Important Reminder for Providers

The WCC measure population is children/adolescents ages 3–17 with an outpatient visit with a PCP or OB/GYN during the measurement year. Many providers have asked whether nutritional screenings completed during a Well-Child Visit or EPSDT visit count toward the HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) measure.

The answer is yes. Nutritional screening and assessment activities may satisfy the Counseling for Nutrition sub-measure of WCC when the documentation demonstrates that nutrition-related guidance, assessment, education, discussion, or anticipatory guidance was provided to the member and/or parent/guardian.

What Counts Toward the WCC Nutrition Counseling Measure?

Documentation in the medical record should indicate that nutrition counseling, education, assessment, or discussion occurred during the visit. Examples include:

- Anticipatory guidance provided regarding nutrition and healthy food choices
- Nutritional screening completed and reviewed with family
- Dietary intake assessed; healthy eating habits discussed; review and discussion of dietary habits; counseling regarding healthy eating habits
- Nutrition assessment performed with no concerns identified
- Age-appropriate nutrition guidance provided
- Healthy diet and nutrition counseling discussed
- Nutrition questionnaire completed and addressed during visit
- Completion of a nutrition screening questionnaire or standardized nutrition assessment tool
- Assessment of eating behaviors, food choices, or nutritional risk factors
- Education provided to the child/adolescent and/or parent/guardian regarding diet and nutrition
- Educational materials on nutrition provided to the child/adolescent and/or parent/guardian during a face-to-face visit

Examples of medical record documentation that meet these requirements:

- Discussion of nutritional behaviors:
    - Drinks very little juice/soda. Working on decreasing portion size. Mostly home cooked meals with veggies.

- Checklist indicating nutrition was addressed:
    - Nutrition ☑
    - Nutrition/vitamins ☑
    - Diet/Nutrition ☑
    - Diet ☑

- Counseling or referral for nutrition education:
    - Reviewed healthy eating habits and portion control
    - Referred to dietitian for nutrition counseling
    - Reviewed 5-2-1-0 guidelines
    - Eat 5 servings of fruits/vegetables, avoid sugary foods
    - Increase fruits/vegetables

- Educational materials on nutrition given to the member during a face-to-face visit:
    - Bright Futures handout provided for nutritional education
    - Bright Futures handout provided (see attached) with evidence the attached handout includes information on nutrition

- WIC or other nutritional referral:
    - Notation of WIC program or other federal or state nutritional agency
    - Referred to WIC for nutrition support services
    - Provided referral to community nutrition program

Coding

ICD-10 Z71.3, CPT 97802–97804, and HCPCS G0447, S9449, S9452, S9470, G0270 & G0271 will close the gap in care for members who are included in the measure denominator when the service occurs within the measurement year.

Documentation Tips

To ensure the service is captured for HEDIS reporting:

- Document that the nutrition screening, assessment, or questionnaire was reviewed.
- Include evidence of nutrition-related discussion, counseling, education, guidance, or assessment.
- Document services in structured EHR fields when available.
- Complete all components of the well-child/EPSDT visit documentation.
- Include the appropriate code in your claim submission.

What Does Not Count?

The following documentation alone may not meet the nutrition counseling requirement:

- Height and weight measurements without nutrition-related discussion
- Notation of health education or anticipatory guidance without specific mention of nutrition or discussion of nutritional behaviors
- Physical exam finding or observation alone (e.g., well-nourished)
- Documentation related to appetite (e.g., good appetite of good appetite or good food intake) without evidence of nutritional discussion such as specific foods
- Documentation related to acute or chronic conditions (e.g., a member with diarrhea following the BRAT diet, increase fiber to reduce constipation)
- Eats a lot/no problem eating or Picky eater
- Generic statements indicating the visit was an EPSDT or well-child visit without supporting nutrition documentation
- Nutrition counseling ordered but not provided

Key Takeaway: If a nutrition screening or assessment is completed during a Well-Child/EPSDT visit and the medical record documents nutrition-related assessment, discussion, education, guidance, or counseling, the service can satisfy the WCC Counseling for the Nutrition measure requirement.