**Measure #128 (NQF 0421): Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up**

**2014 PQRS OPTIONS FOR INDIVIDUAL MEASURES:** CLAIMS, REGISTRY

**DESCRIPTION:**
Percentage of patients aged 18 years and older with a documented BMI during the current encounter or during the previous six months AND when the BMI is **outside of normal parameters**, a follow-up plan is documented during the encounter or during the previous six months of the encounter.

**Normal Parameters:**
- Age 65 years and older BMI ≥ 23 and < 30
- Age 18 – 64 years BMI ≥ 18.5 and < 25

**INSTRUCTIONS:**
This measure is to be reported a minimum of **once per reporting period** for patients seen during the reporting period. The most recent quality code submitted will be used for performance calculation. There is no diagnosis associated with this measure. This measure may be reported by eligible professionals who perform the quality actions described in the measure based on the services provided at the time of the qualifying visit and the measure-specific denominator coding. The BMI documented in the medical record may be reported if done in the provider’s office/facility or if a BMI is documented within the previous six months in outside medical records obtained by the provider. If the most recent documented BMI is outside of normal parameters, then a follow-up plan must be documented within six months of the abnormal BMI. The documented follow-up interventions must be related to the BMI outside of normal parameters, example: “Patient referred to nutrition counseling for BMI above normal parameters”.

**Measure Reporting via Claims:**
CPT codes or HCPCS codes, and patient demographics are used to identify patients who are included in the measure’s denominator. Quality-data codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed CPT or HCPCS codes, and the appropriate numerator quality-data code. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

**Measure Reporting via Registry:**
CPT codes or HCPCS codes, and patient demographics are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

**DENOMINATOR:**
All patients aged 18 years and older

**Denominator Criteria (Eligible Cases):**
- Patients aged >18 years on date of encounter
- AND
- Patient encounter during the reporting period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 90839, 96150, 96151, 96152, 97001, 97003, 97802, 97803, 98960, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, D7140, D7210, G0101, G0108, G0270, G0271, G0402, G0438, G0439, G0447

**NUMERATOR:**
Patients with a documented BMI during the encounter or during the previous six months, AND when the BMI is outside of normal parameters, follow-up is documented during the encounter or during the previous six months of the encounter with the BMI outside of normal parameters

Numerator Instructions: An eligible professional or their staff is required to measure both height and weight. Both the height and the weight must be measured within the same six months. Self-reported values cannot be used. The documentation of a follow-up plan must be based on the most recent documented BMI within the previous six months

Definitions:
BMI – Body mass index (BMI), is a number calculated using the Quetelet index: weight divided by height squared (W/H2) and is commonly used to classify weight categories. BMI can be calculated using:

Metric Units: \[\text{BMI} = \frac{\text{Weight (kg)}}{(\text{Height (m)} \times \text{Height (m)})}\]

OR

English Units: \[\text{BMI} = \frac{\text{Weight (lb)}}{(\text{Height (in)} \times \text{Height (in)}) \times 703}\]

Follow-Up Plan – Proposed outline of treatment to be conducted as a result of a BMI out of normal parameters. A follow-up may include but is not limited to: documentation education, a referral (e.g., a registered dietician, nutritionist, occupational therapist, physical therapist, primary care provider, exercise physiologist, mental health professional, or surgeon), pharmacological interventions, dietary supplements, exercise counseling, or nutrition counseling.

Not Eligible for BMI Calculation or Follow-Up Plan – A patient is not eligible if one or more of the following reasons are documented:
- Patient is receiving palliative care
- Patient is pregnant
- Patient refuses BMI measurement (refuses height and/or weight)
- Any other reason documented in the medical record by the provider why BMI calculation or follow-up plan was not appropriate
- Patient is in an urgent or emergent medical situation where time is of the essence, and to delay treatment would jeopardize the patient’s health status

