

## **MEASURE WCC-CH: WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS**

National Committee for Quality Assurance

### **A. DESCRIPTION**

Percentage of children ages 3 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrician/gynecologist (OB/GYN) and who had evidence of the following during the measurement year:

- Body mass index (BMI) percentile documentation\*
- Counseling for nutrition
- Counseling for physical activity

\*Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed, rather than an absolute BMI value.

Data Collection Method: Administrative, Hybrid, or EHR

#### Guidance for Reporting:

- The eligible population (denominator) for this measure includes children ages 3 to 17 who have an outpatient visit and meet the continuous enrollment criteria.
- A BMI percentile is included in the numerator count if the specified documentation is present, regardless of the primary intent of the visit. A BMI without a percentile is not acceptable for inclusion in the numerator count.
- For states reporting a Child Core Set measure that is also a Promoting Interoperability (PI) measure, please indicate whether any information was extracted from electronic health records. Please report this information in the “Additional Notes/Comments on Measure” section.
- The height, weight, and BMI must be from the same data source.
- The height and weight measurement should be taken during the measurement year.
- If using hybrid specifications, documentation in the medical record should indicate the weight and BMI value, dated during the measurement year.
- Include all paid, suspended, pending, and denied claims.
- Beneficiaries in hospice are excluded from the eligible population. If a state reports this measure using the hybrid method, and a beneficiary is found to be in hospice or using hospice services during medical record review, the beneficiary is removed from the sample and replaced by a beneficiary from the oversample. For additional information, refer to the hospice exclusion guidance in Section II. Data Collection and Reporting of the Child Core Set.
- The electronic specification for FFY 2021 is located on the eCQI resource center at <https://ecqi.healthit.gov/ecqm/ep/2020/cms155v8>.
- Refer to [Appendix C](#) for definitions of a PCP and OB/GYN practitioner.

The following coding systems are used in this measure: CPT, HCPCS, ICD-10-CM, LOINC, SNOMED, and UB. Refer to the Acknowledgments section at the beginning of the manual for copyright information.

**B. DEFINITION**

BMI percentile	The percentile ranking based on the CDC’s BMI-for-age growth charts, which indicates the relative position of the patient’s BMI number among others of the same gender and age.
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**C. ELIGIBLE POPULATION**

Ages	Ages 3 to 17 as of December 31 of the measurement year. Report two age stratifications and a total for each of the three indicators: <ul style="list-style-type: none"> <li>• Ages 3 to 11</li> <li>• Ages 12 to 17</li> <li>• Total ages 3 to 17</li> </ul>
Continuous enrollment	The measurement year.
Allowable gap	No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a beneficiary for whom enrollment is verified monthly, the beneficiary may not have more than a 1-month gap in coverage (e.g., a beneficiary whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
Anchor date	December 31 of the measurement year.
Benefit	Medical.
Event/diagnosis	An outpatient visit ( <u>Outpatient Value Set</u> ) with a PCP or an OB/GYN during the measurement year.

**D. ADMINISTRATIVE SPECIFICATION**

**Denominator**

The eligible population as defined above.

**Numerators**

BMI Percentile

BMI percentile (BMI Percentile Value Set) during the measurement year.

Counseling for Nutrition

Counseling for nutrition (Nutrition Counseling Value Set) during the measurement year.

Counseling for Physical Activity

Counseling for physical activity (Physical Activity Counseling Value Set) during the measurement year.

### **Exclusions (optional)**

Female beneficiaries who have a diagnosis of pregnancy (Pregnancy Value Set) during the measurement year. The denominator for all rates must be the same. A state that excludes these beneficiaries must do so for all rates.

## **E. HYBRID SPECIFICATION**

### **Denominator**

A systematic sample drawn from the eligible population for the Total age band (ages 3 to 17). The Total sample is stratified by age to report rates for the ages 3 to 11 and ages 12 to 17 age stratifications. Refer to the sampling guidance under Section II. Data Collection and Reporting of the Child Core Set for additional information.

### **Numerators**

#### **BMI Percentile**

BMI percentile during the measurement year as identified by administrative data or medical record review.

