

## Preventative Care & Screening: BMI Screening and Follow-Up Plan (CMS69)

The following is for educational purposes only and is not intended to be clinical or legal advice. The information provided in the Measure Details section is based on specification published by CMS at <https://ecqi.healthit.gov/ecqm/ec/2023/cms069v11>

### Measure Details

#### Description \*

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

#### Initial Population

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

#### Denominator

Equals Initial Population

#### Numerator

Patients with a documented BMI during the encounter or during the **previous twelve months measurement period**, 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 measurement period**

#### Denominator Exclusion/Exceptions

- 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 years of age 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; 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
- Patients who are pregnant **at any time during the measurement period**
- Patients receiving palliative or hospice care **at any time during the measurement period**

#### Numerator Exclusion

NA

### Overview

What is Documented	When is it Documented	Where in QMER
Qualifying Encounter	During Measurement Period (2023)	Coded SOAP Note
Patients BMI	During Measurement Period (2023)	Vitals Module
Follow-up plan IF BMI outside normal parameters	During Measurement Period (2023)	History Module

Exclusions/Exceptions	Where in QEMR
Medical Reasons for not Documenting BMI OR Follow-Up Plan (See Exclusions/Exceptions)	
Patients who refuse height or weight measurements	History Module
Patients pregnant during any time during the measurement period	History of Dx/CPT
Patients who are in hospice or palliative care for any part of the measurement period	History Module

**2022 to 2023 Changes**

Previously if follow-up plan was documented in the 12 months prior to the measurements period patient would count towards the numerator, now patients MUST have follow-up plan documented during the measurement period if BMI is outside normal limits.

**Set Up**

All codification shown is an example for incrementation, for a full list of accepted codes please visit [Value Set Authority Center](#).

