

Practice Name:

Practice Tax ID:

Practice Address:



BlueCross BlueShield of South Carolina and BlueChoice HealthPlan of South Carolina

Adult Body Mass Index (BMI) Assessment

The Adult BMI Assessment quality measure assesses whether a member has had a BMI assessment in the current year or the previous year. This measure assesses the percentage of members 18–74 years of age who had an outpatient office visit and had their BMI documented during the measurement year or the year before.

WHAT CODES DO I FILE?	
When filing claims in the future, you can help improve our awareness of the services you provide related to Adult BMI Assessment by using these codes:	
ADULT BMI VALUE CODES	
BMI < 19	V85.0
BMI 19.0 – 24.9	V85.1
BMI 25.0 – 29.9	V85.21 – V85.25
BMI 30.0 – 39.9	V85.30 – V85.39
BMI 40.0 – 69.9	V85.41 – V85.44
BMI ≥ 70	V85.45

Use this form to let us know about any gaps in care you may have closed for this measure. Doing so allows us to:

- Reduce the number of record requests you receive during the annual HEDIS effectiveness of care audit.
- Target our educational outreach to members who need preventive or health services.
- Increase your reimbursement through the Rewarding Excellence program if you choose to participate.

Please complete this form by filling out Option 1 or Option 2.

Member Information	
ID Card Number: _____	Member Date of Birth: _____
First Name: _____	Last Name: _____

Option 1	
BMI Result: _____	Date of BMI: _____ (Current year or the previous year.)
Weight: _____	Date of Weight: _____ (Current year or the previous year.)

Option 2	
Date of Pregnancy Diagnosis: _____	(Current year or the previous year.)

Provider Certification	
This document contains a true and accurate account of the services rendered to this patient and constitutes part of the legal health record.	
Provider Signature: _____	Date: _____

Once completed, please fax to 800-610-5685, Attn: HEDIS or send by secure email only to HEDIS.Records@bcssc.com