

FREQUENTLY ASKED QUESTIONS

MIPS 128: Preventative Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

Is this measure available for claims reporting?

Yes, this measure is available via claims.

Do I have to report this measure every time a patient comes into the office?

No. This measure only needs to be reported once a performance period.

Will I still get credit if I perform a BMI assessment and my patient is within normal limits?

Yes, you will still receive credit for reporting the measure.

What constitutes a follow-up plan?

A follow-up plan is defined by the following:

- 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/behavior therapy
- Pharmacological interventions
- Dietary supplements
- Exercise counseling
- Nutrition counseling

What are the exclusions for this measure?

A patient is not eligible if one or more of the following reasons are documented:

- Patients receiving palliative 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
- Patients who refuse measurement of height and/or weight or refuse follow-up on the date of the current encounter or any time during the measurement period prior to the current encounter

For more information, contact the American Academy of Dermatology:
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