

WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS: BMI PERCENTILE DOCUMENTION (WCC)

MEETING THE HEDIS MEASURE

The WCC measure assesses the percentage of children and adolescents 3-17 years of age who had an outpatient visit with a primary care practitioner or OB/GYN during the measurement year and had evidence of:

- Body mass index (BMI) percentile documentation.
- Counseling for nutrition.
- Counseling for physical activity.

Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed, rather than an absolute BMI value.

WHY IS THE MEASURE IMPORTANT?

Over the last three decades, childhood obesity has more than doubled in children and tripled in adolescents. It is the primary health concern among parents in the United States, topping drug abuse and smoking. Childhood obesity has both immediate and long-term effects on health and well-being.

Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases. Obesity can become a lifelong health issue; therefore, it is important to monitor weight problems in children and adolescents and provide guidance for maintaining a healthy weight and lifestyle.

DOCUMENTATION REQUIREMENTS

Documentation of height, weight, and BMI percentile. Either of the following meets criteria for BMI percentile:

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

Documentation of counseling for nutrition or referral for nutrition education during the measurement year Documentation of counseling for physical activity or referral for physical activity during the measurement year

WHAT CAN BE DONE TO HELP MEET THE MEASURE?

Let the member know what the normal BMI range is for their age, gender, height, and weight. Show them where they fall on the BMI chart as this can be a great way to start a conversation regarding their exercise and nutritional habits.

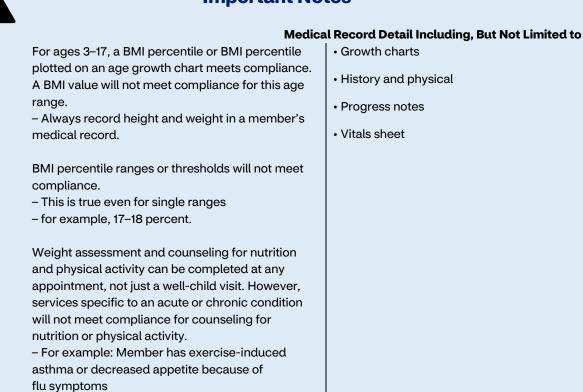
Take advantage of every office visit (including problem-focused and sports physicals) to capture BMI and to counsel on nutrition and physical activity.

Place a BMI chart near the scale to encourage a conversation in making healthy choices; be sure the BMI percentile is documented in the member's chart and/or it is plotted on the BMI growth chart at every visit. **Document** services rendered for obesity or eating disorders to meet criteria for Counseling for Nutrition and Counseling for Physical Activity.

When counseling for physical activity, discuss organized sports activities or after school programs and document age-appropriate activity such as "rides bike for 30 minutes a day."

When counseling for nutrition, discuss appropriate food intake, portion size, healthy eating habits, issues including body image and eating disorders, etc.

Important Notes



Required Exclusions:

Members in hospice or using hospice services

Members who died

Members with a diagnosis of Pregnancy

Timeframe: Any time during the measurement year

CPT [®] / CPT [®] II/ ICD-10	
BMI Percentile	ICD 10: Z68.51, Z68.52, Z68.53, Z68.54
Nutritional Counseling	CPT: 97802-04
	ICD 10: Z71.3
Counseling for Physical Activity	ICD 10: Z02.5, Z71.82

The following codes can be used to close HEDIS® numerator gaps in care; they are not intended to be a directive of your billing practice.

REFERENCES

Weight assessment and counseling for nutrition and physical activity for children/adolescents. NCQA. (2023, January 20). Retrieved March 10, 2023, from www.ncqa.org/hedis/measures/weight-assessment-and-counseling-for-nutrition-and-physical-activity-for-children-adolescents/

Centers for Disease Control and Prevention (CDC). 2013. "adolescent and School Health: Childhood Obesity Facts." www.cdc.gov/healthyyouth/obesity/facts.htm American Heart Association. 2013. "Overweight in Children" www.heart.org/HEARTORG/GettingHealthy/WeightManagement/

Obesity/Overweight-in-Children_UCM_304054_Article.jsp

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