

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

HEDIS Tip Sheet MY 2025



Measure definition	Plans(s)	Quality Program(s)	Collection and Reporting
The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year: - BMI percentile - Counseling for nutrition - Counseling for physical activity	Marketplace Medicaid	CMS Quality Rating System NCQA Accreditation NCQA Health Plan Ratings (BMI Percentile Only)	Hybrid: Claim/Encounter Data Medical Record Review

Best practices for quality care

- Encourage annual well-child visits and proactively schedule follow-ups.
- Incorporate patient education into the visit with take home materials to reinforce information on weight, nutrition and physical activity.
- Discuss screen time reduction, exercise routines and balanced nutrition.
- Offer referrals to nutritionists, dietitians or physical activity programs.

Quality score improvement tips

- Ensure the percentile is recorded, either as a numerical value or plotted on an age-growth chart. Ranges are not acceptable.
- Services rendered during sports physicals, immunization visits, telehealth, e-visits or virtual check-ins count toward compliance.
- Use standardized templates in electronic medical records (EMR) to capture required data.
- Ensure claims submissions reflect all required components.
- Train staff on HEDIS measure requirements and best practices
- The nutritional status related to an acute illness cannot be used to meet the measure (i.e. BRAT diet).
- Documentation tips:
 - BMI percentile recording
 - Height, weight and BMI percentile must come from the same data source (e.g. same medical record or EMR system)
 - BMI must be documented as a percentile (not a raw number) because pediatric BMI varies by age and sex.
 - "BMI percentile: 85th percentile" OR a plotted growth chart are examples of acceptable documentation.
 - Nutrition Counseling
 - Documentation must include evidence of discussions on dietary habits, food choices, portion sizes or nutrition guidance.

- "Encouraged increased intake of fruits and vegetables."
- "Discussed healthy eating habits with patient/guardian."
- "Provided handout on balanced nutrition."
- Physical activity counseling
 - o Must document exercise routines, activity levels, screen time reduction or physical fitness guidance.
 - "Advised 60 minutes of daily physical activity."
 - "Discussed ways to limit sedentary behavior."
 - "Provided a referral to a physical activity program."

Exclusions

- Members who used hospice services or elected to use a hospice benefit anytime during the measurement year.
- Members who died anytime during the measurement year.
- Members who have a diagnosis of pregnancy at any time during the measurement year.

Numerator Codes

The following codes can be used to close HEDIS gaps in care. This list is not all inclusive or meant to direct your billing practices. CPT II codes can be accepted as supplemental data, reducing the need for chart collection and review during the HEDIS hybrid season. For more information, please refer to the American Academy of Professional Coders (AAPC).

CODES		DESCRIPTIONS
ICD 10	Z68.51 – Z68.54	BMI Percentile
ICD 10	Z71.3, S9470	Nutrition Counseling
CPT II	97802 - 97804	Nutrition Counseling
ICD 10	Z02.5, Z71.82	Physical Activity Counseling

How WellSense can help

HEDIS tip sheets are designed to help WellSense providers improve and report the quality of care delivered to WellSense members across key metrics.

If you have questions around HEDIS documentation and quality measures, please email the Quality Team at WS_Quality_Dept@wellsense.org.