



Quality Measure Translation to Practice

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

Child and Adolescent Well-Care Visits (W30 and WCV)

Weight Assessment and Counseling for Nutrition and Physical
Activity for Children/Adolescents

WCC HEDIS Measures

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

Why is it important?

- Childhood obesity has more than doubled in children and tripled in adolescents in the last three decades.
- Childhood obesity is the primary health concern among parents in the US (above drug abuse and smoking)
- Childhood obesity has both immediate and long-term effects on health and well-being.

Reference

- Centers for Disease Control and Prevention (CDC). 2013. "adolescent and School Health: Childhood Obesity Facts." www.cdc.gov/healthyyouth/obesity/facts.htm
- American Heart Association. 2013. "Overweight in Children" www.heart.org/HEARTORG/GettingHealthy/WeightManagement/Obesity/Overweight-in-Children_UCM_304054_Article.jsp
- CDC. 2012. "NCHS Data Brief: Physical Activity in U.S. Youth Aged 12-15 Years, 2012." www.cdc.gov/nchs/data/databriefs/db141.htm

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

Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases.¹ 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.²



Reference

- Centers for Disease Control and Prevention (CDC). 2013. "adolescent and School Health: Childhood Obesity Facts." www.cdc.gov/healthyyouth/obesity/facts.htm
- American Heart Association. 2013. "Overweight in Children" www.heart.org/HEARTORG/GettingHealthy/WeightManagement/Obesity/Overweight-in-Children_UCM_304054_Article.jsp
- CDC. 2012. "NCHS Data Brief: Physical Activity in U.S. Youth Aged 12-15 Years, 2012." www.cdc.gov/nchs/data/databriefs/db141.htm

Obesity Prevalence By Age:

12.7% among 2-5 year olds

20.7% among 6-11 year olds

22.2% among 12-19 year olds

Obesity Prevalence by Race

26.2% among Hispanic children

24.8% among non-Hispanic Black children

16.6% among non-Hispanic White children

9.0% among non-Hispanic Asian children

Obesity & Socioeconomic Status



In 2011-2014, among children and adolescents aged 2-19 years, the prevalence of obesity decreased as the head of household's level of education increased.

By income:

- 18.9% among children & adolescents in the lowest income group
- 19.9% among those in the middle-income group
- 10.9% among those in the highest income group

Weight Assessment & Counseling for Nutrition & Physical Activity (WCC)

MEDICAL RECORD DOCUMENTATION

Monitoring ages 3-17 (minimum of once per year) of three components of care:

- ***BMI Percentile:** Add **Z68.51-Z68.54** to claim
 - **Must have height and weight documented and BMI recorded as a percentile (e.g., 85th percentile)**
 - Will not meet standard: notation of height/weight only (or) BMI only
- **Counseling for Nutrition:** Add **Z71.3** to claim, CPT 97802-97804
 - Discuss daily nutrition (e.g., eating habits, dieting, intake)
 - Weight or obesity counseling or referral
 - Distribute materials on nutrition
 - Will not meet standard: documentation on “appetite”
- **Counseling for Physical Activity:** Add **Z71.82** to claim
 - Discuss daily physical activity or exercise routine (e.g., “no sports,” “physical activity: WNL,” “Physical activity: active, plays sports”)
 - Weight or obesity counseling or referral
 - Distribute materials on physical activity
 - Will not meet standard: documentation of “plays with peers” or “cleared for gym class”

CODING

WCC Component	ICD 10 Code
BMI <5th percentile	Z68.51
BMI 5th to <85th percentile	Z68.52
BMI 85th to <95th percentile	Z68.53
BMI > or = to 95th percentile	Z68.54
Nutritional Counseling	Z71.3
Physical Activity Counseling	Z71.82, Z02.5

Submitting claim with relevant ICD-10 code will meet the measure without requiring medical record submission, thus easing the administrative burden for provider staff

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

WCC Measure Exclusions

REQUIRED EXCLUSION

- Members in hospice or using hospice services anytime during the measurement year.
- Members who have a diagnosis of pregnancy any time during the measurement year.
- Member who died any time during the measurement year.

EXCLUSION CODES

Pregnancy Exclusion

- ICD-10-CM: Z34.00-Z34.03, Z34.80 - Z34.83, Z34.90-Z34.93
 - Note: not all Pregnancy Value Set codes are listed.

Best Practice and Measure Tips

- Services count if the specified documentation is present, regardless of the intent of the visit, provider type or place of service.
- Services rendered during a telephone visit, e-visit or virtual check-in meet criteria for the counseling for physical activity or counseling for nutrition.
- BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

BMI PERCENTILE ACCEPTABLE DOCUMENTATION:

- BMI percentile plotted on an age-growth cart or documented as a value (50th percentile).
- Member-collected height, weight, and BMI percentile if entered into medical record.

