Quality ID #128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
– National Quality Strategy Domain: Community/Population Health
– Meaningful Measure Area: Preventive Care

2021 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients aged 18 years and older with a BMI documented during the current encounter or within the previous twelve months AND who had a follow-up plan documented if most recent BMI was outside of normal parameters

INSTRUCTIONS:
There is no diagnosis associated with this measure. This measure is to be submitted a minimum of **once per performance period** for patients seen during the performance period. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians 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 may be documented in the medical record of the provider or in outside medical records obtained by the provider. If the most recent documented BMI is outside of normal parameters, then a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter. The documented follow-up plan must be based on the most recent documented BMI outside of normal parameters, example: "Patient referred to nutrition counseling for BMI above or below normal parameters" (See Definitions for examples of follow-up plan treatments). If more than one BMI is submitted during the measurement period, the most recent BMI will be used to determine if the performance has been met. Review the exclusions and exceptions criteria to determine those patients that BMI measurement may not be appropriate or necessary.

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:
All patients aged 18 and older on the date of the encounter with at least one eligible encounter during the measurement period

Definition:
Not Eligible for BMI Calculation or Follow-Up Plan (Denominator Exclusion) – A patient is not eligible if one or more of the following reasons are documented:

- Patients receiving palliative or hospice care on the date of the current encounter or any time prior to the current encounter
- Patients who are pregnant on the date of the current encounter or any time during the measurement period prior to the current encounter

***DENOMINATOR NOTE*:** **Signifies that this CPT Category I code is a non-covered service under the*

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Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.

Denominator Criteria (Eligible Cases):
Patients aged ≥18 years on date of encounter
AND
Patient encounter during the performance period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 96156, 96158, 97161, 97162, 97163, 97165, 97166, 97167, 97802, 97803, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99236, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99340, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99401*, 99402*, D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, G0101, G0108, G0270, G0271, G0402, G0438, G0439, G0447, G0473
WITHOUT
Telehealth Modifier: GQ, GT, 95, POS 02
AND NOT
DENOMINATOR EXCLUSIONS:
BMI not documented, documentation the patient is not eligible for BMI calculation: G8422
OR
BMI is documented as being outside of normal parameters, follow-up plan is not documented, documentation the patient is not eligible: G8938

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

Definitions:
Normal BMI Parameters – Age 18 years and older BMI >= 18.5 and < 25 kg/m2
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: BMI = Weight (kg) / (Height (m) x Height (m))

OR

English Units: BMI = Weight (lbs) / (Height (in) x Height (in)) x 703

Follow-Up Plan – Proposed outline of treatment to be conducted as a result of a BMI outside of normal parameters. A follow-up plan may include, but is not limited to:

- Documentation of education
- Referral (for example a Registered Dietitian Nutritionist (RDN), occupational therapist, physical therapist, primary care provider, exercise physiologist, mental health professional, or surgeon), for lifestyle/behavioral therapy
- Pharmacological interventions
- Dietary supplements
- Exercise counseling
- Nutrition counseling

Patients with no documented BMI or a documented BMI outside normal parameters and a documented reason for not completing BMI follow-up plan during the current encounter or within the previous 12 months of the current encounter (Denominator Exception) –

- Patients with a documented medical reason for not documenting BMI or for not documenting a follow-up plan for a BMI outside normal parameters (e.g., elderly patients (65 or older) for whom weight reduction/weight gain would complicate other underlying health conditions such as illness or physical disability, mental illness, dementia, confusion, or nutritional deficiency such as vitamin/mineral deficiency;

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patients in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status)
- Patients who refuse measurement of height and/or weight on the date of the current encounter or any time during the measurement period prior to the current encounter

Numerator Instructions:
- Height and Weight - An eligible professional or their staff is required to measure both height and weight. Both height and weight must be measured within twelve months of the current encounter and may be obtained from separate encounters. Self-reported values cannot be used.
- Follow-Up Plan – If the most recent documented BMI is outside of normal parameters, then a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter. The documented follow-up plan must be based on the most recent documented BMI, outside of normal parameters, example: "Patient referred to nutrition counseling for BMI above or below normal parameters". (See Definitions for examples of follow-up plan treatments).
- Performance Met for **G8417** & **G8418**
  - If the provider documents a BMI and a follow-up plan at the current visit **OR**
  - If the patient has a documented BMI within the previous twelve months of the current encounter, the provider documents a follow-up plan at the current visit **OR**
  - If the patient has a documented BMI within the previous twelve months of the current encounter **AND** the patient has a documented follow-up plan for a BMI outside normal parameters within the previous twelve months of the current visit

