



WCC

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents



Why it Matters

According to the CDC, approximately 1 in 5 children and adolescents have obesity. Childhood obesity affects some groups more than others, poses both immediate and long-term health risks, and can be expensive for patients and healthcare providers.¹



Eligible Population

Members 3–17 years of age as of Dec. 31 of the measurement year.



Measure Description

The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year:

- BMI* percentile documentation (can be BMI percentile plotted on age-growth chart).
- Counseling for physical activity.
- Counseling for nutrition.

✔ BMI Percentile Acceptable Documentation

- BMI percentile plotted on an age-growth chart or documented as a value (50th percentile).
- Member-collected height, weight, and BMI percentile if entered into medical record.

✘ BMI Percentile Not Acceptable Documentation

- BMI percentile ranges.
- Notation of BMI value only.
- Notation of height and weight only.



Key Tips

- ✔ Services count if the specified documentation is present, regardless of the intent of the visit, provider type, or place of service.
- ✔ Services rendered during a telephone visit, e-visit or virtual check-in meet criteria for the counseling for physical activity or counseling for nutrition.
- ✔ BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

(continued)

✓ Counseling Acceptable

- Discussion of current nutrition such as eating habits or dieting behaviors (e.g., “Patient has an adequate or well-balanced diet.”).
- Discussion of physical activity behaviors such as exercise routine, participation in sports activities, or exam for sports participation (e.g., “Lack of physical activity [if not related to acute or chronic condition].” or “Patient gets an adequate amount of exercise.”).
- Checklist indicating nutrition or physical activity was addressed.
- Counseling or referral for nutrition or physical activity.
- The member received educational materials for nutrition and physical activity during a face-to-face visit.
- Anticipatory guidance for nutrition or specific to physical activity.
- Weight or obesity counseling (eating disorders). Services rendered for obesity or eating disorders meet criteria for both counseling.
- Referral to WIC.

✗ Counseling Not Acceptable

- Physical exam finding or observation alone (e.g., “Well-nourished”), or developmental milestones alone (e.g., “Does not throw a ball”).
- Notation of a discussion without specific mention of nutrition or physical activity (e.g., “Appetite,” “Healthy lifestyle habits,” “Limits T.V./computer time,” “Cleared for gym class”).
- Assessment of an acute or chronic condition (e.g., “Presents with chronic foot pain - unable to run” or “Presents with diarrhea, received instructions for BRAT diet”).

⊕ Measure Codes

BMI percentile	Nutrition counseling	Physical activity counseling
ICD-10-CM: Z68.51, Z68.52, Z68.53, Z68.54	CPT: 97802, 97803, 97804 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470 ICD-10-CM: Z71.3	HCPCS: G0447, S9451 ICD-10-CM: Z02.5, Z71.82

References

¹CDC Childhood Obesity Facts, cdc.gov/obesity/childhood-obesity-facts/childhood-obesity-facts.html