BMI PERCENTILE NOT ACCEPTABLE DOCUMENTATION:

- BMI percentile ranges are not acceptable
- No BMI percentile documented in medical record or plotted on age-growth chart.
- Notation of BMI value only.
- Notation of height and weight only.

Counseling for Nutrition and Physical Activity for Children/Adolescents

ACCEPTABLE

- Discussion of current nutrition or physical activity behaviors (e.g., eating habits, dieting behaviors, “Patient has an adequate or well-balanced diet,” exercise routine, participation in sports activities, exam for sports participation, “Patient gets an adequate amount of exercise,” “Lack of physical activity” (if not related to acute or chronic condition).
- Checklist indicating nutrition or physical activity.
- Member received educational materials for nutrition and physical activity during face-to-face visit.
- Anticipatory guidance for nutrition or specific to physical activity.
- Weight or obesity counseling (eating disorders). Services rendered for obesity or eating disorders meets criteria for both counseling.
- Referral to WIC.

NOT ACCEPTABLE

- Physical exam finding or observation alone (e.g., well-nourished) or developmental milestones alone (e.g., Does not throw a ball).
- Notation of a discussion without specific mention of nutrition or physical activity (e.g., “appetite,” “healthy lifestyle habits,” “Limits T.V./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, received instructions for BRAT diet).

Resources

FOR PROVIDERS

- [Weight Assessment and Counseling Guide Tool](#) providing medical record documentation best practices and coding tips for assessment of BMI percentile, counseling for nutrition and counseling for physical activity.
- [2024 Pediatric HEDIS Pocket Guide](#)
- [CDC BMI Percentile Calculator for Child and Teen](#)
- [CDC Tips to Support Health Routines for Children and Teens](#)

FOR MEMBERS

- Each year, Sunflower hosts Member Days at farmers markets around the state with our [Sunflower Farmers Market Program](#). Members can receive \$10 vouchers per member (not capped by household).
- Sunflower offers Raising Well[®], a child weight-management program. It helps overweight and obese children achieve better long-term health and works with parents toward permanent healthy habits. Referral can be made through the Sunflower provider portal, or providers or members can call customer service.
- Sunflower promotes healthy lifestyles for kids by offering members (ages 5-18) a \$50 credit per year for programs, like YMCA, Boys and Girls Clubs, Girl Scouts or Scouts BSA.

Child and Adolescent Well-Care Visits

W30 and WCV HEDIS Measures

Child and Adolescent Well-Care Visits (W30, WCV)

Why is it important?

Assessing physical, emotional and social development is important at every stage of life, particularly with children and adolescents.¹ Well-care visits provide an opportunity for providers to influence health and development and they are a critical opportunity for screening and counseling.²

When children receive regular preventive care, they are more likely to be up to date on immunizations, have developmental concerns recognized early, and are less likely to visit the emergency department.



References:

1. Bright Futures. 2021. <https://brightfutures.aap.org/>
2. Lipkin, Paul H., Michelle M. Macias, Section on Developmental and Behavioral Pediatrics Council on Children with Disabilities, Kenneth W. Norwood Jr, Timothy J. Brei, Lynn F. Davidson, Beth Ellen Davis, et al. 2020. "Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening." *Pediatrics* 145 (1): e20193449. <https://doi.org/10.1542/peds.2019-3449>

Kansas and Medicaid Requirements

- Kansas follows the Bright Futures/AAP Periodicity schedule, a Centers for Medicare and Medicaid Services (CMS) approved schedule of pediatric preventive services.
- In 1990, CMS established a goal of an **80 percent** compliancy for preventive care visits for members enrolled in Medicaid.



NCQA Reported National Averages – Well-Care Visit Rates

Well-Child Visits in the First 15 months

Measure Year	Commercial HMO	Commercial PPO	Medicaid HMO
2022	81	80.8	56.8
2021	79.2	79.8	54.1
2020	78.5	78.5	52.9

Well-Child Visits in the First 30 Months of Life (15 Months – 30 Months)

Measure Year	Commercial HMO	Commercial PPO	Medicaid HMO
2022	87.3	88.2	66.7
2021	85.5	87.4	65.9
2020	87.0	88.0	71.0

Child and Adolescent Well-Care Visits - Total

Measure Year	Commercial HMO	Commercial PPO	Medicaid HMO
2022	57.6	56.2	48.6
2021	58	56.8	49.5
2020	53.7	53.1	46.1

Components of a Well Visit

Well-care visits are also known as KAN Be Healthy (KBH) screens for those enrolled in Medicaid in the state of Kansas

A KBH screen must consist of the following at a minimum:

- Medical history
- Physical growth
- Body systems
- Developmental/emotional
- Nutrition
- Health education & anticipatory guidance
- Blood lead testing
- Laboratory
- Immunizations
- Hearing screening
- Vision screening
- Dental screening

Medical screenings (M) must follow the KBH minimum documentation requirements when billing an E&M preventive medicine or office visit CPT code found in the CPT codebook.

