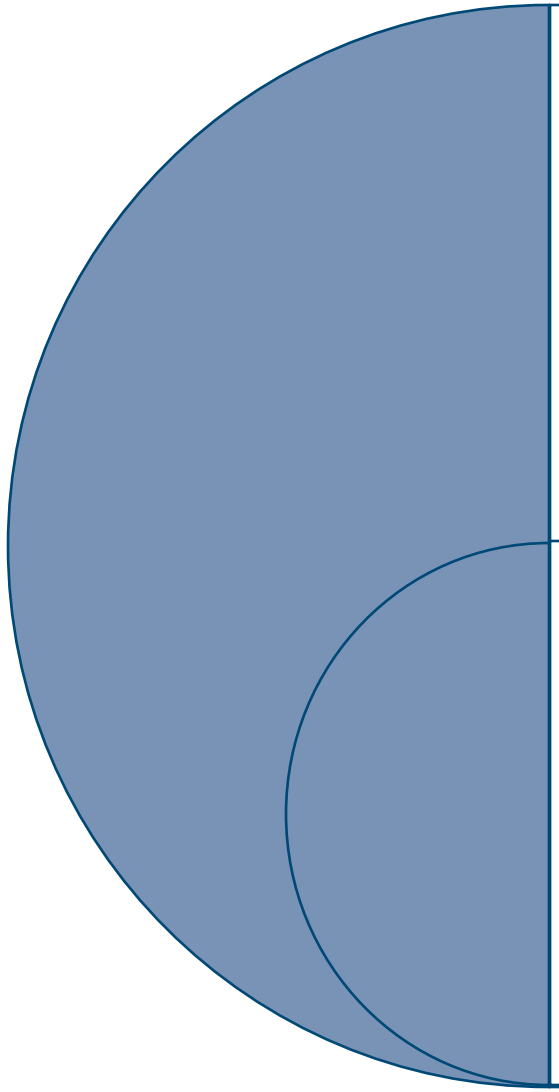
Quality Through Innovation and Technology in Pediatrics (QTIP) Pediatric Healthcare Effectiveness Data and Information Set (HEIDS)-like Reports and New Topics

Shiann Bradley, MSHS
QTIP Program Director
South Carolina Department of Health and Human Services (SCDHHS)
Aug. 1, 2026

