low back abrasion or S30.91XA superficial injury of lower back/pelvis or any other specific injury DX code.</b>	All Injuries coded must be described in note. Code the abrasion, contusion or other injury DX code as primary DX and one of the "blue" uncomplicated DXs as a secondary DX. Cannot use M54.5 as a secondary DX to a DX of a back injury because pain is expected symptom. You can use M54.5 as a secondary DX to an injury DX of other parts of the body. If LBP is not primary DX, imaging will not impact metric and the secondary LBP DX will document history of LBP for next 6 months for appropriate imaging with no metric impact. <b><i>If no other injury or chronic condition DX is documented in the note, then a blue LBP DX must be primary DX and any imaging in next 4 weeks will have negative impact on metric.</i></b>
<b>Chronic LBP but not DX'ed in last 6 months</b>	*Use G89.29 as Primary DX and LBP as secondary if pain management is the purpose of the visit	"Other Chronic Pain" Only visits with LBP as primary DX trigger the metric. Another visit for LBP in the next 6 months will not count because pt will have documented LBP history in last 6 months which excludes from metric. Must document pain management plan for the chronic pain in addition to the "blue" uncomplicated LBP DX.
<b>Patient T-CON with new complaint of LBP</b>	*Use LBP as secondary to other trauma DX if applicable.	If a "count" provider t-con, it will put pt in the denominator if primary dx is "blue" uncomplicated LBP DX. So, it can start the 28 day imaging clock. If a nurse t-con using 99499 as E&M, it will document LBP history to exclude future LBP visits from the metric for 6 months. Nurse or provider non-count t-cons with 99444 E&M do not trigger the metric, but do count for history of LBP.
<b>History of Cancer</b>	<b>**Z85.0-Z86.0</b>	Personal History of malignant neoplasm. --add this to LBP encounter to assure capture of history--permanent exclusion from metric
	<b>**V10.0-10.9</b>	Hx-malignancy----add this to LBP encounter to assure capture of history--permanent exclusion from metric
		over 1000 cancer DX and treatment codes that permanently exclude pt from metric if coded in any inpatient or outpatient encounter
<b>IV Drug Abuse</b>	<b>**F11.10-F11.29</b>	Opioid related disorders. Any drug abuse code in the 12 months prior through 28 days after LBP DX will exclude the patient.
	<b>**F13.10-F13.29</b>	Sedative, hypnotic or anxiolytic related disorders.
	<b>**F14.10-F14.29</b>	Cocaine related disorders.
	<b>**F15.10-F15.29</b>	Other stimulant related disorders.
<b>Neurologic Impairment</b>	<b>**G83.4</b>	Cauda equina syndrome. This DX at any time in 12 months prior through 28 days after the LBP DX will exclude the patient from the metric
	*Use M79.2 as primary DX and LBP as secondary DX	"Neuralgia and neuritis, unspecified". Only visits with LBP as primary DX trigger the metric. Another visit for LBP in the next 6 months will not count because pt will have documented LBP history in last 6 months which excludes from metric
<b>Spinal infection</b>	<b>**G06.1; A17.81; M46.25-M46.28; M46.35-M46.38; M46.46-M46.48</b>	"Intraspinal abscess, Tuberculoma, Osteomyelitis, intervertebral infection or discitis of spine" DX any time in 12 months prior through 28 days after LBP DX will exclude the patient.
<b>Organ Transplant</b>	<b>**Z94.0 (only DX, all other are procedure codes)</b>	"Kidney Transplant status" is only dx you can add to outpt encounter. Organ transplant documented at any time in history through 28 days after LBP DX will permanently exclude from metric
<b>HIV</b>	<b>**ICD10: B20;Z21 ICD9: 042;V08</b>	HIV DX documented at any time in history through 4 wks after LBP DX will permanently exclude from metric
<b>Prolonged use of corticosteroids</b>		90 days continuous use based on pharmacy data occurring any time in 12 months prior to LBP primary DX will exclude patient from metric.
* These diagnoses do NOT exclude the patient from metric. Instead when used as a primary DX with a LBP DX as a secondary DX, they establish a history of LBP. If this is the first visit with LBP pt will not be on the metric even if someone gives them primary DX of LBP in a future visit in next 6 months. However, if the pt had a previous visit with a primary DX of LBP in the last 4 weeks and you order imaging, the pt will hurt the metric because the previous visit with a primary LBP DX already triggered the pt into the denominator.		
** These diagnoses are excluding diagnoses. These remove the patient from the metric even if pt had a previous visit in the last 4 weeks with LBP as a primary DX. All exclusion diagnoses prevent some future primary DX LBP visits from counting in the metric as described above.		