

Effectiveness of Care Measure

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



Learn how to improve your Healthcare Effectiveness Data and Information Set (HEDIS®) rates. This tip sheet gives key details about the WCC measure and best practices.

Measure	<p>The percentage of patients ages 3–17 who had an outpatient visit with a primary care physician (PCP) or OB/GYN, and who had evidence of the following in the measurement year:</p> <ul style="list-style-type: none"> • Body mass index (BMI) percentile documentation • Counseling for nutrition • Counseling for physical activity
Documentation requirements	<p>The patient's medical record should include:</p> <ul style="list-style-type: none"> • BMI percentile: Notes showing the height, weight and BMI percentile were recorded during the measurement year and come from the same data source. The BMI percentile must meet either of the following: <ul style="list-style-type: none"> – BMI percentile documented as a value (e.g., 85th percentile). Ranges and thresholds (e.g., 90%-95% or > 95%) do not meet criteria. – BMI percentile outlined on an age-growth chart. • Counseling for nutrition: Notes showing the date and at least one the following: <ul style="list-style-type: none"> – Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors). – Checklist showing nutrition was addressed. – Counseling or referral for nutrition education. – Member received educational materials on nutrition during a face-to-face visit. – Scheduled guidance for nutrition.



(continued)

Documentation requirements (continued)

• Counseling for physical activity:

Notes showing the date and at least one of the following:

- Discussion of current physical activity behaviors (e.g., exercise routine, take part or exam for sports activities).
- Checklist to indicate physical activity was addressed.
- Counseling or referral for physical activity.
- Member received educational materials on physical activity during a face-to-face visit.
- Scheduled guidance specific to the child’s physical activity.
- Weight or obesity counseling.

Best practices

- Assessing physical, emotional and social development is important at every stage of life, especially with children and adolescents. Well-child visits in the 3rd, 4th, 5th, and 6th years of life (W34) and adolescent well-child (AWC) visits provide an opportunity for providers to influence health and development. Please make sure to use correct coding when billing for both measures.
- Contact parents of patients to schedule their visits at least once a year.
- Use sick visits and sports physicals to complete this measure. Include and document all three measure components during a sick visit for a compliant WCC record.
- Check boxes, pre-populated forms and electronic health record (EHR) can save time for hands-on providers. Consider adding these features in your EHR system.
- When counseling for nutrition, discuss proper food intake, healthy eating habits, eating disorders, and issues, such as body image.
- When counseling for physical activity, discuss organized sports or after school programs and record activity, such as “ride bike for 30 minutes a day.”
- Reach out to members or schedule appointments during times that best fit the parents and their children. Take advantage of school breaks and holidays (e.g., summer break, winter break, etc.) and offer extended or weekend hours.

Billing codes

Use appropriate CPT, ICD-10 or HCPCS codes when billing for WCC:

Description	Code
Outpatient visit	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
BMI	Z68.51-Z68.54
Nutrition counseling	97802-97804, G0270, G0271, G0447, S9449, S9452, S9470, Z71.3
Physical activity counseling	G0447, S9451, Z02.5, Z71.82