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
BMI Documented as Normal, No Follow-Up Plan Required
(One quality-data code [G8417, G8418 or G8420] is required on the claim form to submit this numerator option)
G8420: BMI is documented within normal parameters and no follow-up plan is required
OR
BMI Documented as Above Normal Parameters, AND Follow-Up Documented
G8417: BMI is documented above normal parameters and a follow-up plan is documented
OR
BMI Documented as Below Normal Parameters, AND Follow-Up Documented
G8418: BMI is documented below normal parameters and a follow-up plan is documented
OR
BMI not Documented, Patient not Eligible
(One quality-data code [G8422 or G8938] is required on the claim form to submit this numerator option)
G8422: BMI not documented, documentation the patient is not eligible for BMI calculation
OR
BMI Documented Outside of Normal Limits, Follow-up Plan not Documented, Patient not Eligible
G8938: BMI is documented as being outside of normal limits, follow-up plan is not documented, documentation the patient is not eligible

OR

BMI not Documented, Reason not Given

(One quality-data code [G8419 or G8421] is required on the claim form to submit this numerator option)

G8421: BMI not documented and no reason is given

OR

BMI Documented Outside of Normal Parameters, Follow-Up Plan not Documented, Reason not Given

G8419: BMI documented outside normal parameters, no follow-up plan documented, no reason given

RATIONALE:

BMI Above Upper Parameters

Obesity continues to be a costly public health concern in the United States. The Centers for Disease Control and Prevention (CDC) reported that in 2009, no state met the Healthy People 2010 obesity target of 15 percent and the self reported overall prevalence of obesity among adults had increased 1.1 percentage points in 2007 to 26.7 percent (2010). Flegal, Carroll, Kit and Ogden (2012) reported the prevalence of BMI-defined obesity in adults is high and continues to exceed 30% in most sex-age groups. In addition to the continued high prevalence rate for adults in general, there has been a significant increase for men and for non-Hispanic black and Mexican American women over the 12-year period from 1999 through 2010 (2012). Moyer (2012) reported: Obesity is associated with such health problems as an increased risk for coronary artery disease, type 2 diabetes, various types of cancer, gallstones and disability. These comorbid medical conditions are associated with higher use of health care services and costs among obese patients (p. 373).

Obesity is also associated with an increased risk of death, particularly in adults younger than age 65 years and has been shown to reduce life expectancy by 6 to 20 years depending on age and race (LeBlanc et al., 2011).

Finkelstein, Trogdon, Cohen and Dietz (2009) found that in 2006, across all payers, per capita medical spending for the obese is $1,429 higher per year, (42 percent) than for someone of normal weight. Using 2008 dollars, this was estimated to be equivalent to $147 billion dollars in medical care costs related to obesity.

In addition to a high prevalence rate of obesity, less than 50% of obese adults in 2010 received advice to exercise or perform physical activity (Barnes & Schoenborn, 2012).

BMI Below Normal Parameters

In the National Center for Health Statistics Health E-Stat, Fryer and Ogden reported that poor nutrition or underlying health conditions can result in underweight. Results from the 2007-2010 National Health and Nutrition Examination Survey (NHANE), using measured heights and weights, indicate an estimated 1.7% of U.S. adults are underweight with women more likely to be underweight than men (2012).

Ranhoff, Gjoen and Mowe (2005) recommended using BMI < 23 for the elderly to identify positive results with malnutrition screens and poor nutritional status.

CLINICAL RECOMMENDATION STATEMENTS:

Although multiple clinical recommendations addressing obesity have been developed by professional organizations, societies and associations, two recommendations have been identified which exemplify the intent of the measure and address the numerator and denominator.

The US Preventive Health Services Task Force (USPSTF) recommends screening all adults (aged 18 years and older) for obesity. Clinicians should offer or refer patients with a BMI of 30 or higher to intensive, multicomponent behavioral interventions. This is a B recommendation (Moyer, 2012)
As cited in Wilkinson et al. (2012), Institute for Clinical Systems Improvement (ICSI) *Preventive Services for Adults, Obesity Screening* (Level II) Recommendation provides the following guidance:

- Record height, weight and calculate body mass index at least annually
- A BMI greater or equal to 30 is defined as obese
- A BMI of 25-29 is defined as overweight
- Intensive intervention for obese individuals, based on BMI, is recommended by the U.S. Preventive Services to help control weight.