Numerator Options:

Performance Met: BMI is documented within normal parameters and no follow-up plan is required **(G8420)**

OR

Performance Met: BMI is documented as above normal parameters and a follow-up plan is documented **(G8417)**

OR

Performance Met: BMI is documented as below normal parameters and a follow-up plan is documented **(G8418)**

OR

Denominator Exception: BMI not documented due to medical reason OR patient refusal of height or weight measurement **(G2181)**

OR

Denominator Exception: BMI is documented as being outside of normal parameters, follow-up plan is not completed for documented reason **(G9716)**

OR

Performance Not Met: BMI not documented and no reason is given **(G8421)**

OR

Performance Not Met: BMI documented outside of normal parameters, no follow-up plan documented, no reason given **(G8419)**

RATIONALE:

BMI Above Normal Parameters

Obesity is a chronic, multifactorial disease with complex psychological, environmental (social and cultural), genetic, physiologic, metabolic and behavioral causes and consequences. The prevalence of overweight and obese people is increasing worldwide at an alarming rate in both developing and developed countries. Environmental and behavioral changes brought about by economic development, modernization and urbanization have been linked to the rise in

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global obesity. The health consequences are becoming apparent (Fitch, 2013. p.6).

Hales et al (2017), report that the prevalence of obesity among adults and youth in the United States was 39.8% and 18.5% respectively, from 2015–2016. They note that obesity prevalence was higher among adults in the 40–59 age bracket than those in the 20–39 age bracket, for both men and women. Hales et al. (2017) also disaggregated the data according to ethnicity and noted that obesity prevalence was higher among non-Hispanic black and Hispanic adults and youth when compared with other races ethnicities. While obesity prevalence was lower among non-Hispanic Asian men and women, obesity prevalence among men, was comparable between non-Hispanic black and non-Hispanic white men. Obesity prevalence was higher among Hispanic men compared with non-Hispanic black men. While the prevalence among non-Hispanic black and Hispanic women was comparable, the prevalence for both groups was higher than that of non-Hispanic white women. Most notably, Hales et al (2017), report that the prevalence of obesity in the United States remains higher than the Healthy People 2020 goals of 14.5% among youth and 30.5% among adults.

More than a third of U.S. adults have a body mass index [BMI] ≥ 30 kg/m2; substantially at increased risk for diabetes and cardiovascular disease (CVD) (Flegal et al., 2012; Ogden et al., 2014). Behavioral weight management treatment has been identified as an effective first-line treatment for obesity with an average initial weight loss of eight to ten percent. This percentage weight loss is associated with a significant risk reduction for diabetes and CVD (Wadden, Butryn & Wilson, 2007). Despite the availability of effective interventions, two-thirds of obese U.S. patients were not offered or referred to weight management treatment during their primary care visit between 2005 and 2006, (Ma et al., 2009). In addition, the rate of weight management counseling in primary care significantly decreased by ten percent (40% to 30%) between 1995–1996 and 2007–2008 (Kraschnewski et al., 2013). This suggests that the availability of evidence based clinical guidelines since 2008 obesity management in primary care remains suboptimal (Fitzpatrick & Stevens, 2017).

BMI continues to be a common and reasonably reliable measurement to identify overweight and obese adults who may be at an increased risk for future morbidity. Although good quality evidence supports obtaining a BMI, it is important to recognize it is not a perfect measurement. BMI is not a direct measure of adiposity and as a consequence it can over- or underestimate adiposity. BMI is a derived value that correlates well with total body fat and markers of secondary complications, e.g., hypertension and dyslipidemia (Barlow & the Expert Committee, 2007).

In contrast with waist circumference, BMI and its associated disease and mortality risk appear to vary among ethnic subgroups. Female African American populations appear to have the lowest mortality risk at a BMI of 26.2-28.5 kg/m2 and 27.1-30.2 kg/m2 for women and men, respectively. In contrast, Asian populations may experience lowest mortality rates starting at a BMI of 23 to 24 kg/m2. The correlation between BMI and diabetes risk also varies by ethnicity (LeBlanc et al., 2011. p.2-3).

