

# PROVIDER NOTICE

Provider Relations Department: 888-895-4998 (Option 4)

## Changes to the Low Back Pain Policy for USFHP

**Effective Date:** April 1, 2024

**Health Plan(s) Affected:** US Family Health Plan (USFHP)

**Type of Change:** Policy and Process

### Explanation of Change:

As previously communicated in Provider Updates released in [March 2021](#) and [October 2021](#), and in compliance with TRICARE® policy, USFHP does not cover imaging for low back pain including x-ray, ultrasound, CT scan, and MRI within six weeks of onset of symptoms and in the absence of clinical warning signs (“red flags”). The applicable TRICARE policy can be found [here\\*](#).

The [Non Covered ICD-10 Code List](#) applies to TRICARE’s low back pain imaging policy effective April 1, 2024.

NOTE: The following ICD-10 codes continue to be included in this process:

- |        |  |
|--------|--|
| M54.50 | Low back pain, unspecified – 1 of 3 codes initially included in the first iteration. |
| M54.51 | Vertebrogenic low back pain– 1 of 3 codes initially included in the first iteration. |
| M54.59 | Other low back pain– 1 of 3 codes initially included in the first iteration.         |

Clinical Warning Signs/Red Flags that indicate the need for immediate imaging (in less than the 6-week window described above) include:

- Possible fracture, such as from major trauma, or a more minor trauma in older or potentially osteoporotic patients; history of osteoporosis; chronic steroid use
- Possible tumor, cancer, or infection, as evidenced by: a history of cancer; a history of intravenous drug use; fever, chills, unexplained weight loss; or immune suppression
- Possible cauda equina syndrome, as evidenced by: bowel or bladder dysfunction; or saddle anesthesia (loss of sensation in buttocks, perineum, and inner thighs)
- Major motor weakness
- Progressive neurological symptoms

To ensure accurate claim processing, radiology claims should include all relevant and accurate diagnosis codes, such as “history of” diagnosis codes (if applicable), the completion of Block 14 on CMS 1500 claim form, “Date of Current Illness, Injury or Pregnancy,” and applicable occurrence codes (1, 2, 3, 4, 5, 6, or 11) and date of occurrence on the UB04 claim form.

Per the Johns Hopkins Health Plans Claims department, corrected claims must be submitted within 180 days of date of service, or within timely filing limits as outlined in your provider contract.

A post payment review will be conducted on all low back pain imaging claims to ensure compliance with the policy and payments will be retracted for non-compliant claims that do not meet the requirements outlined above. This revised post service claim review process will apply to radiology claims billed with dates of service on or after April 1, 2024.

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