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

**Purpose:** Members ages 3 to 17 years who have an outpatient visit with a PCP need evidence of BMI percentile documented and evidence of nutrition and physical activity counseling or a referral for nutrition and physical activity counseling documented in their medical records for compliance with HEDIS requirements. *Per the Bright Futures Periodicity Schedule, BMI should be documented beginning at the 24 month visit. Compliance with the Bright Futures guidelines will lead to compliance with this HEDIS measure.*

Assessment and Counseling must be done per the Periodicity Schedule regardless of BMI results or appearance of over/under weight

<table>
<thead>
<tr>
<th><strong>BMI percentile</strong></th>
<th><strong>Acceptable Documentation</strong></th>
<th><em><strong>HEDIS Acceptable Codes</strong></em></th>
</tr>
</thead>
</table>
| The percentage of members 3 – 17 years of age who had an outpatient visit with a PCP or OB/GYN who had evidence of a BMI percentile documentation during the measurement year. | Per the Bright Futures Periodicity Schedule, documentation of BMI must begin at age 24 months. BMI percentiles should be calculated and plotted per the Periodicity Schedule’s timeframes. | ICD10CM:  
Z68.51 - Body Mass Index (BMI) pediatric, less than 5th percentile for age  
Z68.52 - Body Mass Index (BMI) pediatric, 5th percentile to less than 85th percentile for age  
Z68.53 - Body Mass Index (BMI) pediatric, 85th percentile to less than 95th percentile for age  
Z68.54 - Body Mass Index (BMI) pediatric, greater than or equal to 95th percentile for age |

**BMI percentile**

HEDIS Requirements:  
Documentation must include, height, weight and BMI Percentile documented as a value (i.e. 85\textsuperscript{th} percentile) or plotted on an age-appropriate growth chart

The following notations or examples of documentation do not count as compliant:
- Notation of BMI value only
- Notation of height and weight only

BMI percentile may be calculated during a well or sick visit – MUST be documented per the Bright Futures Periodicity schedule beginning at age 24 months, regardless of BMI results or appearance of over/under weight

**Counseling for Nutrition**

The percentage of members 3 – 17 years of age who had an outpatient visit with a PCP or OB/GYN who had evidence of counseling for nutrition or referral for nutrition education

HEDIS Requirements:  
Documentation must include a note indicating the date and at least one of the following:
- Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors).
- Checklist indicating nutrition was addressed.
- Counseling or referral for nutrition education (e.g. referral to Women, Infants and Children (WIC) services)
- Member received educational materials on nutrition during a face-to-face visit.
- Anticipatory guidance for nutrition.
- Weight or obesity counseling.
- The examples of "eating a wide variety of foods", or "eats 3 balanced meals per day" do meet criteria as they indicate nutrition behaviors (nutritional value of what the child eats) were discussed.

CPT:  
97802, 97803, 97804

HCPCS**  
G0270, G0271,G0447, S9449, S9452, S9470,

ICD-10-CM:  
Z71.3 Dietary counseling and surveillance
Counseling for Nutrition can be rendered during a well or sick visit – MUST be done at least annually, regardless of BMI results or appearance of over/under weight.

The following notations or examples of do not count as compliant:
- Notation of “health education” or “anticipatory guidance” without specific mention of nutrition.
- A physical exam finding or observation alone (e.g., well-nourished) is not compliant because it does not indicate counseling for nutrition.
- Examples such as "good appetite" or "the child is eating well/not eating well" do not meet criteria because they are an assessment of appetite.

### Counseling for Physical Activity

<table>
<thead>
<tr>
<th>The percentage of members 3 – 17 years of age who had an outpatient visit with a PCP or OB/GYN who had evidence of Counseling for physical activity or referral for physical activity education during the measurement year.</th>
<th>HEDIS Requirements: Documentation must include a note indicating the date and at least one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation).</td>
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<tr>
<td>- Checklist indicating physical activity was addressed.</td>
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<tr>
<td>- Counseling or referral for physical activity</td>
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<tr>
<td>- Member received educational materials on physical activity during a face-to-face visit.</td>
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<tr>
<td>- Anticipatory guidance specific to the child’s physical activity.</td>
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<tr>
<td>- Weight or obesity counseling</td>
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</tbody>
</table>

Counseling for Physical Activity can be rendered during a well or sick visit – MUST be done at least annually, regardless of BMI results or appearance of over/under weight.

The following notations or examples of documentation do not count as compliant:
- Notation of Cleared for gym class” alone without documentation of a discussion
- Health education” or “anticipatory guidance” without specific mention of physical activity
- Developmental milestones as discussion of physical activity, such as “can ride a bike”, “child can crawl, child can jump on one foot
- Anticipatory guidance related solely to safety (e.g., wears helmet or water safety) without specific mention of physical activity recommendations
- Notation solely related to screen time (computer or television) without specific mention of physical activity

| HCPCS* |
| G0447, S9451 |

*Based on HEDIS® 2018 specifications

**HCPCS codes may not be covered for PCPs. Note: Acceptable documentation and codes are based on HEDIS® 2018**