Screening for BMI and follow-up therefore is critical to closing this gap and contributes to quality goals of population health and cost reduction. However, due to concerns for other underlying conditions (such as bone health) or nutrition related deficiencies providers are cautioned to use clinical judgment and take these into account when considering weight management programs for overweight patients, especially the elderly (National Heart, Lung, and Blood Institute [NHLBI] Obesity Education Initiative, 1998, p. 91).

It is important to enhance beneficiary access to all existing providers of Intensive Behavioral Therapy for obesity (IBT) which would result in decreased healthcare costs and lower obesity rates. Dietary counseling performed by a Registered Dietitian Nutritionist (RDN) is more effective than by a primary care clinician. IBT provided by RDNs for 6-12 months shows significant mean weight loss of up to 10% of body weight, maintained over one year's time (Raynor & Champagne, 2016).

BMI below Normal Parameters

On the other end of the body weight spectrum is underweight (BMI <18.5 kg/m2), which is equally detrimental to population health. When compared to normal weight individuals (BMI 18.5-25 kg/m2), underweight individuals have

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significantly higher death rates with a Hazard Ratio of 2.27 and 95% confidence intervals (CI) = 1.78, 2.90 (Borrell & Lalitha, 2014).

Poor nutrition or underlying health conditions can result in underweight (Fryer & Ogden, 2012). The National Health and Nutrition Examination Survey (NHANES) results from the 2007-2010 indicate that women are more likely to be underweight than men. Therefore patients should be equally screened for underweight and followed up with nutritional counselling to reduce mortality and morbidity associated with underweight.

CLINICAL RECOMMENDATION STATEMENTS:

All adults should be screened annually using a BMI measurement. BMI measurements ≥25kg/m2 should be used to initiate further evaluation of overweight or obesity after taking into account age, gender, ethnicity, fluid status, and muscularity; therefore, clinical evaluation and judgment must be used when BMI is employed as the anthropometric indicator of excess adiposity, particularly in athletes and those with sarcopenia (Garvey, et al., 2016 AACE/ACE Guidelines, 2016. pp. 12-13) (Grade A).

Overweight and Underweight Categories:
Underweight <18.5; Normal weight 18.5-24.9; Overweight 25-29.9; Obese class I 30-34.9; Obese class II 35-39.9; Obese class III ≥40 (Garvey, et al., 2016 AACE/ACE Guidelines, 2016. p. 15).

BMI cutoff point value of ≥23 kg/m2 should be used in the screening and confirmation of excess adiposity in Asian adults (Garvey, et al., 2016 AACE/ACE Guidelines, 2016,. p. 13) (Grade B).

Lifestyle/Behavioral Therapy for Overweight and Obesity should include behavioral interventions that enhance adherence to prescriptions for a reduced-calorie meal plan and increased physical activity (behavioral interventions can include: self-monitoring of weight, food intake, and physical activity; clear and reasonable goal-setting; education pertaining to obesity, nutrition, and physical activity; face-to-face and group meetings; stimulus control; systematic approaches for problem solving; stress reduction; cognitive restructuring [i.e., cognitive behavioral therapy], motivational interviewing; behavioral contracting; psychological counseling; and mobilization of social support structures) (Garvey, et al., 2016 AACE/ACE Guidelines, 2016. p. 22) (Grade A).

Behavioral lifestyle intervention should be tailored to a patient's ethnic, cultural, socioeconomic, and educational background (Garvey, et al., 2016 AACE/ACE Guidelines, 2016. p. 22) (Grade B).

The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 kg/m2 or higher to intensive, multicomponent behavioral interventions.
Interventions:

- Effective intensive behavioral interventions were designed to help participants achieve or maintain a ≥5% weight loss through a combination of dietary changes and increased physical activity
- Most interventions lasted for 1 to 2 years, and the majority had ≥12 sessions in the first year
- Most behavioral interventions focused on problem solving to identify barriers, self-monitoring of weight, peer support, and relapse prevention
- Interventions also provided tools to support weight loss or weight loss maintenance (e.g., pedometers, food scales, or exercise videos) (Grade B) (USPSTF, 2018).

Nutritional safety for the elderly should be considered when recommending weight reduction. "A clinical decision to forego obesity treatment in older adults should be guided by an evaluation of the potential benefits of weight reduction for day-to-day functioning and reduction of the risk of future cardiovascular events, as well as the patient's motivation for weight reduction. Care must be taken to ensure that any weight reduction program minimizes the likelihood of adverse effects on bone health or other aspects of nutritional status" (NHLBI Obesity Education Initiative, 1998, p. 91) (Evidence Category D). In addition, weight reduction prescriptions in older persons should be accompanied by proper nutritional counseling and regular body weight monitoring (NHLBI Obesity Education Initiative, 1998, p. 91).

