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

Beginning at age 2 years old, each child must have documentation of weight, height, and BMI plotted on appropriate growth chart at every EPSDT visit**.

**HEDIS® Requirements**

ALL Children age 3 - 17 years old must have documentation of BMI Percentile, Nutritional Counseling and Physical Activity Counseling in the Medical Record at least annually

**BMI PERCENTILE**

- BMI percentile must be obtained and documented on all members 2 years and older regardless of BMI results or appearance of over/under weight
- BMI percentile (not BMI value) has to be entered in chart
- Obtaining a BMI percentile can be done at any well or sick visit – MUST be done at least annually
- A chart review by the health plan will not be necessary if the below informational diagnosis codes are submitted AT LEAST ANNUALLY
  - Z68.51: <5th percentile
  - Z68.52: 5th to <85th percentile
  - Z68.53: 85th to <95th percentile
  - Z68.54: ≥95th percentile for age
- Submit growth charts to show BMI percentile when records are requested; ensure growth chart has member name, date of birth and date of measurement

**COUNSELING OR REFERRAL FOR NUTRITION**

- Nutritional Counseling must be provided and documented on all members age 3 years and older regardless of BMI results or appearance of over/under weight*
- Provide Nutritional Counseling at any well or sick visit – MUST be done at least annually
- A chart review by the health plan will not be necessary if the below informational diagnosis codes are submitted AT LEAST ANNUALLY
  - Z71.3
- Documenting "well nourished" is not acceptable
- Examples of what is acceptable in chart:
  - Nutrition good
  - Decrease salt intake
  - Appetite good
  - Recommend weight loss
  - Referred to WIC
  - Referral for Nutritional Counseling
  - A checklist indicating nutrition was addressed and/or guidance given for future eating habits or recommended changes in diet is acceptable
- Ensure documentation includes educational materials given to members (parents/guardians)

**COUNSELING OR REFERRAL FOR PHYSICAL ACTIVITY**

- Physical Activity Counseling must be provided and documented on all members age 3 years and older regardless of BMI results or appearance of over/under weight*
- Provide Physical Activity Counseling at any well or sick visit – MUST be done at least annually. Documenting developmental milestones, notation of 'cleared for gym' and or screen time or guidance related solely to safety (e.g. wears helmet or water safety) is not acceptable
- Examples of what is acceptable in chart:
  - Increase physical activity
  - Swims
  - Plays on team
  - Needs to lose weight
  - Discussion of current physical activities (plays sports, participates in gym)
  - Counseling and/or referral for physical activity
  - A checklist indicating physical activity was addressed and/or guidance given for future activities given (begin walking, join gym)
- Ensure documentation includes educational materials given to members (parents/guardians)

Submit ICD-10 code Z02.5 as applicable for sports physical exams.

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* HEDIS® 2017 Volume 2 Technical Specifications. The guidelines are HEDIS® measures and should not take the place of clinical practice guidelines HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
**According to American Academy of Pediatrics (AAP) 2014 Bright Futures "Recommendations for Pediatric Health Care” Periodicity Schedule
Rev. 7.27.16