

MEASURE ABA-AD: ADULT BODY MASS INDEX ASSESSMENT

National Committee for Quality Assurance

A. DESCRIPTION

Percentage of beneficiaries ages 18 to 74 who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

Data Collection Method: Administrative or Hybrid

Guidance for Reporting:

- This measure applies to beneficiaries ages 18 to 74. For the purpose of Adult Core Set reporting, states should calculate and report this measure for two age groups (as applicable): ages 18 to 64 and ages 65 to 74.
- The height, weight, and BMI should be from the same data source.
- The height and weight measurement should be taken during the measurement year or the year prior to the measurement year.
- If using hybrid specifications, for beneficiaries age 20 and older, documentation in the medical record should indicate the weight and BMI value, dated during the measurement year or the year prior to the measurement year.
- Include all paid, suspended, pending, and denied claims.
- Beneficiaries in hospice are excluded from the eligible population. If a state reports this measure using the Hybrid method, and a beneficiary is found to be in hospice or using hospice services during medical record review, the beneficiary is removed from the sample and replaced by a beneficiary from the oversample. For additional information, refer to the hospice exclusion guidance in Section II. Data Collection and Reporting of the Adult Core Set.

The following coding systems are used in this measure: CPT, HCPCS, ICD-10-CM, LOINC, SNOMED, and UB. Refer to the Acknowledgments section at the beginning of the manual for copyright information.

B. DEFINITIONS

BMI	Body mass index. A statistical measure of the weight of a person scaled according to height.
BMI percentile	The percentile ranking based on the Centers for Disease Control and Prevention's (CDC) BMI-for-age growth charts, which indicate the relative position of a patient's BMI number among those of the same sex and age.

C. ELIGIBLE POPULATION

Age	Age 18 as of January 1 of the year prior to the measurement year to age 74 as of December 31 of the measurement year.
Continuous enrollment	The measurement year and the year prior to the measurement year.

Allowable gap	No more than one gap in enrollment of up to 45 days during each year of continuous enrollment. To determine continuous enrollment for a beneficiary for whom enrollment is verified monthly, the beneficiary may not have more than a 1-month gap in coverage (i.e., a beneficiary whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
Anchor date	December 31 of the measurement year.
Benefit	Medical.
Event/diagnosis	Beneficiaries who had an outpatient visit (<u>Outpatient Value Set</u>) during the measurement year or the year prior to the measurement year.

D. ADMINISTRATIVE SPECIFICATION

Denominator

The eligible population as defined above.

Numerator

For beneficiaries age 20 or older on the date of service, BMI (BMI Value Set) during the measurement year or the year prior to the measurement year.

For beneficiaries younger than age 20 on the date of service, BMI percentile (BMI Percentile Value Set) during the measurement year or the year prior to the measurement year.

Exclusions (optional)

Female beneficiaries who have a diagnosis of pregnancy (Pregnancy Value Set) during the measurement year or the year prior to the measurement year.

E. HYBRID SPECIFICATION

Denominator

A systematic sample drawn from the eligible population. Refer to the sampling guidance under Section II. Data Collection and Reporting of the Adult Core Set for additional information.

Numerator

BMI during the measurement year or the year prior to the measurement year as documented through either administrative data or medical record review:

Administrative Data

Refer to the Administrative Specification to identify positive numerator hits from the administrative data.

Medical Record Review

For beneficiaries age 20 and older on the date of service, documentation in the medical record must indicate the weight and BMI value, dated during the measurement year or year prior to the measurement year. The weight and BMI value must be from the same data source.

For beneficiaries younger than age 20 on the date of service, documentation in the medical record must indicate the height, weight, and BMI percentile, dated during the measurement year or year prior to the measurement year. The height, weight, and BMI percentile must be from the same data source.

For BMI percentile, either of the following meets criteria:

- BMI percentile documented as a value (e.g., 85th percentile)
- BMI percentile plotted on an age-growth chart

Ranges and thresholds do not meet the criteria for this indicator. A distinct BMI value or percentile, if applicable, is required for numerator compliance. Documentation of > 99% or < 1% meet criteria because a distinct BMI percentile is evident (i.e., 100% or 0%).

Exclusions (optional)

Refer to Administrative Specification for exclusion criteria. Exclusionary evidence in the medical record must include a note indicating a diagnosis of pregnancy. The diagnosis must have occurred during the measurement year or the year prior to the measurement year.

F. ADDITIONAL NOTES

The following notations or examples of documentation are considered “negative findings” and do not count as numerator compliant:

- No BMI or BMI percentile documented in medical record or plotted on age-growth chart
- Notation of weight only