Body Mass Index (BMI) Screening and Follow-Up

Coding Specifications

Codes required to document a visit occurred:

A CPT 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 codes

- 90801
- 90802
- 90804, 90805, 90806, 90807, 90808, 90809,
- 97001
- 97003
- 97802, 97803
- 98960

OR

CPT codes

- 99201, 99202, 99203, 99204, 99205
- 99211, 99212, 99213, 99214, 99215
- 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337
- 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

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)

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