

## Measure Description

The percentage of members 18–75 years of age 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.

Note: A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).

**Product Lines:** Commercial, Medicaid, Medicare, Exchange

## Codes Included in the Current HEDIS® Measure

### Codes to Identify Low Back Pain

Description	Code
Imaging Study	<b>CPT:</b> 72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080-72084, 72100, 72110, 72114, 72120, 72125-72133, 72141, 72142, 72146-72149, 72156-72158, 72200, 72202, 72220
Uncomplicated Low Back Pain	Do not include laboratory claims (claims with POS code 81). <b>ICD-10:</b> M47.26-M47.28, M47.816-M47.818, M47.896-M47.898, M48.061, M48.07, M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6-M53.2X8, M53.3, M53.86-M53.88, M54.16-M54.18, M54.30-M54.32, M54.40-M54.42, M54.5, M54.50, M54.51, M54.59, M54.89, M54.9, M99.03, M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS

## Medications

### Corticosteroid Medications Exclusions

Description	Prescription
Corticosteroid	Betamethasone/Betamethasone acetate, Cortisone, Dexamethasone, Hydrocortisone, Methylprednisolone, Prednisolone, Prednisone, Triamcinolone

### Osteoporosis Medications Exclusions

Description	Prescription
Bisphosphonates	Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic acid
Other agents	Abaloparatide, Denosumab, Raloxifene, Romosozumab, Teriparatide

### Dementia Medications Exclusions

Description	Prescription
Cholinesterase Inhibitors	Donepezil, Galantamine, Rivastigmine

Miscellaneous Central Nervous System Agents	Memantine
Dementia Combinations	Donepezil-memantine

## Ways Providers can Improve HEDIS® Performance

- Avoid ordering diagnostic studies within 30 days of a diagnosis of new-onset back pain in the absence of red flags (e.g., cancer, recent trauma, neurologic impairment, or IV drug abuse).
- Provide patient education on comfort measures, e.g., pain relief, stretching exercises, and activity level.
- Avoid opioids to treat common low back pain.

## Ways Health Plans can Improve HEDIS® Performance

- Provide member education on the importance of reducing the use of imaging for LBP since imaging tests do not provide useful information in cases of strained muscles and ligaments and can expose members to unnecessary radiation
- Educate members about ways to treat symptoms and prevent reinjury such as using heat/ice, using non-narcotic pain relievers, and remaining active
- Audit, identify, and educate providers who overuse imaging tests for lower back pain.

## Required Exclusions

- Members who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Members who die any time during the measurement year.
- Cancer any time during the member's history through 28 days after the index episode start date (IESD: The earliest date of service for an eligible encounter during the intake period with a principal diagnosis of low back pain.) Do not include laboratory claims (POS: 81). IES
- Trauma any time during the 90 days prior to the IESD through 28 days after the IESD. Do not include laboratory claims (POS: 81).
- IV drug abuse any time during the 365 days prior to the IESD through 28 days after the IESD. Do not include laboratory claims (POS: 81).
- Neurologic impairment any time during the 365 days prior to the IESD through 28 days after the IESD. Do not include laboratory claims (POS: 81).
- HIV any time during the member's history through 28 days after the IESD. Do not include laboratory claims (POS: 81).
- Spinal infection any time during the 365 days prior to the IESD through 28 days after the IESD. Do not include laboratory claims (POS: 81).
- Major organs transplant any time in the member's history through 28 days after the IESD.
- A history of a major organ transplants any time in the member's history through 28 days after the IESD. Do not include laboratory claims (POS: 81).
- 90 consecutive days of corticosteroid treatment any time during the 366-day period that begins 365 days prior to the IESD and ends on the IESD.
- Osteoporosis therapy or a dispensed prescription to treat osteoporosis any time during the member's history through 28 days after the IESD. Do not include laboratory claims (POS: 81).
- Fragility fractures any time during the 90 days prior to the IESD through 28 days after the IESD. Do not include laboratory claims (POS: 81).
- Lumbar surgery any time during the member's history through 28 days after the IESD.
- Spondylopathy any time during the member's history through 28 days after the IESD. Do not include laboratory claims (POS: 81).
- Members receiving palliative care any time during the measurement year.
- Members who had an encounter for palliative care (ICD-10-CM code Z51.5) any time during the measurement year. Do not include laboratory claims (POS: 81).

- Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Members must meet **both** frailty and advanced illness criteria to be excluded:
  - **Frailty.** At least two indications of frailty with different dates of service during the measurement year. Do not include laboratory claims (claims with POS code 81).
  - **Advanced Illness.** Either of the following during the measurement year or the year prior to the measurement year: (a) Advanced illness on at least two different dates of service. Do not include laboratory claims (claims with POS code 81); (b) Dispensed dementia medication.

