



CCNC Pediatrics: Coding for BMI

The American Academy of Pediatrics has identified *childhood obesity* as one of the *most serious health issues* of our time, both for morbidity during childhood and implications for health problems as an adult.

CCNC & DMA encourage all Primary Care Clinicians who care for children and/or adults to **measure BMI & provide counseling regarding nutrition, physical activity, and lifestyle**:

- Measurement and follow-up of BMI is a HEDIS measure for quality of care.
- In December of 2009, AHRQ included BMI measurement in its set of 24 child health indicators for state Medicaid and CHIP programs.
- Measurement of BMI is a **meaningful use core measure**.

In order to measure documentation rates of BMI as part of CCNC Quality Measures and Feedback, a claims measure for BMI needs to be used. For children, ages 3 to 21 years old, there are Z codes associated BMI percentile ranges that can be used for every well-visit claim:

Z68.51	<5%ile	Underweight
Z68.52	5-85%ile	Healthy Weight
Z68.53	85-95%ile	Overweight
Z68.54	≥95%ile	Obese

To promote quality of care and to achieve all of the advantages noted above:

- Coding of BMI percentile
- Using appropriate Z codes



Will become a routine part of coding for EPSDT visits (age 3 yrs & up)

At the well-visit document Z00.121+ (w/abnormal findings) or Z00.129 (w/o abnormal findings) AND a BMI %ile Z-code

Other dx codes for well or follow-up visits:

E66.9 Obesity >95th%ile

E66.3 Overweight >85-94th%ile

R63.5 Abnormal weight gain

Other nutritional related billable codes:

R62.51 Failure to Thrive

R63.3 Feeding Problems NOS

F98.29 Other feeding disorders of infancy and early childhood

R63.6 Underweight

D50.8 Iron deficiency Anemia