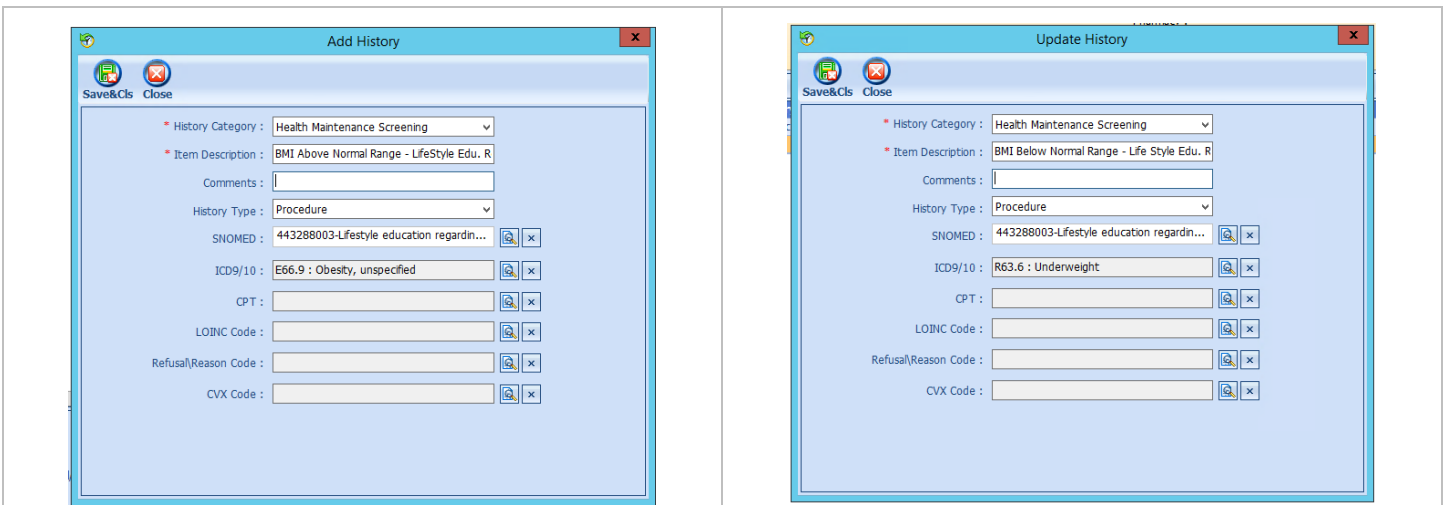
**Qualifying Encounter**

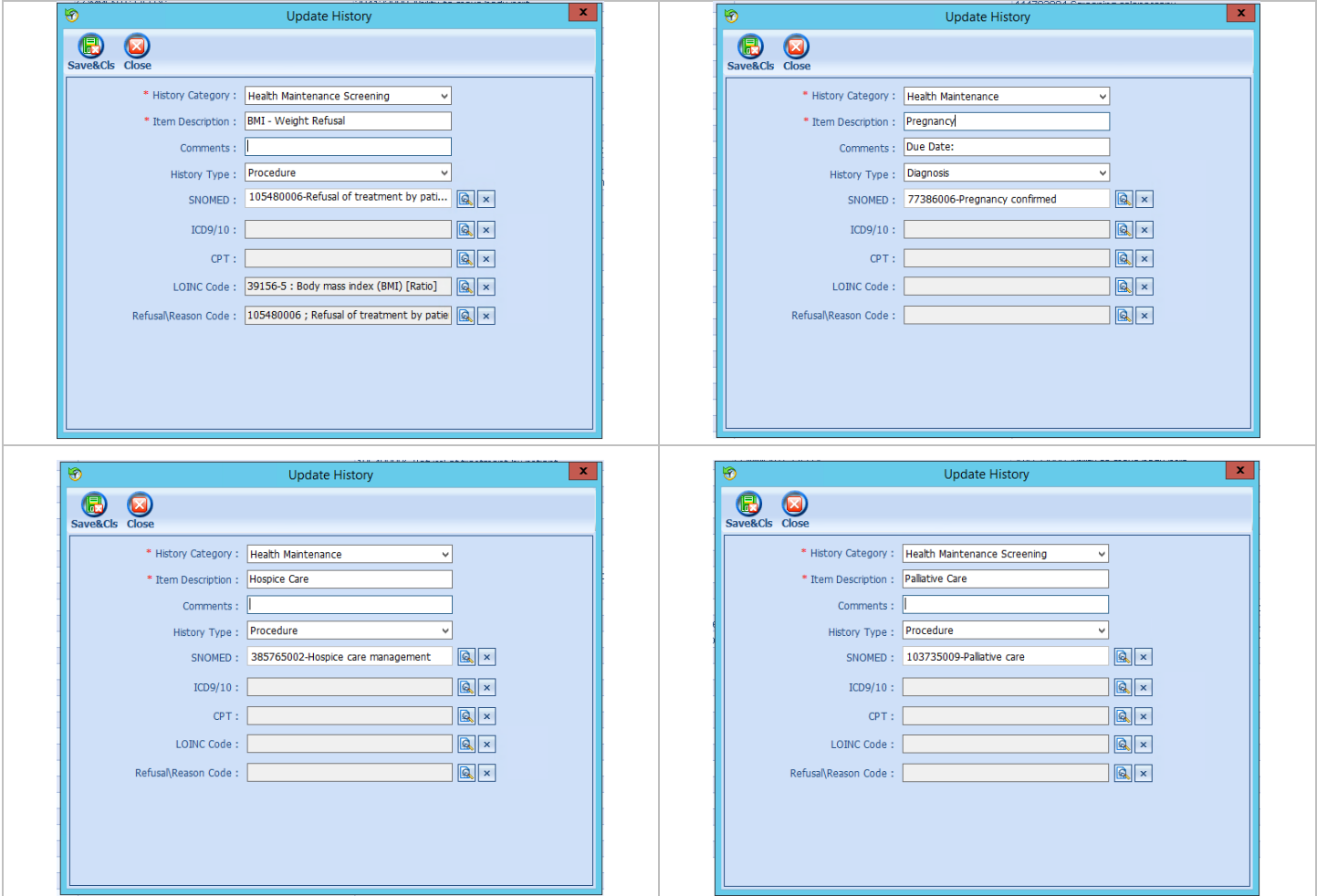
No set up required

**Building History Items: Follow-Up, Pregnancy, Refusal, Hospice and Palliative Care**

Build the history items below:

1. Log into **QEMR** > Navigate to **Edit > History**
2. Highlight **desired History Category** list on left side bar
3. Click **New** hot button
4. **Complete the Update History** Screen as seen below
5. Click **Save & Close** hot button





## Workflow

### Qualifying Encounter

Following standard office workflow, document patient visit(s) via SOAP notes and code with CPT and diagnosis codes using either DxCPT, SmartDx or Smart CPT modules.

