

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 normal parameters, a follow-up plan² is documented

Normal Parameters:

Age 65 and older BMI ≥ 23 and < 30
Age 18–64 BMI ≥ 18.5 and < 25

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 normal 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 that a patient is not eligible/not appropriate for BMI measurement, patients can be considered not eligible in the following situations:
 - There is documentation in the medical record that the patient is over or under weight and is being managed by another provider
 - If the patient has a terminal illness — life expectancy less than 6 months
 - If the patient refuses BMI measurement
 - If there is any other reason documented in the medical record by the provider explaining why BMI measurement 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

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).

¹BMI — Body mass index (BMI), expressed as weight/height (BMI; kg/m²), is commonly used to classify overweight (BMI 25.0-29.9), obesity (BMI greater than or equal to 30.0) and extreme obesity (BMI greater than or equal to 40) among adults (CDC). BMI is calculated either as weight in pounds divided by height in inches squared multiplied by 703, or as weight in kilograms divided by height in meters squared. The National Institutes of Health (NIH) provides a BMI calculator table at www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm. (AHRQ Preventive Guidelines 2009)

Elderly BMI — Most experts suggest use of a higher BMI threshold for underweight elderly individuals, compared to what is used for the general population (Chernoff, Cook, Mahan). International Dietetics and Nutrition Terminology defines underweight in persons >65 years of age as a BMI of <23. This BMI value is one indicator of malnutrition when forming a nutrition diagnosis for the elderly population (American Dietetic Association). A BMI of <23 classifies an older adult (older than age 65) as underweight and may require nutrition intervention.

Calculated BMI — Requires that both the height and weight are actually measured. Values merely reported by the patient cannot be used.

²Follow-up Plan — Proposed outline of treatment to be conducted as a result of abnormal BMI measurement. Such follow-up can include documentation of a future appointment, education referral, (such as, a registered dietician, nutritionist, occupational therapy, primary care physician, exercise physiologist, mental health professional, surgeon, etc.) prescription/administration of medications/dietary supplements, etc.