

DEPARTMENT: Pricing & Payment APPROVED DATE: 09/30/2018

POLICY DESCRIPTION: Imaging for Low Back Pain

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REFERENCE NUMBER: P#30

**REPLACES POLICY DATED:** 

**RETIRED DATE:** 

SCOPE: Claims, Coding, Customer Service, Medical Management, Finance, Network

Management

**PURPOSE:** To provide reimbursement guidelines for the billing of imaging for low back pain within 6 weeks of diagnosis unless red flags are present. According to Choosing Wisely campaign, red flags include, but are not limited to, severe or progressive neurological deficits or when serious underlying conditions such as osteomyelitis are suspected. Imaging of the spine before 6 weeks does not improve outcomes.

**POLICY**: PreferredOne will not reimburse for a plain x-ray, CT or MRI imaging of a member with a primary diagnosis of low back pain when the imaging is done within 28 days (4 weeks) of the first low back pain diagnosis, and there are no red flags present.

COVERAGE: Coverage is subject to the terms of an enrollee's benefit plan. To the extent there is any inconsistency between this policy and the terms of an enrollee's benefit plan, the terms of the enrollee's benefit plan documents will always control. Enrollees in PreferredOne Community Health Plan (PCHP) and some non-ERISA group health plans that PreferredOne Administrative Services, Inc, (PAS) administers are eligible to receive all benefits mandate by the state of Minnesota. Please call customer service telephone number on the back of the enrollee's insurance card with coverage inquiries.

## PROCEDURE:

- 1. This policy applies to both facility UB04 and professional HCFA 1500 claims.
- 2. Any claim for a member who receives an x-ray, CT or MRI related procedure within 28 days or 4 weeks of initially presenting with a primary diagnosis of low back pain will not be reimbursed.
- 3. Exclusions: low back pain diagnosis 0-180 days (6 months) prior to the index date, cancer 28 days after the index date, recent trauma (1 year prior to the 28 days after index date), intravenous drug abuse (1 year prior to 28 days after Index Date), Neurologic impairment (1 year prior to 28 days after Index date). These are based on HEDIS specifications for value sets.

## **DEFINITIONS:**

REFERENCES: Medical Management Document on Coverage Determination Guidelines MP/C009