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The possibility that a standard approach to weight loss will work differently in diverse patient populations must be considered when setting expectations about treatment outcomes (NHLBI Obesity Education Initiative, 1998, p. 97) (Evidence Category B).

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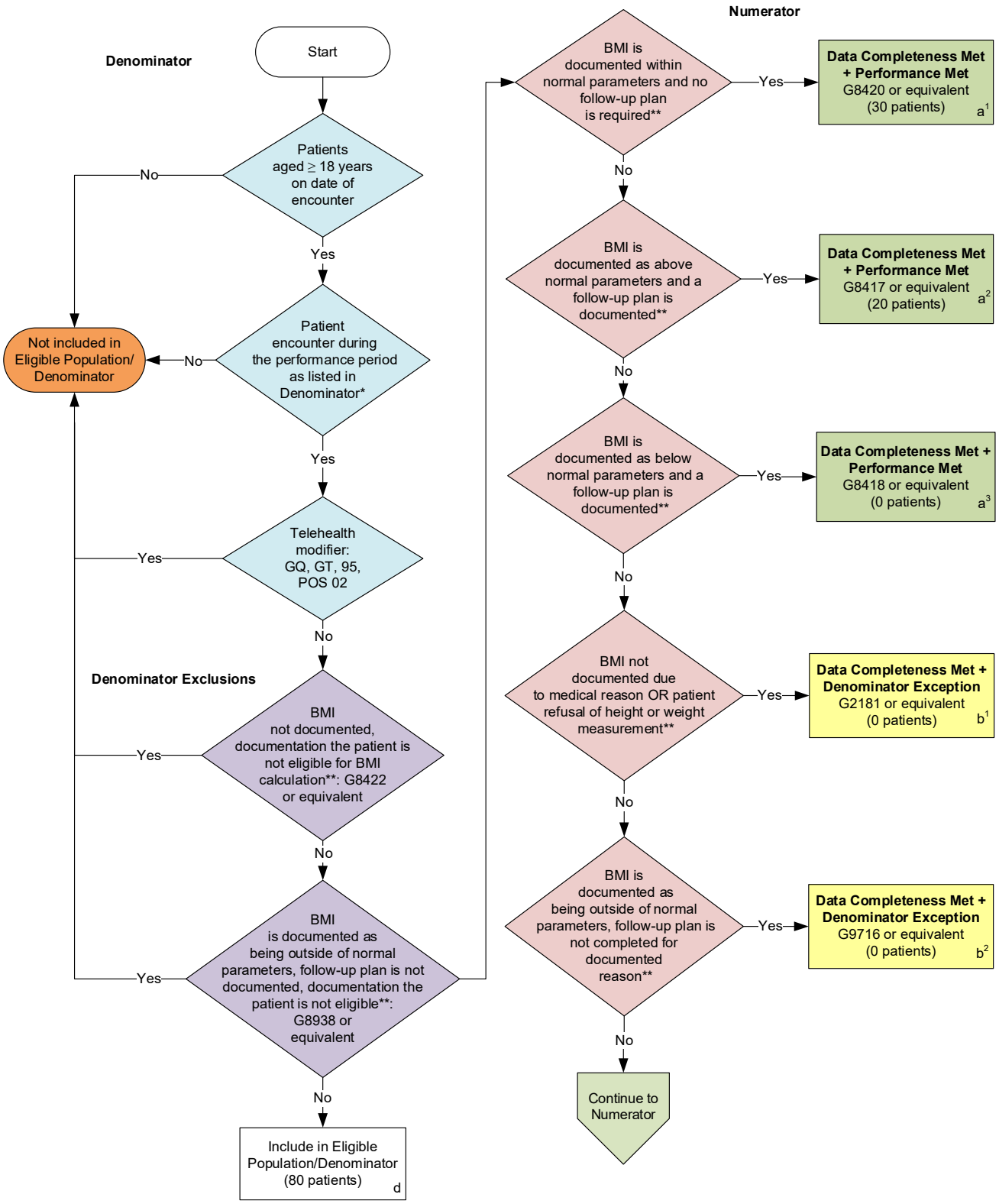
2021 Clinical Quality Measure Flow for Quality ID #128:
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*



