

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



Did you know?

Over the last three decades, childhood obesity has more than doubled in children and tripled in adolescents, causing both immediate and long-term effects on health and well-being. Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases. Obesity can become a lifelong health issue; therefore, it is important to monitor weight problems in children and adolescents and provide guidance for maintaining a healthy weight and lifestyle.



Measure Description

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 (can be BMI percentile or plotted on age-growth chart) & Height & Weight, Counseling for physical activity, and Counseling for nutrition.



Key tips

- ✓ This measure couples well with well-child visits. Both measures will benefit from one visit. Please ensure correct coding when billing for both measures.
- ✓ Utilize sick visits and sports physicals to also complete this measure. Include and document all three measure components during a sick visit for a compliant WCC record.
- ✓ When counseling for nutrition, discuss appropriate food intake, healthy eating habits, issues including body image and eating disorders, etc.
- ✓ When counseling for physical activity, discuss organized sports, activities, and document age-appropriate activity such as “rides bike for 30 minutes a day”.
- ✓ Documenting “Handouts given” or “age-appropriate anticipatory guidance” alone, without mention of the specific elements listed, are not acceptable compliance.
- ✓ Incorporate educational handouts and document their use in the EMR during the encounter. Materials can be obtained at brightfutures.aap.org, agesandstages.com, and CDC.gov.
- ✓ Acceptable documentation examples:
 - Documented Referral to WIC meets criteria for counseling for nutrition.
 - Discussion of current nutrition (e.g., eating habits, dieting behaviors, “Patient has an adequate or well-balanced diet”, A Checklist indicating nutrition or physical activity was addressed.
 - Counseling or referral for nutrition or physical activity.
 - Discussion of current physical activity behaviors (e.g., discuss exercise routine, participation in sports activities, exam for sports participation, “Patient gets an adequate amount of exercise.”, “No physical activity” (if not related to acute or chronic condition)).

(continued)

- Note Member received educational materials for nutrition and physical activity during a face-to-face visit.
- Weight or obesity counseling (eating disorders). Services rendered for obesity or eating disorders meets criteria for both nutrition and physical activity counseling.

✗ Not Acceptable documentation examples:

- BMI percentile ranges, No BMI percentile documented in medical record or plotted on age-growth chart, notation of BMI value only, or notation of height and weight only.
- Physical exam findings or observations or developmental milestones alone (e.g., well-nourished, does not throw a ball, can jump).
- Notation of discussion without specific mention of nutrition or physical activity (e.g., appetite, healthy lifestyle habits, limits TV, computer time, cleared for gym class).
- Assessment of an acute or chronic condition (e.g., presents with chronic foot pain—unable to run, presents with diarrhea—instructed to do BRAT diet).



What do you need to do?

Submit claims (CPT, CPT II codes, etc.) and encounter data in a timely manner, including diagnosis codes.

Billing Codes*	
Description	Codes
BMI Percentile	ICD-10: Z68.51, Z68.52, Z68.53, Z68.54
Nutrition Counseling	CPT: 97802, 97803, 97804 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470 ICD-10: Z71.3
Physical Activity Counseling	HCPCS: G0447, S9451 ICD-10: Z02.5, Z71.82

* Codes subject to change.