DOCUMENTATION TIPS

MIPS #128:
Preventative Care and Screening:
Body Mass Index (BMI) Screening and Follow-up

Electronic health records (EHRs) collect and organize notes, medication lists, and patient information using various formats. With providers also documenting this information in unique ways, this can potentially cause confusion and an increased timeline for measure mapping with DataDerm. This tip sheet can help you manage reporting requirements for performance measures and streamline standard documentation practices to allow seamless data pull into DataDerm.

The DataDerm team will work with you to connect DataDerm with your EHR to extract data. To make the process as smooth as possible, it helps to document key elements of patient care. DataDerm cannot read scanned images of any kind, including scanned images for labs, letters to physicians, pathology reports, follow-up plans, and dates. If you have scanned images with information needed for your measures, please add a note in your chart with the date and required patient information for this data to be accurately collected.

This tip sheet can assist paper-based practices in standardizing documentation practices. Keeping notes in the patient's paper chart of all documentation requirements will assist you when reporting for this measure.

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For all patients 18 years and older, document the following in your notes:
- The CPT or HCPCS code for the patient encounter during the reporting period
90791, 90792, 90832, 90834, 90837, 96150, 96151, 96152, 97161, 97162, 97163, 97165, 97166, 97167, 97802, 97803, 99201, 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, D7140, D7210, G0101, G0108, G0270, G0271, G0402, G0438, G0439, G0447, G0473
- Note in the medical record the patient's BMI during the encounter or during the previous twelve months. The information may be obtained from separate encounters.
- 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
  - 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".

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- If the patient is not eligible for BMI screening, note in the medical record if applicable:
  - Patient is receiving palliative care on the date of the current encounter or any time prior to the current encounter.
  - Patient is pregnant on date of encounter or any time during the measurement period prior to the current encounter
  - Patient refuses measurement of height and/or weight or refuse follow-up on the date of the current encounter
- If BMI screening or follow-up plan is not provided, document medical reason(s) for not preforming the screening or intervention. If applicable, include:
  - Elderly patient for whom weight reduction/weight gain would complicate other underlying health conditions such as;
    - Illness or physical disability
    - Mental illness, dementia, confusion
    - Nutritional deficiency, vitamin/mineral deficiency
  - Patient is in an urgent or emergent medical situation where time is of the essences, and to delay treatment would jeopardize the patient's health status.

Additional Tips:
- Collect **once per performance period** for patients 18 and older seen during the performance period.
- Patient-reported values (height and weight) cannot be used to calculate BMI.
- See measure specifications for additional codes that can assist in seamless measure mapping from your EHR to DataDerm, if applicable (e.g. G8420).
- GQ, GT, 95, and POS 02 telehealth modifiers make cases ineligible.

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