QTIP Data Overview



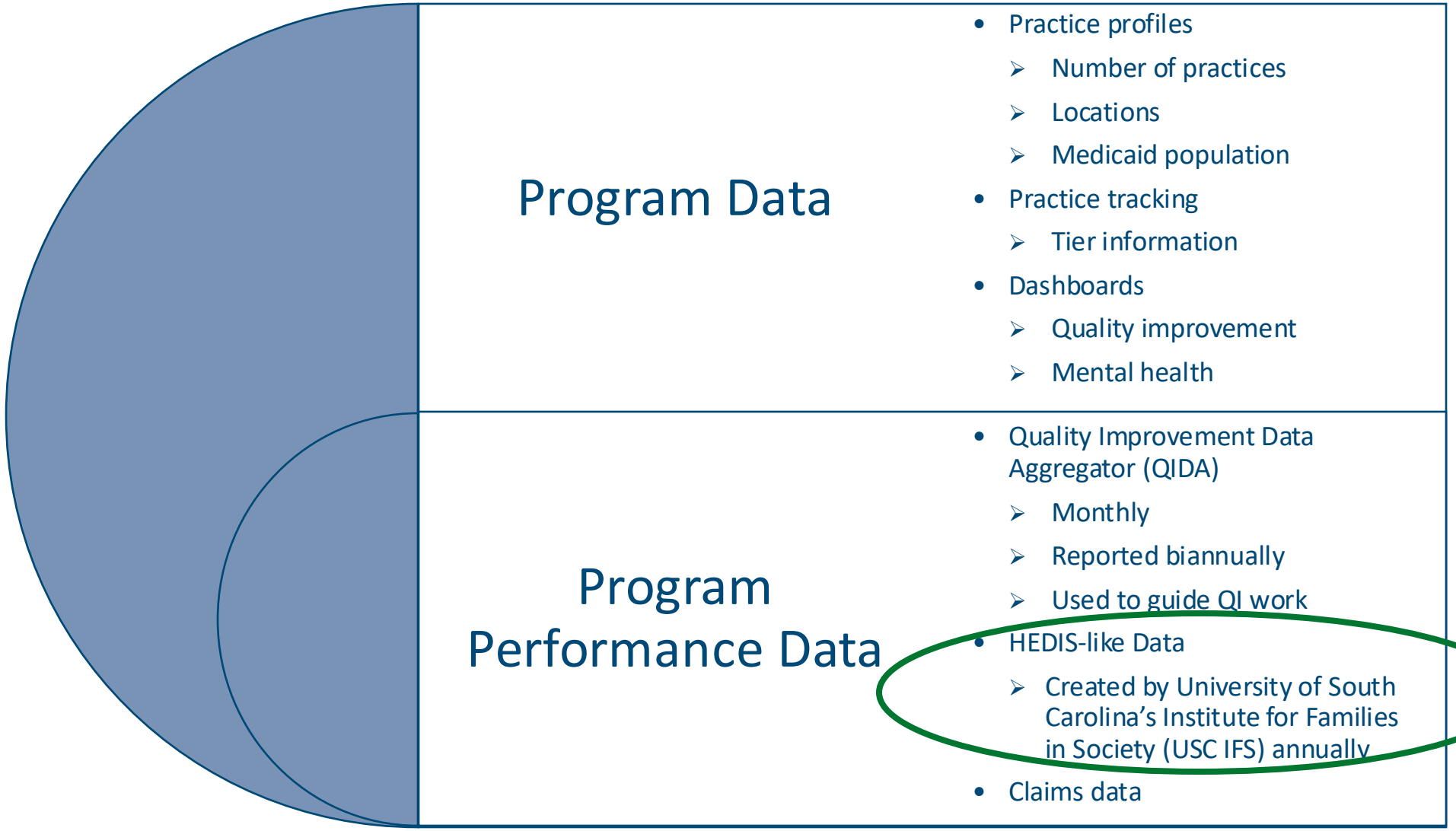
Program Data

- Practice profiles
  - Number of practices
  - Locations
  - Medicaid population
- Practice tracking
  - Tier information
- Dashboards
  - Quality improvement
  - Mental health

Program Performance Data

- Quality Improvement Data Aggregator (QIDA)
  - Monthly
  - Reported biannually
  - Used to guide QI work
- HEDIS-like Data
  - Created by University of South Carolina's Institute for Families in Society (USC IFS) annually
- Claims data

QTIP Data Overview



- Practice profiles
  - Number of practices
  - Locations
  - Medicaid population
- Practice tracking
  - Tier information
- Dashboards
  - Quality improvement
  - Mental health

- Quality Improvement Data Aggregator (QIDA)
  - Monthly
  - Reported biannually
  - Used to guide QI work
- HEDIS-like Data
  - Created by University of South Carolina's Institute for Families in Society (USC IFS) annually
- Claims data

HEDIS-like Data: Who and What

Who

- USC IFS
- SCDHHS
- **Your** practice

What

- Provided by USC IFS and based on Medicaid administrative claims
- Based on calendar data and "cohort"
- Medicaid patients **only**
- Based on HEDIS specifications and core measures

NOTE: Managed care organization (MCO) reports will differ from QTIP's HEDIS-like reports because they include administrative claims and electronic medical records (EMR) data.

HEDIS-Like Data: Where and When

Where

- Annual reports distributed at summer learning collaboratives
- Reflects **entire** practice (based on national provider identifiers [NPI] submitted to QTIP)

When

- NPIs are submitted by March to QTIP
- Reports reflect previous calendar year (CY)
  - Reports distributed in summer 2026 reflect **CY2025**

What is in the Report?

- Individual QTIP practice reports include:
  - Current certified CY child measures only
- All practice rates are compared (i.e., color coded) to National Committee for Quality Assurance (NCQA) benchmarks.
  - Specific stratifications of NCQA certified measures, dental measures and non-NCQA measures do not have national benchmarks.
- QTIP cohort rate, all QTIP rate, non-QTIP rate and South Carolina rate.

Measures	Description	Practice				Total Rates				CY2025 National Benchmarks				
		CY2024	CY2025											
		Rate	Num	Den	Rate	Academic	All QTIP	Non-QTIP	State	10th	25th	50th	75th	90th

Understanding Your Report

Measures	Description	Practice				Total Rates				CY2025 National Benchmarks				
		CY2024	CY2025											
		Rate	Num	Den	Rate	Academic	All QTIP	Non-QTIP	State	10th	25th	50th	75th	90th

- Measures and description
- Practice
  - CY2024
  - CY2025
    - Numerator
    - Denominator
    - Rate
- Total rates
- National benchmarks

2026 Report Updates

Active

- Reflect current or recently prioritized QTIP focus areas.
- Represent measures where practices can directly influence performance.
- Help guide ongoing improvement efforts and resource allocation.

