

PROVIDER BULLETIN

HEDIS News You Can Use Weight Assessment & Counseling (WCC)



Prevention of Childhood Obesity

NCQA recognizes there is an ever-growing epidemic of childhood obesity. 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 US, topping drug abuse and smoking. Childhood obesity has both immediate and long-term effects on health and well being.

It is important to monitor weight problems in children and adolescents and provide guidance for maintaining a healthy weight and lifestyle. The Weight Assessment & Counseling for Nutrition and Physical Activity for Children and Adolescents (**WCC**) measure was developed to focus on the education and promotion of proper nutrition and exercise.

This bulletin offers tips to help Aetna providers deliver high-quality, timely care for this important population and ensure the proper billing of these services.



Measure Requirements

The WCC Measure requires members 3-17 years of age to have had the following during an outpatient visit:

- **Body Mass Index (BMI) Percentile**
A BMI Value alone is NOT compliant for measure
- **Counseling for Nutrition**
- **Counseling for Physical Activity**



Coding Information

To ensure the services you provide are counted toward your HEDIS performance rate, use ICD-10 codes with your claims for administrative compliance. Proper coding will decrease the need for HEDIS medical record reviews and requests.

- BMI percentiles
 - Z68.51 Pediatric <5th
 - Z68.52 Pediatric ≥ 5th - <85th
 - Z68.53 Pediatric ≥ 85th - <95th
 - Z68.54 Pediatric ≥95th
- Nutritional Counseling
 - Z71.3
 - HCPCS G0447- Counseling for Obesity
- Physical Activity Counseling
 - Z71.82
 - HCPCS G0447- Counseling for Obesity
 - **DO NOT use Z71.89- Other specified counseling**



Gaps In Care

Common reasons why a patient may appear not to have had these services, even though they were completed:

- Counseling was provided but not documented
- Coding not submitted with claim
- Submitting incorrect coding
- BMI not documented as a **percentile**
- Height and weight noted without BMI percentile
- Counseling was problem focused (i.e. member seen for flu is told to follow a clear liquid diet)



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Tips for Record Documentation

Acceptable documentation for each of the 3 components:

Body Mass Index (BMI) Documentation must include:

- Height and Weight
- BMI percentile: a number, not a range (i.e. 85th), or can be plotted on age-growth chart

Counseling for Nutrition (one of the following):

- Discussion of eating habits, dieting, snacks etc.
- Anticipatory Guidance/ Checklist indicating nutrition was discussed
- Counseling or Referral for nutrition or obesity counseling
- Educational materials on nutrition provided during face to face visit
- Referral to WIC

Counseling for Physical Activity (one of the following):

- Discussion of exercise routine, participation in sports
- Anticipatory Guidance/Checklist indicating Physical Activity was discussed
- Counseling or Referral for physical activity or obesity counseling
- Educational materials on physical activity provided during face to face visit
- Exam/Physical for sports participation



Great WCC Resources

Physical Activity Guidelines for Americans

https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf

Healthy Plate Nutrition Printable

<https://www.myplate.gov/resources/print-materials>

Bright Futures Nutrition Pocket Guide

<https://brightfutures.aap.org/Bright%20Futures%20Documents/BFNutrition3rdEdPocketGuide.pdf>



Here For You

Thank you for the excellent care provided to our members!

For questions or for more information, send an email to:

FLMedicaidQualityDept@aetna.com



BEST PRACTICES

Tips to improve compliance of WCC requirements

- Utilize Sick Visits to capture BMI percentiles and address general Nutrition and Physical Activity behaviors. (To fulfill criteria counseling cannot be problem focused)
- At a minimum, discuss eating habits, exercise/sports routines, along with daily screen time. (Screen time alone will not count)
- Implement a checklist (if using paper charts) or health maintenance flow-sheet (for an electronic medical record) to capture the dates of service you addressed these topics.
- Have educational handouts available and document their use.
- Document your own counseling, anticipatory guidance, and/or referrals to a nutritionist.
- A weight or obesity counseling referral will satisfy both the nutrition and physical activity components. HCPCS G0447

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Revised 7/2022₂