



## 2023 QUALIFIED ENTITY REPORT

# Use of Imaging Studies for Low Back Pain, 2017-2021

NOVEMBER 2023



## ABOUT THE QUALIFIED ENTITY CERTIFICATION PROGRAM

In June 2019, Blue Health Intelligence® (BHI®) was named a certified National Qualified Entity (QE). With this distinction, BHI gained access to all Medicare fee-for-service (FFS) claims for acute care, post-acute care, physician office, and pharmacy services for more than 37 million individuals each year. BHI has combined FFS Medicare data with its already rich set of commercial claims from 277 million unique individuals and 12.7 billion claims to help address healthcare's triple aim – better care for individuals, better health for populations, and lower costs for all. Specifically, the QE program was created as part of the Affordable Care Act with the purpose of combining Medicare data with a commercial claims data set and using it to report publicly on health system quality measures. For more information, visit [qemedicaredata.org](http://qemedicaredata.org).



## ABOUT BLUE HEALTH INTELLIGENCE

BHI works with the most comprehensive data and advanced analytics in healthcare to improve healthcare cost, quality, and access. We collaborate with health plans, providers, researchers, and life science companies across a range of disciplines, including value-based care, health equity, and cost transparency. Blue Health Intelligence is a trade name of Health Intelligence Company LLC, an independent licensee of the Blue Cross Blue Shield Association. For more information, visit [bluehealthintelligence.com](http://bluehealthintelligence.com).

## Overview

As a certified Medicare Qualified Entity (QE), Blue Health Intelligence® (BHI®) produces a publicly available report assessing quality measures using data from Medicare and Blue Cross Blue Shield commercial claims data that covers all 50 states and the District of Columbia.

In this report, we incorporated multiple years of data (2017-2021) to evaluate the percentage of members 18 to 75 years of age with a principal diagnosis of low back pain who did not have an imaging study (X-ray, MRI, or CT scan) within 28 days of the diagnosis. This measure is reported as an inverted measure. A higher score indicates appropriate treatment of low back pain.

## Product Lines

Commercial, Medicare

## Age

We examined members who were 18 years of age as of January 1 of the measurement year to 75 years of age as of December 31 of the measurement year. The results are stratified into two age ranges: 18-64 and 65-75, and the total number (the sum of the age stratifications.)

## Methodology

- Identify the eligible population.
- Determine the Index Episode Start Date (IESD).
- Exclude members with uncomplicated back pain and any others listed in the exclusions below.

## Measure Exclusions

- Members in hospice.
- Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness.
- Palliative care during the measurement year.
- Cancer at any time during the member's history through 28 days after the IESD.
- Recent trauma at any time during three months (90 days) prior to the IESD through 28 days after the IESD.
- Intravenous drug abuse at any time during the 12 months prior to the IESD through 28 days after the IESD.
- Neurologic impairment at any time during the 12 months prior to the IESD through 28 days after the IESD.
- HIV at any time in the member's history through 28 days after the IESD.
- Spinal Infection at any time during the 12 months prior to the IESD through 28 days after the IESD.
- Major organ transplant at any time in the member's history through 28 days after the IESD.
- Prolonged use of corticosteroids (90 consecutive days of corticosteroid treatment) at 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 at any time during the member's history through 28 days after the IESD.
- Fragility fracture at any time during the three months (90 days) prior to the IESD through 28 days after the IESD.
- Lumbar surgery at any time during the member's history through 28 days after the IESD.
- Spondylopathy at any time during the member's history through 28 days after the IESD.