Passive

- Include previous QTIP focus topics and legacy measures.
- Represent areas where practices have minimal or indirect impact.
- Provide helpful context and trend information without requiring immediate action.

2026 Report Updates *(cont.)*

N = 3,835

Quality Measure Year CY2025

Measures	Description	Practice				Total Rates				CY2025 National Benchmarks				
		CY2024	CY2025											
		Rate	Num	Den	Rate	Academic	All QTIP	Non-QTIP	State	10th	25th	50th	75th	90th
Active														
Vaccinations														
Childhood Immunization Status	CIS - Rate - DTap/DT	68.4	84	138	60.9	69.8	78.0	63.0	66.9	64.1	69.1	73.7	77.4	80.5
	CIS - Rate - Hep A	89.6	121	138	87.7	89.4	94.2	80.2	83.9	75.7	79.6	84.0	86.6	89.1
	CIS - Rate - Hep B	77.8	101	138	73.2	74.1	58.3	65.8	63.8	80.8	84.9	88.1	90.7	92.7
	CIS - Rate - HiB	63.3	81	138	58.7	79.4	85.7	73.9	77.0	76.9	81.3	85.6	88.6	91.0
	CIS - Rate - Influenza	23.6	39	138	28.3	42.1	32.9	19.6	23.1	23.8	28.5	35.0	41.7	49.4
	CIS - Rate - IPV	78.5	103	138	74.6	82.3	87.4	76.5	79.4	79.4	83.6	86.9	89.5	91.7
	CIS - Rate - MMR	80.1	113	138	81.9	77.6	66.5	60.5	62.1	79.1	82.8	86.1	88.7	90.8
	CIS - Rate - Pneomococcal Conjugate	71.0	86	138	62.3	70.0	75.9	64.4	67.4	63.8	68.7	73.6	77.7	80.4
	CIS - Rate - Rotavirus	57.2	78	138	56.5	64.2	75.4	65.3	68.0	61.6	66.4	70.1	74.2	77.6
	CIS - Rate - VZV	90.6	121	138	87.7	88.8	92.8	79.2	82.7	78.9	82.5	85.9	88.3	90.3
	CIS - Rate - Combo 10	12.8	20	138	14.5	25.5	13.1	9.7	10.6	17.8	22.1	27.8	33.4	39.9
Immunizations for Adolescents	IMA - Rate - HPV	49.1	81	127	63.8	49.2	46.5	27.2	30.8	28.7	32.1	37.5	44.8	53.3
	IMA - Rate - Combo1	85.9	111	127	87.4	87.1	89.4	65.2	69.6	67.2	75.4	82.0	86.9	89.8
	IMA - Rate - Combo2	46.7	79	127	62.2	48.7	46.1	26.5	30.1	27.3	31.3	36.5	43.6	52.3
Well-Child Visits														
Child and Adolescent Well-Care Visits	WCV - Rate - 3-11 Years	75.7	998	1,406	71.0	74.7	77.7	48.2	54.4	53.0	56.8	62.0	68.0	73.4
	WCV - Rate - 12-17 Years	75.7	604	882	68.5	73.1	77.6	41.2	47.5	44.8	49.7	55.0	61.4	67.0
	WCV - Rate - 18-21 Years	62.2	79	132	59.8	55.5	64.5	22.5	26.8	22.7	27.5	32.0	37.9	46.3
	WCV - Rate - Total	75.0	1,681	2,420	69.5	73.3	77.1	43.2	49.6	45.0	49.7	55.4	61.5	67.6
Well-Child Visits in the First 30 Months of Life	W30 - Rate - < 15 Months	50.7	53	159	33.3	56.7	67.5	56.2	59.4	49.5	58.0	63.4	67.5	71.7
	W30 - Rate - 15-30 Months	68.1	85	125	68.0	77.0	82.5	67.0	70.9	64.1	68.4	72.3	77.5	82.1
Behavioral Health														
Developmental Screening	DSC1 - screened by 12 months of age	44.5	110	231	47.6	18.6	63.6	39.1	45.4	N/A				
	DSC2 - screened by 24 months of age	65.2	120	181	66.3	17.3	72.0	41.5	48.8					
	DSC3 - screened by 36 months of age	30.6	46	156	29.5	8.2	45.0	19.4	25.0					
Diagnosed Mental Disorders	DMH - Rate - 1-17 Years	45.2	1,248	2,649	47.1	39.2	34.7	25.8	27.6	16.7	19.8	22.8	28.4	32.8
	DMH - Rate - 18-64 Years	50.8	60	136	44.1	43.6	39.2	25.5	26.9	20.2	26.5	36.2	43.4	51.1
	DMH - Rate - Total	45.4	1,308	2,785	47.0	39.4	34.9	25.8	27.6	19.0	23.0	29.7	36.2	42.4
Chronic Conditions														
Weight Assessment and Counseling for	WCC - BMI - Rate - 3-11 Years	49.0	676	1,379	49.0	51.6	57.0	48.0	50.3	67.7	78.9	84.7	89.4	92.6
	WCC - BMI - Rate - 12-17 Years	52.1	440	857	51.3	55.8	56.5	42.1	45.5	64.3	77.2	83.3	89.1	92.5
	WCC - BMI - Rate - Total	50.1	1,116	2,236	49.9	53.1	56.8	45.7	48.5	65.2	78.1	84.2	89.3	92.0
	WCC - Counseling for Nutrition - 3-11 Yrs	45.4	765	1,379	55.5	23.1	55.4	40.8	44.6	57.0	68.0	74.9	82.1	86.8