Vision screenings (V) are a required component of each KBH visit. School vision screening are a separate process and are not billed by physicians.

Hearing screenings (H) are a required component of each KBH visit. As with vision screenings school hearing screenings are a separate process and are not billed by physicians.

Dental screenings (D) are a required component of each KBH visit*

*Only screenings performed by dentists will update the KBH screen

HEDIS Measure Description

W30 (0-30 MONTHS)

- The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:
 - Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.
 - Well-Child Visits for Age 15 Months-30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.

WCV (3-21 YEARS)

The percentage of members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Documentation and Coding for Well Child Visits (W30 and WCV)

MEDICAL RECORD DOCUMENTATION

- Clearly indicate encounter is for well-child visit
- Discussion of the child's physical and behavior problems
- A health assessment and review of immunizations
- Discussion of child's health history since the last visit
- Appropriate developmental screenings
- Hearing/vision screenings
- Written instructions concerning child's care, diet, physical activity and recommendations
- Referrals when necessary

CODING

ICD-10 Codes for well exams

Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129

CPT Codes for well exams

W30 (0-30 months)

99381-99385, 99391-99395, 99461

WCV (3-21 years)

99381-99385, 99391-99395

Barriers to Medicaid/CHIP Children Receiving Care

- Lack of transportation
- Language barriers
- Distance to travel to provider office
- Availability of primary care providers

- Disabilities
- Difficulty finding childcare for siblings or other dependents
- Having to take time off work for an appointment
- Lack of awareness about recommended preventive services

Tips to Increase Well-Care Visits for Children of All Ages

Communicating Benefits (Addressing the “Why?”)

When reminding parents or patients to schedule a well-care visit, mention:

- Medicaid well visits are covered per calendar year without regard to number of days between visits. Under the EPSDT benefit, more than one visit per year is covered as needed.
- Scheduling in advance will give more flexibility in appointment days and times.
- Which immunizations will be offered at the appointment in plain language e.g., anti-cancer immunization for youth and adolescents, flu vaccine for all kids or particularly children with asthma. Note that flu vaccine may reduce days missed from school for kids and days missed from work for parents.
- Sunflower offers a reward for getting preventive services. This reminder may result in fewer missed appointments.
- Children and adolescents can catch up on missed vaccines.
- Well-care visits for adolescents include mental-health screenings and behavioral-health support.

Tips to Increase Well-Care Visits for Children of All Ages

Reminders

- Reminders from a PCP typically get prompt attention, while a reminder from the Managed Care Organization (MCO) is often postponed or even ignored.
- Many parents prefer text messages or emails rather than phone calls without the clinic name.
- Remind parents about upcoming well-care visit due dates at least 30-60 days in advance to ensure timely scheduling or rescheduling.
- Informal research suggests that reminders sent out 3 weeks in advance, with reminders 3 days and 3 hours in advance of an appointment, are effective in getting appointments rescheduled and/or reducing missed appointments.
- Including a link or phone number in a reminder text message or email for contacting scheduling desk is highly successful.
- Keep in mind that parents may attempt to schedule appointments on their work break. Monitor telephone hold time to reach a scheduler, strategize to keep wait times as short as possible, and keep phone lines open during the lunch hour.
- Use care gap lists or your EHR to identify those in need of a well visit and conduct recall campaigns on regular intervals.

Tips to Increase Well-Care Visits for Children of All Ages

Scheduling

- Offer well-care appointments outside of standard business hours 1 or 2 evenings a week or on a weekend by allowing a provider to flex their hours to cover these. This allows parents to come in during non-work hours and students to be present for school and afterschool activities.
- Schedule the next well-care visit when the patient checks in for any appointment.
- Allow scheduling the next annual check-up at this year's check-up. Parents can reschedule if you remind them about the appointment several weeks in advance.
- Be opportunistic! Perform a well-care visit while the patient is at the clinic when sick, depending on the severity of the illness.
- Make “no show” reminders friendly and use them to build the relationship with the patient/parent. Frame them as the “Provider Name missed you and wants to be sure you are okay. They also want to check and see when would be good to reschedule.” Consider having the provider or nurse call with this message in the missed appointment time slot.