### Document BMI

Following standard office procedure enter height and weight into the Vitals Module for BMI to auto calculate



## Document History Items: Follow-Up, Pregnancy, Refusal, Hospice or Palliative Care

To document smoking status, follow steps below:

1. Navigate to **History** Module > **Health Maintenance** category
  - a. Double-click applicable history item
  - b. Enter **Occur Date**

Category	Item	Comments	Smoking Status	Active	Occur Date	Date Entered	Source
Health Maintenance Screening	BMI Above Normal Range - LifeStyle Edu. Regarding Diet				04/10/2023	4/10/2023 9:02 AM	gloEMR

Category	Item	Comments	Smoking Status	Active	Occur Date	Date Entered	Source
Health Maintenance Screening	BMI Below Normal Range - Life Style Edu. Regarding Diet				04/10/2023	4/10/2023 9:02 AM	gloEMR

Category	Item	Comments	Smoking Status	Active	Occur Date	Date Entered	Source
Health Maintenance Screening	Current Pregnancy	Due Date:		<input checked="" type="checkbox"/>	09/06/2021	1/19/2022 9:20 AM	gloEMR

Category	Item	Comments	Smoking Status	Active	Occur Date	Date Entered	Source
Health Maintenance Screening	Hospice Care				01/19/2022	1/19/2022 9:21 AM	gloEMR

Category	Item	Comments	Smoking Status	Active	Occur Date	Date Entered	Source
Health Maintenance Screening	Palliative Care				10/20/2022	10/20/2022 10:50 AM	gloEMR

## Incrementing Details

### Occur Dates

To increment ANY measure using the History Module the Occur Dater MUST be documented using appropriate date based upon Measure Description.

### Exam Coding

If exam notes (Past Exams) are not coded with Diagnosis Code and CPT code measures will not increment.

### Measure Specific Codes

The codification shown in this document are examples of qualifying documentation. To see a full list please visit [Value Set Authority Center](#).

## CMS Guidance \*

### BMI Measurement Guidance:

- Height and Weight - An eligible professional or their staff is required to measure both height and weight. Both height and weight must be measured during the measurement period. Self-reported values cannot be used.
- The BMI may be documented in the medical record of the provider or in outside medical records obtained by the provider.
- If the documented BMI is outside of normal parameters, then a follow-up plan is documented during the encounter or during the measurement period.
- If more than one BMI is reported during the measurement period, and any of the documented BMI assessments is outside of normal parameters, documentation of an appropriate follow-up plan will be used to determine if performance has been met.
- Review the exclusions and exceptions criteria to determine those patients that BMI measurement may not be appropriate or necessary.
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### Follow-Up Plan Guidance:

- The documented follow-up plan must be based on the documented BMI, outside of normal parameters, example: "Patient referred to nutrition counseling for BMI above or below normal parameters." See the Definition section for examples of follow-up plan treatments. Variation has been noted in studies exploring optimal BMI ranges for the elderly (see Donini et al., [2012]; Holme & Tonstad [2015]; Diehr et al. [2008]). Notably however, all these studies have arrived at ranges that differ from the standard range for ages 18 and older, which is  $\geq 18.5$  and  $< 25$  kg/m<sup>2</sup>. For instance, both Donini et al. (2012) and Holme and Tonstad (2015) reported findings that suggest that higher BMI (higher than the upper end of 25kg/m<sup>2</sup>) in the elderly may be beneficial. Similarly, worse outcomes have been associated with being underweight (at a threshold higher than 18.5 kg/m<sup>2</sup>) at age 65 (Diehr et al. 2008).
- Because of optimal BMI range variation recommendations from these studies, no specific optimal BMI range for the elderly is used. However, it may be appropriate to exempt certain patients from a follow-up plan by applying the exception criteria. See Denominator Exception section for examples.

This [eCQM](#) is a patient-based measure. This measure is to be reported a minimum of once per reporting period for patients seen during the reporting period.

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 encounter and the measure-specific denominator coding. Telehealth encounters are not eligible for this measure because the measure requires a clinical action that cannot be conducted via telehealth.