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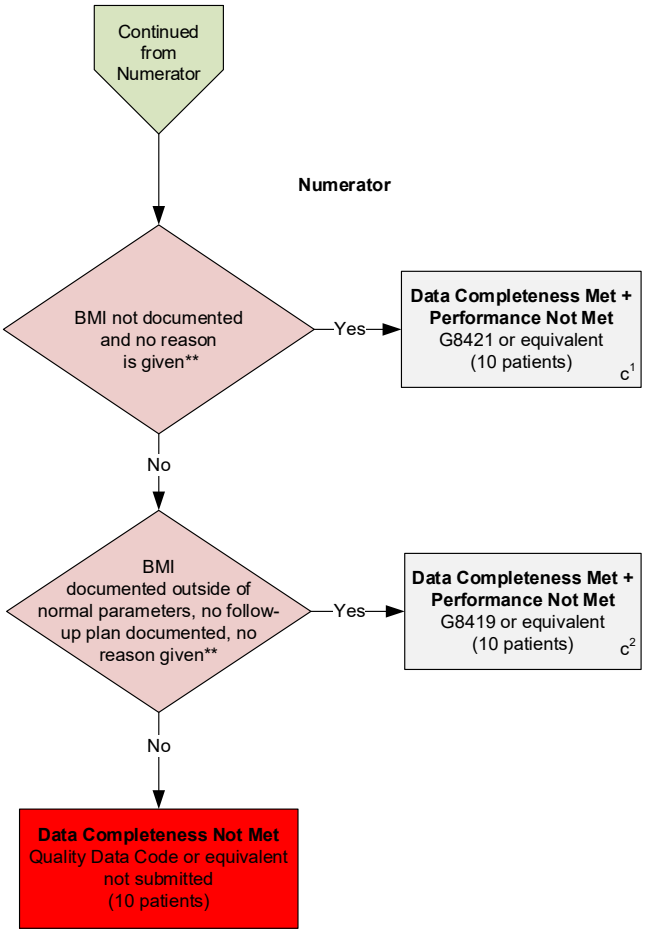

SAMPLE CALCULATIONS

Data Completeness=

Performance Met ($a^1+a^2+a^3$=50 patients) + Denominator Exception (b^1+b^2=0 patients) + Performance Not Met (c^1+c^2=20 patients) = 70 patients = **87.50%**

Eligible Population / Denominator (d=80 patients) = 80 patients

Performance Rate=

Performance Met ($a^1+a^2+a^3$=50 patients) = 50 patients = **71.43%**

Data Completeness Numerator (70 patients) – Denominator Exception (b^1+b^2=0 patients) = 70 patients

* See the posted measure specification for specific coding and instructions to submit this measure.
** See the posted measure specification for specific BMI and follow-up plan definitions, eligibility exclusion criteria, and denominator exception criteria for this measure.
NOTE: Submission Frequency: Patient-Intermediate

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2021 Clinical Quality Measure Flow Narrative for Quality ID #128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*

1. Start with Denominator
2. Check *Patients aged greater than or equal to 18 years on date of encounter*:
    a. If *Patients aged greater than or equal to 18 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients aged greater than or equal to 18 years on date of encounter* equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator**.
3. Check *Patient encounter during the performance period as listed in Denominator**:
    a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient encounter during the performance period as listed in Denominator** equals Yes, proceed to check *Telehealth modifier*.
4. Check *Telehealth modifier*:
    a. If *Telehealth modifier* equals No, proceed to check *BMI not documented, documentation the patient is not eligible for BMI calculation***.
    b. If *Telehealth modifier* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
5. Check *BMI not documented, documentation the patient is not eligible for BMI calculation***:*
    a. If *BMI not documented, documentation the patient is not eligible for BMI calculation*** equals No, proceed to check *BMI is documented as being outside of normal parameters, follow-up plan is not documented, documentation the patient is not eligible***.*
    b. If *BMI not documented, documentation the patient is not eligible for BMI calculation*** equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
6. Check *BMI is documented as being outside of normal parameters, follow-up plan is not documented, documentation the patient is not eligible***:
    a. If *BMI is documented as being outside of normal parameters, follow-up plan is not documented, documentation the patient is not eligible*** equals No, include in *Eligible Population/Denominator*.
    b. If *BMI is documented as being outside of normal parameters, follow-up plan is not documented, documentation the patient is not eligible*** equals Yes, do not include in *Eligible Population/Denominator.* Stop processing.
7. Denominator Population
    a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
8. Start Numerator

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9. Check *BMI is documented within normal parameters and no follow-up plan is required***:

    a. If *BMI is documented within normal parameters and no follow-up plan is required*** equals Yes, include in *Data Completeness Met and Performance Met*.