2026 Report Updates *(cont.)*

Measures	Description	Cohort Rates					Total Rates			CY2025 National Benchmarks				
		Academic	FQHC	Large Private	Medium Private	Small Private	All QTIP	Non-QTIP	State	10th	25th	50th	75th	90th
Passive														
Dental Care														
Oral Evaluation: Dental Services	OED - Rate - 0-2 Years	22.8	23.7	26.5	27.6	24.7	25.6	24.8	25.0	4.7	12.4	17.7	25.9	31.5
	OED - Rate - 3-5 Years	68.8	62.9	66.5	67.5	66.6	66.8	57.0	59.3	25.1	40.3	50.5	57.7	61.3
	OED - Rate - 6-14 Years	74.4	68.9	72.3	73.0	69.6	72.0	60.6	62.8	31.6	45.9	56.7	60.9	65.2
	OED - Rate - 15-20 Years	64.5	55.1	59.6	62.1	57.3	60.1	43.2	45.6	18.0	28.1	38.0	43.9	48.6
	OED - Rate - Total	60.1	57.8	60.9	62.0	58.8	60.4	51.6	53.4	19.6	33.0	45.2	51.3	55.0
Topical Flouride for Children	TFC - Rate - 1-2 Years	27.1	29.8	43.6	29.0	33.7	33.9	15.2	20.3	Benchmark Not Available				
	TFC - Rate - 3-4 Years	36.0	29.7	40.7	36.4	33.6	36.6	24.4	27.3					
	TFC - Rate - Total	31.3	29.7	42.2	32.6	33.7	35.2	20.0	23.9					
Screening and Treatment														
Appropriate Testing for Pharyngitis	CWP - Rate - 3-17 Years	88.7	91.7	93.3	91.0	97.4	94.2	89.0	90.2	73.5	81.2	87.5	91.0	93.2
Appropriate Treatment for Upper Respiratory Infection†^	URI - Rate - 3 Months to 17 Years	95.1	93.8	85.9	92.3	91.5	91.4	90.1	90.4	86.1	90.1	92.1	94.7	95.8
Asthma Medication Ratio	AMR - Rate - 5-11 Years	68.5	92.6	88.2	80.4	94.3	83.7	87.0	86.0	53.7	60.3	67.5	76.7	83.5
	AMR - Rate - 12-18 Years	81.5	88.7	90.8	86.7	92.7	87.8	87.8	87.8	50.8	58.3	65.5	72.9	78.6
	AMR - Rate - 19-50 Years	< 100.0 >	< 100.0 >	< 100.0 >	< 100.0 >	< 100.0 >	< 100.0 >	87.6	89.5	49.2	56.0	61.5	68.5	75.0
	AMR - Rate - Total	74.6	91.0	89.4	82.9	93.7	85.6	87.4	86.9	52.0	57.6	63.7	70.4	76.3
New for CY25 Reporting														
Behavioral Health														
Follow-Up After Emergency Department Visit for Substance Use - Ages 13 - 17 Years	FUA - Rate 7-Day Follow-Up	< 38.5 >	< 11.1 >	< 9.1 >	< 25.0 >	< 18.2 >	21.4	15.6	16.5	12.2	15.3	20.9	29.4	36.3
	FUA - Rate 30-Day Follow-Up	< 46.2 >	< 11.1 >	< 36.4 >	< 50.0 >	< 27.3 >	35.7	24.6	26.3	20.6	24.6	32.3	42.5	48.5
Follow-Up After Hospitilization for Mental Illness - Ages 6 - 17 Years	FUH - Rate 7-Day Follow-Up	49.7	47.5	57.8	52.9	59.6	53.6	49.2	50.2	32.7	42.1	48.9	57.5	66.2
	FUH - Rate 30-Day Follow-Up	77.7	74.3	82.8	84.7	84.8	81.2	75.9	77.2	56.8	65.4	73.6	79.3	84.2
Follow-Up After Emergency Department Visit for Mental Illness - Ages 6 - 17 Years	FUM - Rate 7-Day Follow-Up	50.5	53.7	48.3	54.7	54.5	52.1	45.5	47.0	33.8	41.2	50.6	61.4	70.8
	FUM - Rate 30-Day Follow-Up	75.8	77.6	72.0	73.6	75.0	74.4	63.6	66.2	52.2	59.7	69.2	77.4	84.0