All summaries of the measures contained herein are reproduced with permission from HEDIS® Volume 2: Technical Specifications for Health Plans by the National Committee for Quality Assurance (NCQA).

The information presented herein is for informational and illustrative purposes only. It is not intended, nor is it to be used, to define a standard of care or otherwise substitute for informed medical evaluation, diagnosis and treatment which can be performed by a qualified medical professional. Molina Healthcare, Inc. does not warrant or represent that the information contained herein is accurate or free from defects.

### COPYRIGHT NOTICE AND DISCLAIMER

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). The HEDIS measures and specifications were developed by and are owned by NCQA. NCQA holds a copyright in these materials and may rescind or alter these materials at any time. Users of the HEDIS measures and specifications shall not have the right to alter, enhance or otherwise modify the HEDIS measures and specifications, and shall not disassemble, recompile or reverse engineer the HEDIS measures and specifications. Anyone desiring to use or reproduce the materials, subject to licensed user restrictions, without modification for an internal non-commercial purpose may do so without obtaining any approval from NCQA. Use of the Rules for Allowable Adjustments of HEDIS to make permitted adjustments of the materials does not constitute a modification. All other uses, including a commercial use (including but not limited to vendors using the measures and specifications with a product or service to calculate measure results), or any external reproduction, distribution and publication of the HEDIS measures or results ("rates") therefrom must be approved by NCQA and are subject to a license at the discretion of NCQA. Any use of the materials to identify records or calculate measure results, for example, requires a custom license and may necessitate certification pursuant to NCQA's Measure Certification Program.

HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided "as is" without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA also makes no representations, warranties or endorsements about the quality of any organization or clinician who uses or reports performance measures. NCQA has no liability to anyone who relies on HEDIS measures and specifications or data reflective of performance under such measures and specifications.

Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of any coding contained in the specifications.

CPT® codes, descriptions and other data are copyright 2024 American Medical Association (AMA). All rights reserved. CPT is a trademark of the AMA. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

Health Care Provider Taxonomy Code Set codes copyright 2024 AMA. The codes are published in cooperation with the National Uniform Claim Committee (NUCC) by the AMA. Applicable FARS/DFARS restrictions apply.

The American Hospital Association holds a copyright to the Uniform Billing Codes ("UB") contained in the measure specifications. The UB Codes in the HEDIS specifications are included with the permission of the AHA. All uses of the UB Codes may require a license from the AHA. Specifically, anyone desiring to use the UB Codes in a commercial product to generate HEDIS results, or for any other commercial use, must obtain a commercial use license directly from the AHA. To inquire about licensing, contact [ub04@aha.org](mailto:ub04@aha.org).

The American Dental Association (ADA) holds a copyright to the Current Dental Terminology (CDT) codes contained in certain measure specifications. The CDT codes in the HEDIS specifications are included with the permission of the ADA. All uses of the CDT codes require a license from the ADA. No alteration, amendments, or modifications of the CDT or any portion thereof is allowed. Resale, transmission, or distribution of copies of the CDT or other portions of the CDT is also not allowed. To inquire about licensing, contact [CDT-SNODENT@ada.org](mailto:CDT-SNODENT@ada.org).

Some measure specifications contain coding from LOINC® (<https://loinc.org/>). The LOINC table, LOINC codes, LOINC panels and form file, LOINC linguistic variants file, LOINC/RSNA Radiology Playbook, and LOINC/IEEE Medical Device Code Mapping Table are copyright © 1995–2024 Regenstrief Institute, Inc. and the Logical Observation Identifiers Names and Codes (LOINC) Committee and are available at no cost under the license at <https://loinc.org/kb/license/>.

"SNOMED" and "SNOMED CT" are registered trademarks of the International Health Terminology Standards Development Organisation (IHTSDO).

The CDC Race and Ethnicity code system was developed by the U.S. Centers for Disease Control and Prevention (CDC). NCQA's use of the code system does not imply endorsement by the CDC of NCQA, or its products or services. The code system is otherwise available on the CDC website at no charge.

Certain NullFlavor codes are owned and copyrighted by Health Level Seven International (HL7®); 2024. "HL7" is a registered trademark of Health Level Seven International.

RadLex copyright 2014, The Radiological Society of North America (RSNA), all rights reserved. Licensed under RadLex License Version 2.0. You may obtain a copy of the license at: <http://www.rsna.org/radlexdownloads/> This work is distributed under the above noted license on an "AS IS" basis, WITHOUT WARRANTIES OF ANY KIND, either express or implied. Please see the license for complete terms and conditions.

No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording or any information storage and retrieval system, without the written permission of NCQA.

© 2024 by the National Committee for Quality Assurance  
1100 13th Street NW, Third Floor,  
Washington, DC 20005

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of NCQA. The NCQA HEDIS measure specification has been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS*. The adjusted measure specification may be used only for internal quality improvement purposes.  
Updated 1/30/2025.