

# Provider Bulletin

## HEDIS® News You Can Use

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



#### Importance of the WCC measure

Over the last three decades, childhood obesity has more than doubled in children and tripled in adolescents. Nearly 1 in 5 children and teens 2 to 19 years of age have obesity. It is the leading health concern among parents in the United States, surpassing drug abuse and smoking.

This bulletin offers information on any measure changes, best practice suggestions, links to codes and free resources.



#### Coding information

The WCC measure requires specific coding for BMI percentile, nutritional counseling, and physical activity counseling. Proper documentation of all three components is critical. Telehealth can be used for some services; however, in-person visits are recommended for children aged 0-24 months.

For up-to-date, measure specific codes to use, go to [MC Gap Closure Reference Guide](#)

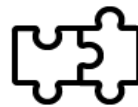


#### Measure requirements

Documentation of the following for persons age 3-17 who had evidence of an outpatient visit with a PCP or OB/GYN:

- height, weight, BMI %;
- date of service and code for nutrition and physical activity counseling.

For more detailed measure info and documentation requirements, go to [MC Gap Closure Reference Guide](#)



#### Common reasons for Gaps in Care

- Inaccurate or incomplete data from claims and electronic health records
- Lack of care coordination between providers (e.g., PCPs and specialists)
- Coding errors, poor documentation, and delayed data entry
- Timing of services (services provided too early or too late in reference to the measurement year).
- BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than absolute BMI value

For members assigned but choosing not to establish care, go to [MC PCP Change Request Form](#)



## Member education

- Understanding the importance of, and scheduling, annual well child visits in advance to avoid delays in treatment.
- Transportation is available for these appointments. Members can contact their health plan for further information regarding scheduling.
- Member education provided in handouts that are discussed during the appointment.



## Great resources

- [Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents \(WCC\) – NCQA](#)
- [CDC-Recognized Family Healthy Weight Programs | Family Healthy Weight Programs | CDC](#)
- [Childhood Obesity Facts | Obesity | CDC](#)
- [Preventing Childhood Obesity: 6 Things Families Can Do | Obesity | CDC](#)

**Thank you for the care you provide  
to our members**



# Best Practices

## Tips to improve results

- 1. Assess and document BMI percentile:** Measure and record the child's height and weight. Use growth charts to determine and document the BMI percentile for age and gender.
- 2. Counsel on nutrition and physical activity:** Discuss current exercise habits, participation in sports, or other physical activity routines. Discuss current eating habits, proper food intake, and dietary needs or restrictions.
- 3. Optimize opportunity in every visit:** Use every visit as an opportunity to address WCC measure components (e.g., use sick visits as a chance to provide wellness advice). Contact parents and other caretakers to schedule annual well visits.
- 4. Document proficiently:** Use checklists, pre-populated forms, or electronic health record (EHR) systems to document all components of the measure. Document the use of educational handouts and ensure they are available.
- 5. Engage with family and other caretakers:** Make appointments more accessible by offering extended or weekend hours, especially during school breaks.