



Weight Assessment & Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

WCC 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*
- 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 absolute BMI value



Why WCC is an important measure: Over the last three decades, childhood obesity has more than doubled in children and tripled in adolescents. Nearly 1 in 5 children and teens 2 to 19 years of age have obesity. It is the leading health concern among parents in the United States, surpassing drug abuse and smoking.

WCC measure exclusions

Required Exclusions:

- Members in hospice or using hospice services during the measurement year
Required Documentation: Any documentation within the medical record that provides evidence that the member was in hospice or using hospice services at any time during the year
- Members with a pregnancy diagnosis during the measurement year
Required Documentation: Members who have a diagnosis of pregnancy during the measurement year
- Members who died any time during the measurement year

WCC measure definitions

BMI Percentile

The percentile ranking based on the CDC (Centers for Disease Control and Prevention) BMI-for-age growth charts, which indicate the relative position of the patient's BMI number among others of the same age and gender

PCP (Primary Care Practitioner)

A physician or non-physician (e.g., nurse practitioner, physician assistant, certified nurse midwives) who offers primary medical services. Includes General or Family Practice; Geriatricians, General Internal Medicine; General Pediatricians and Obstetricians/gynecologists (OB/GYN)

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These are the HEDIS definitions of BMI Percentile and PCP (Primary Care Practitioner) for the purposes of this HEDIS measure.

BMI Percentile - documentation requirements

Documentation must include height, weight, and BMI percentile during the measurement year. The height, weight, and BMI percentile must be from the same source.

Either of the following meet criteria for BMI Percentile:

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

Only evidence of the BMI percentile or BMI percentile plotted on an age-growth chart meets criteria.

BMI Percentile - documentation requirements + tips

- Values from an age-weight, age-height, or height-weight chart are **not** compliant as they do not show BMI percentile.
- Ranges and thresholds **do not** meet criteria; a distinct percentile is required.
**However, documentation of >99% or <1% meets criteria because a distinct BMI percentile is evident (i.e. 100% or 0%)*
- Notation of height and weight only is **not** compliant
- The height, weight, and BMI percentile must be from the medical record
- BMI value is **not** the same as BMI percentile, therefore BMI values are **not** acceptable

Counseling for Nutrition – documentation requirements

Documentation must include a date of service (DOS) in the measurement year in an office note/progress note with one of the following

- Discussion of current nutritional behaviors (e.g.; eating habits, dieting habits)
- Checklist indicating that nutrition was addressed/discussed
- Counseling or referral for nutritional education
- Member received educational materials/handouts on nutrition during a face-to-face visit
- Anticipatory guidance for nutrition
- Weight and obesity counseling count as both counseling for nutrition and counseling for physical activity
- Referral to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) may be used to meet criteria for Counseling for Nutrition indicator

****The Counseling for Nutrition and Counseling for Physical Activity indicators do not require a specific setting. Therefore, services rendered during a telephone visit, e-visit, or virtual check-in meet criteria***

These are the documentation requirements for Counseling for Nutrition, when notating “anticipatory guidance”, ensure “ nutrition” is specified as a topic of guidance.

Counseling for Nutrition – noncompliant documentation

- Educational materials sent to the member via email cannot be used to demonstrate nutrition counseling
- Documentation of “health education” or “anticipatory guidance” without specific mention of nutrition
- Documentation specific to the assessment or treatment of an acute or chronic condition does not meet criteria
- Documentation in the H&P such as well-nourished or references to appetite do **not** meet compliance
- Recommendations for Multivitamins, calcium, or iron for example, do **not** meet compliance
- Acute Care visits, sore throat, GI upset when referencing BRAT Diet or eating habits

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Recommendations for Multivitamins, calcium, or iron for example, do not meet compliance unless accompanied by documentation that specifies nutrition was discussed.

Counseling for Nutrition – acceptable/unacceptable documentation examples

Acceptable:

Likes Vegetables
Consumes a diet typical for age
No issues in diet
Feeding adequate
Picky eater
Good eater
Three meals per day **OR** B/L/D
Good diet, balanced diet

Unacceptable:

History and physical (HPI) build and nutrition-
“well nourished”
Handouts given for well child if unclear that
nutrition was discussed
Notation that a member with diarrhea is following
the brat diet
Recommended multivitamins with Vitamin,
calcium, and iron
Notation of intake/diet when child is being seen
for an acute issue or sick visit- sore throat, GI visit
Decreased appetite overall - documentation
related to “appetite.”

Examples of Acceptable and Unacceptable Counseling for Nutrition documentation

Counseling for Physical Activity – documentation requirements

Documentation must include a note or referral indicating counseling for physical activity during measurement year and at least one of the following:

- Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports, exams for sports, active play for preschoolers)
- Checklist indicating physical activity was addressed
- Counseling or referral for physical activity
- Member received educational materials/handouts on physical activity during a face-to-face visit
- Anticipatory guidance specific to the child's physical activity.
Notation of anticipatory guidance related solely to safety (wears a helmet, pool and water safety) without specific mention of a physical activity recommendation does **not meet criteria*
- Weight and obesity counseling count as both counseling for nutrition and counseling for physical activity

****The Counseling for Nutrition and Counseling for Physical Activity indicators do not require a specific setting. Therefore, services rendered during a telephone visit, e-visit, or virtual check-in meet criteria***

Counseling for Physical Activity-Documentation must include a note or referral indicating counseling for physical activity during measurement year and at least one of the listed criteria

Counseling for Physical Activity – noncompliant documentation

- Notation of “cleared for gym” alone without documentation of a discussion does not meet criteria
- Notation of “health education” or “anticipatory guidance” without a specific mention of physical activity
- A referral to physical therapy does not count as evidence of Counseling for Physical Activity
- Educational materials sent to the member via email cannot be used to demonstrate Counseling for Physical Activity
- Documentation specific to the assessment or treatment of an acute or chronic condition does not meet criteria.
- Documentation of “able to play in groups” or “able to keep up with others” alone does not meet criteria
- Handouts given for well visits
- Notation of limit screen time without the mention of physical activity
- Developmental milestones

Counseling for Physical Activity – acceptable documentation examples

Acceptable for all ages:

Plays with brother and sister
Joins extracurricular physical activities 60 minutes a day
Pt. has restrictions, unable to participate in gym/sports
Child is active more than 60 minutes a day
Positive decrease physical activity
Gets regular exercise
No activity or exercise concerns
Plays actively with friends
List of current activities: football, cheerleading, swim team, soccer, etc.
Completion of sports exam/physical exam for sports

Acceptable for children ages 3-4

Notation of playing outside
Active child
Notations related to activities the child participates in: (e.g., tumbling, dancing, etc.)
Physical activity with other children
Actively playing with other children

Counseling for Physical Activity – unacceptable documentation examples

Examples of unacceptable documentation

- Able to play in groups
- Able to keep up with others
- Handouts given for well child visit
- Notation of limit screen time (computer/TV time) without mention of physical activity

Please take note of the acceptable documentation criteria for counseling of physical activity for children ages 3-4.

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