CHIPRA Measure 7: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Body Mass Index Assessment for Children/Adolescents

National Committee for Quality Assurance

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 BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.

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

Definitions

<table>
<thead>
<tr>
<th>BMI</th>
<th>Body mass index. A statistical measure of the weight of a person scaled according to height.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI Percentile</td>
<td>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 sex and age.</td>
</tr>
</tbody>
</table>

Eligible Population

<table>
<thead>
<tr>
<th>Age</th>
<th>3–17 years as of December 31 of the measurement year. Report two age stratifications and a total for each of the three indicators.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3–11 years</td>
<td></td>
</tr>
<tr>
<td>12–17 years</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>The total is the sum of the two age stratifications.</td>
</tr>
<tr>
<td>Continuous Enrollment</td>
<td>The measurement year.</td>
</tr>
<tr>
<td>Allowable Gap</td>
<td>No more than one gap in continuous enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).</td>
</tr>
<tr>
<td>Anchor Date</td>
<td>December 31 of the measurement year</td>
</tr>
<tr>
<td>Benefit</td>
<td>Medical</td>
</tr>
<tr>
<td>Event/Diagnosis</td>
<td>An outpatient visit (Table WCC-A) with a PCP or an OB/GYN during</td>
</tr>
</tbody>
</table>
Table WCC-A: Codes to Identify Outpatient Visits

<table>
<thead>
<tr>
<th>CPT</th>
<th>ICD-9-CM Diagnosis</th>
<th>UB Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456</td>
<td>V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9</td>
<td>051x, 0520-0523, 0526-0529, 0982, 0983</td>
</tr>
</tbody>
</table>

Administrative Specification

Denominator

The eligible population

Numerator

BMI percentile (Table WCC-B) during the measurement year.

Table WCC-B: Codes to Identify BMI Percentile

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT</th>
<th>ICD-9-CM Diagnosis</th>
<th>HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI Percentile</td>
<td></td>
<td>V85.5</td>
<td></td>
</tr>
</tbody>
</table>

Exclusions (optional)

Members who have a diagnosis of pregnancy (Table WCC-C) during the measurement year.


Hybrid Specification

Denominator

A systematic sample drawn from the eligible population for the Total age band (3–17 years). The Total sample is stratified by age to report rates for the 3–11 and 12–17 age stratifications.

The organization may reduce the sample size using current year's administrative rate or the prior year's audited, product line-specific rate for the lowest of the three indicator rates for the Total age band. Refer to the NCQA Guidelines for Calculations and Sampling for information on reducing the sample size.

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

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

Medical Record
Documentation must include a note indicating the date on which the BMI percentile was documented and evidence of either of the following.
BMI percentile, or
BMI percentile plotted on age-growth chart
For members who are younger than 15 years of age on the date of service, only evidence of the BMI percentile or BMI percentile plotted on an age-growth chart meets criteria. A BMI value is not acceptable for this age range.
For adolescents 16–17 years on the date of service, documentation of a BMI value expressed as kg/m² is acceptable.

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.

Note
The following notations or examples of documentation do not count as numerator compliant:
- BMI or BMI percentile documented in medical record or plotted on age-growth chart
- Notation of height and weight only
- BMI or BMI percentile noted before or after the measurement year

A member-reported BMI may be used if it is part of a disease management system or obtained by a provider or clinician while taking the patient’s history.

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.