        - *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a^1 equals 30 patients in Sample Calculation.

    b. If *BMI is documented within normal parameters and no follow-up plan is required*** equals No, proceed to check *BMI is documented as above normal parameters and a follow-up plan is documented***.

10. Check *BMI is documented as above normal parameters and a follow-up plan is documented***:

    a. If *BMI is documented as above normal parameters and a follow-up plan is documented*** equals Yes, include in *Data Completeness Met and Performance Met*.

        - *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a^2 equals 20 patients in the Sample Calculation.

    b. If *BMI is documented as above normal parameters and a follow-up plan is documented*** equals No, proceed to check *BMI is documented as below normal parameters and a follow-up plan is documented***.

11. Check *BMI is documented as below normal parameters and a follow-up plan is documented***:

    a. If *BMI is documented as below normal parameters and a follow-up plan is documented*** equals Yes, include in *Data Completeness Met and Performance Met*.

        - *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a^3 equals 0 patients in the Sample Calculation.

    b. If *BMI is documented as below normal parameters and a follow-up plan is documented*** equals No, proceed to check *BMI not documented due to medical reason OR patient refusal of height or weight measurement***.

12. Check *BMI not documented due to medical reason OR patient refusal of height or weight measurement***:

    a. If *BMI not documented due to medical reason OR patient refusal of height or weight measurement*** equals Yes, include in *Data Completeness Met and Denominator Exception.*

        - *Data Completeness Met and Denominator Exception* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b^1 equals 0 patients in the Sample Calculation.

    b. If *BMI not documented due to medical reason OR patient refusal of height or weight measurement*** equals No, proceed to check *BMI is documented as being outside of normal parameters, follow-up plan is not completed for documented reason***.

13. Check *BMI is documented as being outside of normal parameters, follow-up plan is not completed for documented reason***:

    a. If *BMI is documented as being outside of normal parameters, follow-up plan is not completed for documented reason*** equals Yes, include in *Data Completeness Met and Denominator Exception*.

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- *Data Completeness Met and Denominator Exception* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b^2 equals 0 patients in the Sample Calculation.

b. If *BMI is documented as being outside of normal parameters, follow-up plan is not completed for documented reason*** equals No, proceed to check *BMI not documented and no reason is given***.

14. Check *BMI not documented and no reason is given***:*

a. If *BMI not documented and no reason is given*** equals Yes, include in *Data Completeness Met and Performance Not Met*

- *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c^1 equals 10 patients in the Sample Calculation.

b. If *BMI not documented and no reason is given*** equals No, proceed to check *BMI documented outside of normal parameters, no follow-up plan documented, no reason given***.*

15. Check *BMI documented outside of normal parameters, no follow-up plan documented, no reason given***:

a. If *BMI documented outside of normal parameters, no follow-up plan documented, no reason given*** equals Yes, include in *Data Completeness Met and Performance Not Met*.

- *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c^2 equals 10 patients in the Sample Calculation.

b. If *BMI documented outside of normal parameters, no follow-up plan documented, no reason given*** equals No, proceed to check *Data Completeness Not Met.*

16. Check *Data Completeness Not Met:*

a. If *Data Completeness Not Met,* Quality Data Code or equivalent not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations:

Data Completeness equals Performance Met (a^1 plus a^2 plus a^3 equals 50 patients) plus Denominator Exception (b^1 plus b^2 equals 0 patients) plus Performance Not Met (c^1 plus c^2 equals 20 patients) divided by Eligible Population / Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a^1 plus a^2 plus a^3 equals 50 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b^1 plus b^2 equals 0 patients). All equals 50 patients divided by 70 patients. All equals 71.43 percent.

* See the posted measure specification for specific coding and instructions to submit this measure.

**See the posted measure specification for specific BMI and follow-up plan definitions, eligibility exclusion criteria, and denominator exception criteria for this measure.

NOTE: Submission Frequency: Patient-Intermediate

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