

## 2019 HEDIS® MEASURE: WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN / ADOLESCENTS (WCC)

Gold Coast Health Plan's goal is to help its providers gain compliance with their annual Healthcare Effectiveness Data and Information Set (HEDIS®) scores by providing guidance and resources. This tip sheet will provide the key components to the HEDIS® measure, "Weight Assessment and Counseling for Nutrition and Physical Activity for Children / Adolescents (WCC)."

**Measure Description: Members ages 3 to 17 who had an outpatient visit with a Primary Care Provider (PCP) or OB/GYN and had evidence of:**

- ▶ BMI percentile documentation
- ▶ Counseling for nutrition
- ▶ Counseling for physical activity

This measure looks at the percentile assessment and counseling on nutrition and physical activity at least one time per year.

The intent of the measure is to ensure the BMI percentile is assessed in children and adolescents rather than the absolute BMI value, as the normal range for BMI in youth varies between gender and age.

### Codes used to identify BMI percentile in children and adolescents

Description	ICD-10-CM Diagnosis
BMI pediatric, less than 5 <sup>th</sup> percentile for age	Z68.51
BMI Pediatric, 5 <sup>th</sup> percentile to less than 85 <sup>th</sup> percentile for age	Z68.52
BMI Pediatric, 85 <sup>th</sup> percentile to less than 95 <sup>th</sup> percentile for age	Z68.53
BMI Pediatric, greater than or equal to 95 <sup>th</sup> percentile for age	Z68.54

Note: The BMI percentile ranking is based on the Centers for Disease Control and Prevention's (CDC) BMI-for-age growth charts and indicates the relative position of the child's BMI compared to others in the same gender and age group.

### Codes used to identify nutrition counseling

Description	HCPCS	CPT	ICD-10-CM Diagnosis
Nutrition Counseling		97802 97803 97804	
Dietary counseling and surveillance			Z71.3
Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face	G0270		
Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (two or more individuals)	G0271		
Face-to-face behavioral counseling for obesity, 15 minutes	G0447		
Weight management classes, non-physician provider, per session	S9449		
Nutrition classes, non-physician provider, per session	S9452		
Nutrition counseling, dietician visit	S9470		

**Codes used to identify physical activity counseling**

Description	HCPCS	ICD-10-CM Diagnosis
Face-to-face behavioral counseling for obesity, 15 minutes	G0447	
Exercise classes, non-physician provider, per session	S9451	
Encounter for examination for participation in sport		Z02.5
Exercise counseling		Z71.82

**Codes used to identify outpatient visit**

Description	CPT	HCPCS	UBREV
Outpatient Visits	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483	G0402, G0438, G0439, G0463, T1015	0510-0517, 0519-0523, 0526-0529, 0982, 0983

The compliant medical record must include all of the following documentation:

**BMI Percentile:** Height, weight and BMI percentile or BMI percentile plotted on an age-appropriate growth chart. Ranges and thresholds do not meet the criteria for this indicator. Elements that do meet the BMI percentile criteria for this measure are:

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

**NOTE: Only those indicated here meet the intent of this measure.**

**Counseling for Nutrition:** Documentation **must** include a note indicating the date and, at a minimum, one of the following components discussed during the visit:

- ▶ Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors)
- ▶ Checklist indicating nutrition was addressed
- ▶ Counseling or referral for nutrition education
- ▶ Member received educational materials on nutrition during face-to-face visit
- ▶ Anticipatory guidance for nutrition
- ▶ Weight or obesity counseling

**Counseling for Physical Activity:** Documentation **must** include a note indicating the date and, at a minimum, one of the following components discussed during the visit:

- ▶ Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation)
- ▶ Checklist indicating physical activity was addressed
- ▶ Counseling or referral for physical activity
- ▶ Member received educational materials on physical activity during a face-to-face visit
- ▶ Anticipatory guidance specific to the child's physical activity
- ▶ Weight or obesity counseling



**Best Practices:**

- ▶ When counseling for nutrition, document current nutrition behaviors (e.g. appetite, meals patterns, eating and dieting habits).
- ▶ When counseling for physical activity document:
  - Physical activity counseling (e.g. child rides bicycle in yard).
  - Current physical activity behaviors (e.g. exercise routine and participation in sports activities).
- ▶ To receive the highest quality score, be sure to document BMI percentile and counseling for nutrition and physical activity accurately in the medical record and on the claim.
- ▶ For counseling for nutrition, documentation related to a member's appetite does not meet criteria.
- ▶ For documentation of physical activity, anticipatory guidance related only to safety without specific mention of physical activity recommendations does not meet the intent for this measure.
- ▶ Use appropriate HEDIS<sup>®</sup> measure diagnosis and procedure codes to avoid medical record review.
- ▶ Take advantage of every office visit to provide counseling on nutrition and physical activity.

For additional information on specific HEDIS<sup>®</sup> measures, please visit the websites for the [National Committee for Quality Assurance \(NCQA\)](#) or the [Agency for Healthcare Research and Quality \(AHRQ\)](#).

Effective January 1, 2014, NCQA replaced the coding tables with “value sets” which contain all applicable codes that can be used to identify a specific service or condition included in any measure. Detailed information on the data sets and technical specifications can be found [here](#).

GCHP does not intend this information to be medical advice, but a tool to assist in compliance with the HEDIS<sup>®</sup> measures.