

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.