



HEDIS® Tips: Low Back Pain

MEASURE DESCRIPTION

Members 18-50 years of age with a new primary diagnosis of low back pain in an outpatient or ED visit who did not have an x-ray, CT or MRI within 28 days of the primary diagnosis. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).

USING CORRECT BILLING CODES

Codes to Identify Low Back Pain

Description	ICD-10 Codes
Low Back	M46.46, M46.47, M46.48, M47.26, M47.27, M47.28, M47.816, M47.817, M47.818, M47.896, M47.897, M47.898, M48.06, M48.07, M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.46, M51.47, M51.86, M51.87, M53.2X6, M53.2X7, M53.2X8, M53.3, M53.86, M53.87, M53.88, M54.30, M54.31, M54.32, M54.40, M54.41, M54.42, M54.5, M54.89, M54.9, 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, S338XXA, 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

Codes to Identify Exclusions

Description	ICD-10 Codes
Cancer	Any cancer diagnosis use ICD-10 code
Trauma	Any trauma diagnosis use ICD-10 code
IV Drug Abuse	F1120, F1121
Neurologic Impairment	G834, M5410, M992

HOW TO IMPROVE HEDIS® SCORES

- **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.
- Use correct exclusion codes if applicable (e.g., cancer).
- Look for other reason for visits for low back pain (e.g., depression, anxiety, narcotic dependency, psychosocial stressors, etc.).
- Document and code/bill all comorbidities (e.g. MVA, fall, trauma, etc.)
- Unlimited PCP visits with no copays



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MEASURE DESCRIPTION

Adults 18-64 years of age diagnosed with acute bronchitis **should not** be dispensed an antibiotic within 3 days of the visit.

Note: Prescribing antibiotics for acute bronchitis is not indicated unless there is a comorbid diagnosis or bacterial infection (examples listed on the right).

Only about 10% of cases of acute bronchitis are due to a bacterial infection, so in most cases antibiotics will not help.



HEDIS® Tips: Adults with Acute Bronchitis

USING CORRECT BILLING CODES

Codes to Identify Acute Bronchitis

Description	ICD-10 Code
Acute bronchitis	J20.3, J20.4, J20.5, J20.6, J20.7, J20.8, J20.9, J20.0, J20.1, J20.2, J20.3, J20.4, J20.5, J20.6, J20.7, J20.8, J20.9, J40

Codes to Identify Comorbid Conditions

Description	ICD-10 Code
Chronic bronchitis	J42, J410, J411, J449, J441, J440, J418
Emphysema	J439
Chronic airway obstruction	J449
Chronic obstructive asthma	J449, J440, J441

Codes to Identify Competing Diagnoses

Description	ICD-9 Code
Acute sinusitis	J0100, J0110, J0120, J0130, J0140, J0190
Otitis media	H66009, H660129, H679, H6613, H6623, H663x9, H6640, H6690
Acute pharyngitis	J020, J0300, J029

HOW TO IMPROVE HEDIS® SCORES

- Educate patients on comfort measures (e.g., extra fluids and rest).
- Discuss realistic expectations for recovery time
- For patients insisting on an antibiotic
 - Give a brief explanation
 - **Write a prescription for symptom relief instead of an antibiotic**
 - Encourage follow-up in 3 days if symptoms do not get better
- Submit comorbid diagnosis codes if present on claim/encounter (see codes above).
- Submit competing diagnosis codes for bacterial infection if present on claim/encounter (see codes above).
- Unlimited PCP visits with no copays



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