

2022 Quality Measure Highlight

Nutrition Counseling for Children/Adolescents



MEASURE DESCRIPTION

The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN during the measurement year and who had evidence of counseling for nutrition or referral for nutrition education during the measurement year.

Denominator: The number of assigned members 3-17 years of age as of December 31, 2022 (DOB between January 1, 2005 and December 31, 2019) who had an outpatient visit with a PCP or an OB/GYN during the measurement year.

Numerator: The number of assigned members with evidence that counseling for nutrition or referral for nutrition education was documented at least once during the measurement year.

Measure Type: Hybrid (medical record / claims / encounters)

Coding

CPT: 97802-04

Diagnosis Code: Z71.3

*Please refer to Diagnosis Crosswalk in eReports for complete listing of Code Types

Intent / Importance: Any disruption in appropriate nutrient intake may have lasting effects on growth potential and developmental achievement (Promoting Healthy Nutrition, n.d.). Physical growth, developmental requirements, nutrition needs, and feeding patterns vary significantly during each stage of growth and development (Promoting Healthy Nutrition, n.d.).

PCP QIP 2022	Practice Type	Total Points	Threshold	Percentile
Full Points	Pediatric Medicine	12 points	76.64%	75th
Partial Points	Pediatric Medicine	9 points	70.11%	50 th

Relative Improvement

- A site’s performance on a measure must meet the 50th percentile target in order to be eligible for RI points on the measure **AND**
- Have an RI score of 10% or higher, ending up thereby achieving performance equal to or exceeding between the 50th percentile and not exceeding the 75th percentile, to earn full points.

Compliant Documentation

Documentation must include the date, and at least one of the following:

- Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors).
- Checklist indicating nutrition was addressed.
- Counseling or referral for nutrition education.
- Member received educational materials on nutrition during a face-to-face visit.
- Anticipatory guidance for nutrition.
- Weight or obesity counseling.

Non-Compliant Documentation

- No counseling/education on nutrition and diet.
- Counseling/education before or after the measurement year.
- Notation of “health education” or “anticipatory guidance” without specific mention of nutrition.
- A physical exam finding or observation alone (e.g., well-nourished) is not compliant because it does not indicate counseling for nutrition.
- Documentation related to a member’s “appetite” does not meet criteria.
- Documentation specific to the assessment or treatment of an acute or chronic condition (e.g., BRAT diet due to diarrhea).

Exclusions

- Members who have a diagnosis of pregnancy during the measurement year (Must include a note indicating a diagnosis of pregnancy).
- Codes to identify exclusions: Pregnancy.

Best and Promising Practices

Data and Coding

- Submit claims and encounter data within 90 days of service. We highly encourage submitting claims within 14-to-30 days of service toward the end of the measurement year period to avoid claims lag.
- Use coding to document exclusions.
- Use complete and accurate codes to capture services completed for telehealth and in-person visits.

Member Care

- Contact parents/guardians to schedule their visits at least once a year.
- Outreach and schedule appointments during times that are more convenient for parents/guardians and their children. Take advantage of school breaks and holidays (i.e. summer break, winter break, etc.) and offer extended/weekend hours.
- Use every visit such as sick visits and sports physicals to also complete this measure.
- Check boxes and pre-populated forms and EHR screens can save time. Consider adding or turning on these features in your EHR system if available.
- When counseling for nutrition discuss appropriate food intake, healthy eating habits, issues including body image and eating disorders, etc.
- Counseling for nutrition (can be one of the following): Documentation of counseling; Referral for nutrition education; Referral to WIC (supplemental nutrition program for women, infants and children); Note: Documentation of appetite **does not** meet criteria.
- Use telehealth services to complete the nutrition counseling components with proper coding and modifier.
- Note: Counseling elements cannot be related to an acute condition.
- Standing orders for referral to Nutrition services for child and adolescent visits
- Member / Parent handouts attached to well child templates to be printed in visits
- Nutrition counseling talking points built into Visit Summary templates