Tips to Increase Well-Care Visits for Children of All Ages

Outreach to Adolescents

- Consider using “well-care” or “preventive care” visits versus “well-child” visit. The term “well-child” visit is diminutive and could be offensive to some adolescents.
- Mention the anti-cancer vaccine (HPV) for youth, adolescents, and young adults 9 years and older (up to age 26). Presumptive communication style is associated with significantly higher odds of vaccine uptake than an elective or conversation style.
- Offer a monthly or quarterly drawing as an additional incentive for movie tickets or food delivery from a favorite local restaurant to entice adolescents to come in for a well-care visit.

Tips to Increase Well-Care Visits for Children of All Ages

Newly-Assigned or Unengaged Patients

Patients who are not established at the clinic offer an opportunity to increase WCV rates and build new parent/patient relationships.

- Sunflower's provider portal lists members attributed to the TIN compliant and non-compliant for well care visits. Compare the lists of patients attributed to the clinic against the EMR list of clinic patients.
- Monitor provider portal regularly for newly assigned members and perform outreach on a regular basis to assist new patients in establishing care.
- Having difficulty reaching an unestablished patient? Refer to KMAP website or Kansas Web IZ portal to check patient demographics.

Tips to Increase Well-Care Visits for Children of All Ages

Sports Physicals

- Kansas State High Schools Activities Association (KSHSAA) requires sports physicals to be completed after May 1 for the upcoming school year.
- Begin outreach for adolescents prior to May 1 to ease scheduling for both parents and providers/staff.
- A sports physical alone does not include all the components of a well visit, but a sports physical can be completed during a well visit.
- Consider adopting an office policy to not schedule or perform a sports physical alone unless the child had a well visit prior to May 1.
 - Parents and patients often do not understand that a sports physical is not the same as a well visit, so they are less likely to return for a more thorough, complete wellness exam.

How Sunflower Engages Members to Seek Preventative Services

- Transportation assistance via gas mileage reimbursement or non-emergency medical transportation services.
- Conduct outreach through phone calls to encourage members to access preventive care and assist with making appointments, as necessary.
- Post card mailing to members – happy birthday for all members to age 21. Welcome letters are sent to the parents of babies born in the previous month.
- Automated phone call reminders and text messages are sent to the parents/guardians of children who are due for a well-child visit, encouraging them to schedule and attend the child's upcoming visit.
- My Health Pays[®] Healthy Rewards program provides financial rewards for members who complete well visits:
 - **\$10** per infant well-care visit up to 15 months old. (\$60 max.)
 - **\$15** annual well-care visit with child's primary care doctor. Ages 2-20.

How Sunflower Supports Providers



Sunflower provides gap in care reports highlighting members due for well visits.



WCV HEDIS measure is included in the Pay for Performance incentive program, available to all primary care providers.



Sunflower monitors well care adherence rates and partners to identify solutions to barriers during quality meetings.

Provider Resources for Patient and Families

- [Resources for families](#) from American Academy of Pediatrics – includes [“The Well-Child Visit: Why Go and What to Expect”](#) (also available in Spanish)
- Bright Futures [Well-Child Visits: Parent and Patient Education](#)

Provider Education Resources

- [EQIPP: Bright Futures – Infancy to Adolescence](#) (available for free from 12/2/2022 - 12/1/2025)
- Bright Futures National Center [Resource List](#) for Providers

Presentation Resources

- The Impact of the Pandemic on Well-Child Visits for Children Enrolled in Medicaid and CHIP, Elizabeth Williams, Alice Burns, Robin Rudowitz, and Patrick Drake. Published: Mar 18, 2024.
www.kff.org/medicaid/issue-brief/the-impact-of-the-pandemic-on-well-child-visits-for-children-enrolled-in-medicaid-and-chip/
- Washington State Department of Health, Tips to Increase Well-Care Visits for Children of All Ages.
<https://doh.wa.gov/sites/default/files/2022-12/141-072-TipstoRaiseRateWellCareVisits.pdf>
- Oregon Department of Health, Tips to Raise the Rate of Well-Care Visits (WCV) in Primary Care Clinics.
www.oregon.gov/oha/HPA/dsi-tc/Documents/Tips-to-Increase-Well-Care-Visits.docx
- Medicaid Improvement Initiatives, Well Child Care, www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/well-child-care/index.html
- National Committee for Quality Assurance, www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/
- Sunflower EPSDT Provider Reference Kit www.sunflowerhealthplan.com/providers/resources/forms-resources/epsdt-provider-reference-kit.html
- Sunflower KAN Be Healthy Coding and Billing Tips
www.sunflowerhealthplan.com/content/dam/centene/sunflower/pdfs/epsdt-coding-billing-tips.pdf

Questions?