



## Adult Body Mass Index (BMI) Assessment

### About this Measure

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. If the member is less than 20 years of age on the date of service, the BMI percentile must be measured instead of or in addition to the adult BMI value.

### Coding Guidance

You can submit up to 25 codes with any claim to help transmit this information to us. Additional coding allows us to close these gaps based on claims without having to get records or compliance forms.

| 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 ICD-10 CODES (for use with patients 20 years of age or older)  |                 |
| BMI < 20   | Z68.1           |
| BMI 20.0 – 29.9  | Z68.20 – Z68.29 |
| BMI 30.0 – 39.9  | Z68.30 – Z68.39 |
| BMI 40.0 – 69.9  | Z68.41 – Z68.44 |
| BMI ≥ 70   | Z68.45          |
| BMI PERCENTILE ICD-10 CODES (for use with patients less than 20 years of age)  |                 |
| Pediatric BMI < 5%   | Z68.51          |
| Pediatric BMI 5% – < 85%   | Z68.52          |
| Pediatric BMI 85% - < 95%  | Z68.53          |
| Pediatric BMI ≥ 95%  | Z68.54          |

*Please note that the codes listed herein will result in a closure of an identified gap in care. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient’s coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.*

*Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager<sup>SM</sup>, available at [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) or at [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com).*

Once completed, please fax to (803) 419-8191, Attn: HEDIS  
or **send by secure email only** to [HEDIS.Records@bcbssc.com](mailto:HEDIS.Records@bcbssc.com)

Practice Name: \_\_\_\_\_

Practice Tax ID: \_\_\_\_\_

Practice Address: \_\_\_\_\_



BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

## Adult Body Mass Index (BMI) Assessment

### Compliance Form

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 Healthcare Effectiveness Data and Information Set (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.

#### Member Information

ID Card Number: \_\_\_\_\_ Member's Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

#### Compliance Information

Weight: \_\_\_\_\_ Date of Weight: \_\_\_\_\_ (Current year or the previous year)

Height: \_\_\_\_\_ Date of Height: \_\_\_\_\_ (Current year or the previous year)

Date of BMI: \_\_\_\_\_ (Current year or the previous year)

If 20 years of age or older on date of service: BMI Result: \_\_\_\_\_

If less than 20 years of age on date of service: BMI Percentile: \_\_\_\_\_

#### 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's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once completed, please fax to (803) 419-8191, Attn: HEDIS  
or **send by secure email only** to [HEDIS.Records@bcbssc.com](mailto:HEDIS.Records@bcbssc.com)

Practice Name: \_\_\_\_\_

Practice Tax ID: \_\_\_\_\_

Practice Address: \_\_\_\_\_



BlueCross BlueShield of South Carolina and  
BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

## Adult Body Mass Index (BMI) Assessment

### Exclusion Form

Use this form to let us know that a member may not be appropriate for this measure. Doing so allows us to:

- Reduce the number of record requests you receive during the annual Healthcare Effectiveness Data and Information Set (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.

#### Member Information

ID Card Number: \_\_\_\_\_ Member Date's of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

#### Exclusion Information

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's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once completed, please fax to (803) 419-8191, Attn: HEDIS  
or **send by secure email** only to [HEDIS.Records@bcbssc.com](mailto:HEDIS.Records@bcbssc.com)