

Body Mass Index (BMI) Screening and Follow-Up

*This measure is to be reported for all patients aged 18 years and older seen by the clinician — a minimum of **once** per reporting period.*

Measure description

Percentage of patients aged 18 years and older with a calculated Body Mass Index (BMI)¹ in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented

Parameters:

Age 65 and older BMI ≥ 30 or < 22

Age 18–64 BMI ≥ 25 or < 18.5

What will you need to report for each patient aged 18 years and older for this measure?

If you select this measure for reporting, you will report:

- Whether or not a calculated BMI in the past 6 months is documented in the medical record (and if most recent BMI is outside parameters, a follow-up plan is also documented)

Patients will fall into one of three categories described below:

- BMI within normal parameters was calculated and documented
- BMI was calculated to be above the upper parameter and a follow-up plan was documented in the medical record
- BMI was calculated to be below the lower parameter and a follow-up plan was documented in the medical record

What if this process or outcome of care is not appropriate for your patient?

There may be times when it is not appropriate to calculate BMI, due to:

- Documented reasons (eg, documentation in the medical record that the weight problem is being managed by another eligible health professional, patient has a terminal illness, patient refuses BMI measurement, patient is in urgent medical situation and to delay treatment would jeopardize the patient's health)

In these cases, you will need to indicate that a documented reason applies, and specify the reason on the worksheet and in the medical chart. The office/billing staff will then report the G-code that represents these valid reasons (also called exclusions).

¹Body Mass Index (BMI) is a number calculated from a person's weight and height. BMI is calculated by dividing a person's weight (in kilograms) by his/her height (in meters, squared). BMI can also be calculated by multiplying weight (in pounds) by 705, then dividing by height (in inches) twice. A simpler method to calculate the BMI involves the use of a chart. The weight is plotted on one axis and the height is plotted on the other axis. The BMI can then be read where the two points intersect. A **calculated BMI** requires that both the height and weight are actually measured. Values reported by the patient cannot be used.

Preventive Care and Screening

Body Mass Index (BMI) Screening and Follow-Up

PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

Clinical Information

Billing Information

Step 1 Is patient eligible for this measure?			Code Required on Claim Form
	Yes	No	
Patient is aged 18 years and older on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
There is a CPT Procedure Code, CPT Service Code, CPT E/M Service Code, D-code, or G-code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below.
If No is checked for any of the above, STOP. Do not report a G-code.			
Step 2 Does patient meet or have an acceptable reason for not meeting the measure?			Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Body Mass Index (BMI) Screening	Yes	No	
Calculated BMI within normal parameters ¹ and documented; no follow-up plan needed	<input type="checkbox"/>	<input type="checkbox"/>	G8420
Calculated BMI above the upper parameter; follow-up plan documented in the medical record	<input type="checkbox"/>	<input type="checkbox"/>	G8417
Calculated BMI below the lower parameter; follow-up plan documented in the medical record	<input type="checkbox"/>	<input type="checkbox"/>	G8418
Not documented for the following reason: • Documented reasons (eg, patient not an eligible for BMI Calculation ²)	<input type="checkbox"/>	<input type="checkbox"/>	G8422
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report G8421 (BMI not calculated.) OR G8419 (BMI \geq 30 or $<$ 22 was calculated, but no follow-up plan documented in the medical record.)

¹Parameters: Age 65 and older BMI \geq 30 or $<$ 22; Age 18–64 BMI \geq 25 or $<$ 18.5.

²Patients may be considered not eligible in the following situations: documentation in the medical record that the weight problem is being managed by another provider, patient has a terminal illness, patient refuses BMI measurement, patient is in urgent medical situation and to delay treatment would jeopardize the patient's health, other reason documented why BMI measurement was not appropriate.

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Coding Specifications

Codes required to document a visit occurred:

A CPT procedure code, CPT service code, CPT E/M code, HCPCS D-code or HCPCS G-code is required to identify patients to be included in this measure.

All measure-specific coding should be reported ON THE SAME CLAIM.