Understanding Your Report *(cont.)*

- Special measures
  - Children's core measure

Developmental Screening	DSC1 - screened by 12 months of age	76.8	336	434	77.4	80.9	64.0	30.7	41.5	N/A
	DSC2 - screened by 24 months of age	86.8	346	408	84.8	82.9	70.2	36.3	45.9	
	DSC3 - screened by 36 months of age	10.6	35	406	8.6	48.0	38.2	16.1	22.2	

  - **New** QTIP measures

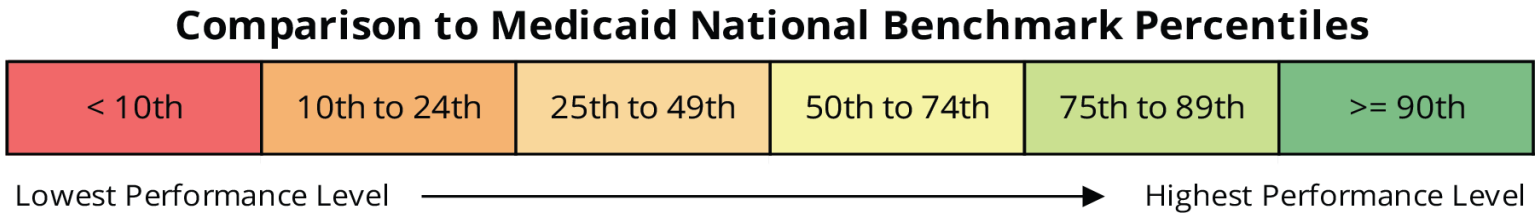
New for CY25 Reporting														
Behavioral Health														
Follow-Up After Emergency Department Visit for Substance Use - Ages 13 - 17 Years	FUA - Rate 7-Day Follow-Up	< 38.5 >	< 11.1 >	< 9.1 >	< 25.0 >	< 18.2 >	21.4	15.6	16.5	12.2	15.3	20.9	29.4	36.3
	FUA - Rate 30-Day Follow-Up	< 46.2 >	< 11.1 >	< 36.4 >	< 50.0 >	< 27.3 >	35.7	24.6	26.3	20.6	24.6	32.3	42.5	48.5
Follow-Up After Hospitilization for Mental Illness - Ages 6 - 17 Years	FUH - Rate 7-Day Follow-Up	49.7	47.5	57.8	52.9	59.6	53.6	49.2	50.2	32.7	42.1	48.9	57.5	66.2
	FUH - Rate 30-Day Follow-Up	77.7	74.3	82.8	84.7	84.8	81.2	75.9	77.2	56.8	65.4	73.6	79.3	84.2
Follow-Up After Emergency Department Visit for Mental Illness - Ages 6 - 17 Years	FUM - Rate 7-Day Follow-Up	50.5	53.7	48.3	54.7	54.5	52.1	45.5	47.0	33.8	41.2	50.6	61.4	70.8
	FUM - Rate 30-Day Follow-Up	75.8	77.6	72.0	73.6	75.0	74.4	63.6	66.2	52.2	59.7	69.2	77.4	84.0