## Results

### 2017: Percentage of Members with a Principal Diagnosis of LBP Without an Imaging Study Within 28 Days of Diagnosis

	Total Population	Denominator	Numerator	Rate
<b>Commercial + Medicare Fee-for-Service (FFS)</b>				
Ages 18-64	3,663,431	3,030,207	2,354,164	77.69%
Ages 65-75	1,424,072	997,047	810,105	81.25%
Total	5,087,503	4,027,254	3,164,269	78.57%
<b>Commercial</b>				
Ages 18-64	2,942,574	2,455,090	1,873,041	76.29%
Ages 65-75	178,735	105,653	78,648	74.44%
Total	3,121,309	2,560,743	1,951,689	76.22%
<b>Medicare FFS</b>				
Ages 18-64	720,857	575,117	481,123	83.66%
Ages 65-75	1,245,337	891,394	731,457	82.06%
Total	1,966,194	1,466,511	1,212,580	82.68%

### 2018: Percentage of Members with a Principal Diagnosis of LBP Without an Imaging Study Within 28 Days of Diagnosis

	Total Population	Denominator	Numerator	Rate
<b>Commercial + Medicare Fee-for-Service (FFS)</b>				
Ages 18-64	3,355,591	2,679,485	2,051,620	76.57%
Ages 65-75	1,097,564	615,307	474,156	77.06%
Total	4,453,155	3,294,792	2,525,776	76.66%
<b>Commercial</b>				
Ages 18-64	2,997,251	2,433,922	1,861,163	76.47%
Ages 65-75	183,753	100,361	74,927	74.66%
Total	3,181,004	2,534,283	1,936,090	76.40%
<b>Medicare FFS</b>				
Ages 18-64	358,340	245,563	190,457	77.56%
Ages 65-75	913,811	514,946	399,229	77.53%
Total	1,272,151	760,509	589,686	77.54%

## Results (continued)

### 2019: Percentage of Members with a Principal Diagnosis of LBP Without an Imaging Study Within 28 Days of Diagnosis

	Total Population	Denominator	Numerator	Rate
<b>Commercial + Medicare Fee-for-Service (FFS)</b>				
Ages 18-64	3,332,191	2,606,547	1,994,416	76.52%
Ages 65-75	1,183,025	605,794	465,636	76.86%
Total	4,515,216	3,212,341	2,460,052	76.58%
<b>Commercial</b>				
Ages 18-64	3,009,791	2,397,307	1,832,304	76.43%
Ages 65-75	183,811	96,502	71,993	74.60%
Total	3,193,602	2,493,809	1,904,297	76.36%
<b>Medicare FFS</b>				
Ages 18-64	322,400	209,240	162,112	77.48%
Ages 65-75	999,214	509,292	393,643	77.29%
Total	1,321,614	718,532	555,755	77.35%

### 2020: Percentage of Members with a Principal Diagnosis of LBP Without an Imaging Study Within 28 Days of Diagnosis

	Total Population	Denominator	Numerator	Rate
<b>Commercial + Medicare Fee-for-Service (FFS)</b>				
Ages 18-64	2,988,544	2,308,494	1,789,092	77.50%
Ages 65-75	1,059,081	497,274	386,187	77.66%
Total	4,047,625	2,805,768	2,175,279	77.53%
<b>Commercial</b>				
Ages 18-64	2,744,938	2,159,497	1,672,517	77.45%
Ages 65-75	168,129	85,813	65,732	76.60%
Total	2,913,067	2,245,310	1,738,249	77.42%
<b>Medicare FFS</b>				
Ages 18-64	243,606	148,997	116,575	78.24%
Ages 65-75	890,952	411,461	320,455	77.88%
Total	1,134,558	560,458	437,030	77.98%

## Results (continued)

### 2021: Percentage of Members with a Principal Diagnosis of LBP Without an Imaging Study Within 28 Days of Diagnosis

	Total Population	Denominator	Numerator	Rate
<b>Commercial + Medicare Fee-for-Service (FFS)</b>				
Ages 18-64	3,124,435	2,385,055	1,816,062	76.14%
Ages 65-75	1,218,173	536,484	406,985	75.86%
Total	4,342,608	2,921,539	2,223,047	76.09%
<b>Commercial</b>				
Ages 18-64	2,906,844	2,254,985	1,716,064	76.10%
Ages 65-75	182,836	89,504	66,341	74.12%
Total	3,089,680	2,344,489	1,782,405	76.03%
<b>Medicare FFS</b>				
Ages 18-64	217,591	130,070	99,998	76.88%
Ages 65-75	1,035,337	446,980	340,644	76.21%
Total	1,252,928	577,050	440,642	76.36%