CPT procedure codes for anesthesia services:

- 00100, 00102, 00103, 00104, 00120, 00124, 00126, 00140, 00142, 00144, 00145, 00147, 00148, 00160, 00162, 00164, 00170, 00172, 00174, 00176, 00190, 00192, 00210, 00211, 00212, 00214, 00215, 00216, 00218, 00220, 00222, 00300, 00320, 00322, 00326, 00350, 00352, 00400, 00402, 00404, 00406, 00410, 00450, 00452, 00454, 00470, 00472, 00474, 00500, 00520, 00522, 00524, 00528, 00529, 00530, 00532, 00534, 00537, 00539, 00540, 00541, 00542, 00546, 00548, 00550, 00560, 00561, 00562, 00563, 00566, 00567, 00580, 00600, 00604, 00620, 00622, 00625, 00626, 00630, 00632, 00634, 00635, 00640, 00670, 00700, 00702, 00730, 00740, 00750, 00752, 00754, 00756, 00770, 00790, 00792, 00794, 00796, 00797, 00800, 00802, 00810, 00820, 00830, 00832, 00834, 00836, 00840, 00842, 00844, 00846, 00848, 00851, 00860, 00862, 00864, 00865, 00866, 00868, 00870, 00872, 00873, 00880, 00882, 00902, 00904, 00906, 00908, 00910, 00912, 00914, 00916, 00918, 00920, 00921, 00922, 00924, 00926, 00928, 00930, 00932, 00934, 00936, 00938, 00940, 00942, 00944, 00948, 00950, 00952, 01112, 01120, 01130, 01140, 01150, 01160, 01170, 01173, 01180, 01190, 01200, 01202, 01210, 01212, 01214, 01215, 01220, 01230, 01232, 01234, 01250, 01260, 01270, 01272, 01274, 01320, 01340, 01360, 01380, 01382, 01390, 01392, 01400, 01402, 01404, 01420, 01430, 01432, 01440, 01442, 01444, 01462, 01464, 01470, 01472, 01474, 01480, 01482, 01484, 01486, 01490, 01500, 01502, 01520, 01522, 01610, 01620, 01622, 01630, 01632, 01634, 01636, 01638, 01650, 01652, 01654, 01656, 01670, 01680, 01682, 01710, 01712, 01714, 01716, 01730, 01732, 01740, 01742, 01744, 01756, 01758, 01760, 01770, 01772, 01780, 01782, 01810, 01820, 01829, 01830, 01832, 01840, 01842, 01844, 01850, 01852, 01860, 01916, 01920, 01922, 01924, 01925, 01926, 01930, 01931, 01932, 01933, 01935, 01936, 01951, 01952, 01953, 01958, 01960, 01961, 01962, 01963, 01965, 01966, 01967, 01968, 01969, 01990, 01991, 01992, 01996, 01999

OR

CPT service codes

- 90801 (psychiatric diagnostic interview examination),
- 90802 (interactive psychiatric diagnostic interview examination),
- 90804, 90805, 90806, 90807, 90808, 90809 (individual psychotherapy),
- 97001 (physical therapy evaluation),
- 97003 (occupational therapy evaluation),
- 97802, 97803 (medical nutrition therapy),
- 98960 (education and training for patient self-management)

OR

CPT E/M codes

- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99211, 99212, 99213, 99214, 99215 (office — established patient),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult),
- 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 (domiciliary),
- 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350 (home visit)

OR

HCPCS D-codes

- D7140 (extraction, erupted tooth or exposed root),
- D7210 (surgical removal of erupted tooth)

OR

HCPCS G-code

- G0101 (cervical or vaginal cancer screening; pelvic and clinical breast examination),
- G0108 (diabetes services),
- G0270 (medical nutrition therapy)

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Quality codes for this measure:

G-code descriptors

(Data collection sheet should be used to determine appropriate code.)

- **G8420:** Calculated BMI within normal parameters and documented
- **G8417:** Calculated BMI above the upper parameter and a follow-up plan was documented in the medical record
- **G8418:** Calculated BMI below the lower parameter and a follow-up plan was documented in the medical record
- **G8422:** Patient not eligible for BMI calculation
- **G8421:** BMI not calculated
- **G8419:** BMI ≥ 30 OR < 22 was calculated, but no follow-up plan documented in the medical record