#### **Administrative Data**

Refer to Administrative Specification to identify positive numerator hits from the administrative data.

#### **Medical Record Review**

Documentation must include height, weight, and BMI percentile during the measurement year. The height, weight, and BMI percentile must be from the same data source.

Either of the following meets criteria for BMI percentile:

- BMI percentile documented as a value (e.g., 85th percentile)
- BMI percentile plotted on age-growth chart

Only evidence of the BMI percentile or BMI percentile plotted on an age-growth chart meets criteria.

Beneficiary-reported services and biometric values (height, weight, BMI percentile) are acceptable only if the information is collected by a primary care practitioner (refer to Appendix C for the definition of "PCP") or specialist, if the specialist is providing a primary care service related to the condition being assessed, while taking a patient's history. The information must be recorded, dated, and maintained in the beneficiary's legal health record.

Ranges and thresholds do not meet criteria for this indicator. A distinct BMI percentile is required for numerator compliance. Documentation of > 99 percent or < 1 percent meet criteria because a distinct BMI percentile is evident (i.e., 100 percent or 0 percent).

#### **Counseling for Nutrition**

Documentation of counseling for nutrition or referral for nutrition education during the measurement year as identified by administrative data or medical record review.

#### **Administrative Data**

Refer to Administrative Specification to identify positive numerator hits from the administrative data.

### **Medical Record Review**

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
- Beneficiary received education materials on nutrition during a face-to-face visit
- Anticipatory guidance for nutrition
- Weight or obesity counseling

### **Counseling for Physical Activity**

Documentation of counseling for physical activity or referral for physical activity during the measurement year as identified by administrative data or medical record review.

### **Administrative Data**

Refer to Administrative Specification to identify positive numerator hits from the administrative data.

### **Medical Record Review**

Documentation must include a note indicating the date and at least one of the following:

- Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation)
- Checklist indicating physical activity was addressed
- Counseling or referral for physical activity
- Beneficiary received educational materials on physical activity during a face-to-face visit
- Anticipatory guidance specific to the child's physical activity
- Weight or obesity counseling

### **Exclusions (optional)**

Refer to Administrative Specification for exclusion criteria. Exclusionary evidence in the medical record must include a note indicating a diagnosis of pregnancy. The diagnosis must have occurred during the measurement year.

## **F. ADDITIONAL NOTES**

- The following notations or examples of documentation do not count as numerator compliant:
  - BMI Percentile
    - No BMI percentile documented in medical record or plotted on age-growth chart
    - Notation of BMI value only
    - Notation of height and weight only
  - Nutrition
    - No counseling/education on nutrition and diet
    - Counseling/education before or after the measurement year
    - 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
- Documentation related to a beneficiary's "appetite" does not meet criteria
- Physical Activity
  - No counseling/education on physical activity
  - Notation of "cleared for gym class" alone without documentation of a discussion
  - Counseling/education before or after the measurement year
  - Notation of "health education" or "anticipatory guidance" without specific mention of physical activity
  - Notation of 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
- Services may be rendered during a visit other than a well-child visit. These services count if the specified documentation is present, regardless of the primary intent of the visit; however, services specific to the assessment or treatment of an acute or chronic condition do not count toward the Counseling for Nutrition and Counseling for Physical Activity indicators.

For example, the following documentation is specific to the assessment or treatment of an acute or chronic condition and does not meet criteria:

- Notation that a beneficiary with chronic knee pain is able to run without limping
- Notation that a beneficiary has exercise-induced asthma
- Notation that a beneficiary with diarrhea is following the BRAT diet
- Notation that a beneficiary has decreased appetite as a result of an acute or chronic condition
- Services rendered for obesity or eating disorders may be used to meet criteria for the Counseling for Nutrition and Counseling for Physical Activity indicators if the specified documentation is present.
- Referral to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) may be used to meet criteria for the Counseling for Nutrition indicator.
- The Counseling for Nutrition and Counseling for Physical Activity indicators do not require a specific setting. Therefore, services rendered during a telephone visit, e-visit, or virtual check-in meet criteria.