

CCNC Pediatrics: Coding for BMI Percentile

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 percentile & provide counseling regarding nutrition, physical activity, and lifestyle:**

Measurement and follow-up of BMI percentile is a HEDIS measure for quality of care.

In December of 2009, AHRQ included BMI percentile measurement in its set of 24 child health indicators for state Medicaid and CHIP programs.

Measurement of BMI percentile is a **meaningful use core measure**.

In order to measure documentation rates of BMI percentile as part of CCNC Quality Measures and Feedback, a claims measure for BMI percentile 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
Z71.3	Dietary surveillance & counseling	
Z71.82	Exercise counseling	

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

- o Coding of BMI percentile
 - o Using appropriate Z codes
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- Will become a routine part of coding for EPSDT visits (age 3 yrs & up)

At the practice level, this data could be used to identify children with overweight and/or obesity to do targeted interventions.

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