Understanding Your Report *(cont.)*

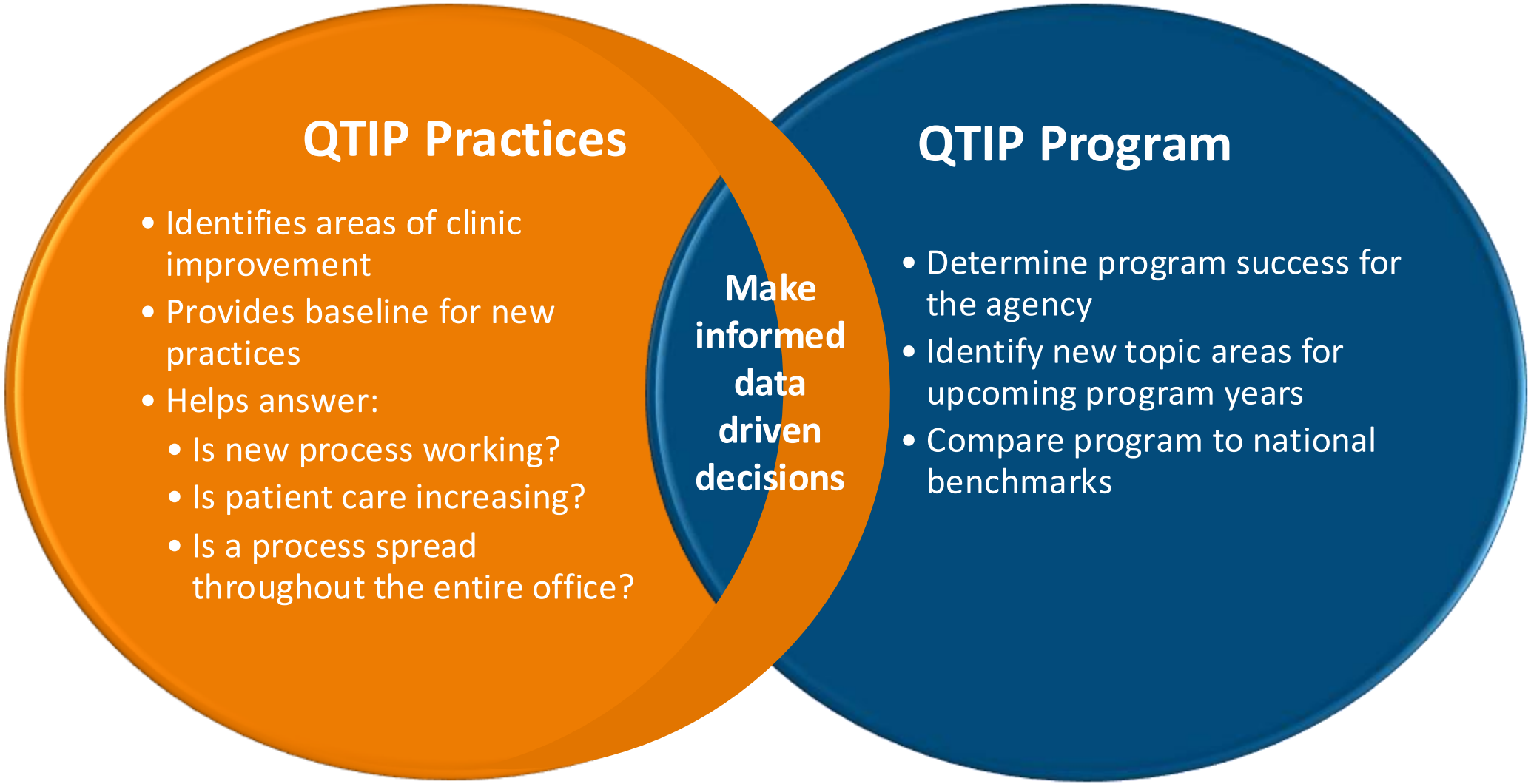
These notes will be in the footer of every report.

-	You may see this dash for numerators and HEDIS rates. It means the reported denominator is zero, so it is not possible to have a numerator or rate.
†	Inverted measure. In these cases, the HEDIS rate is reported as an inverted rate [1-(numerator/eligible population)].
< # >	You may see these brackets around some HEDIS rates. They indicate an unstable rate due to the rate's denominator being less than 30. The rate should be interpreted with caution.
N/A	You may see this abbreviation in national benchmarks. In these cases, the measure is not NCQA certified and has no benchmarks.
N/R	You may see this abbreviation in national benchmarks. In these cases, the measure is a first-year and has no benchmarks.
*	Inverse measure. In these cases, a lower HEDIS rate indicates better performance. Please see additional notes in the Understanding the Color Key section.

Understanding the color key: This key will be in the footer of every report.



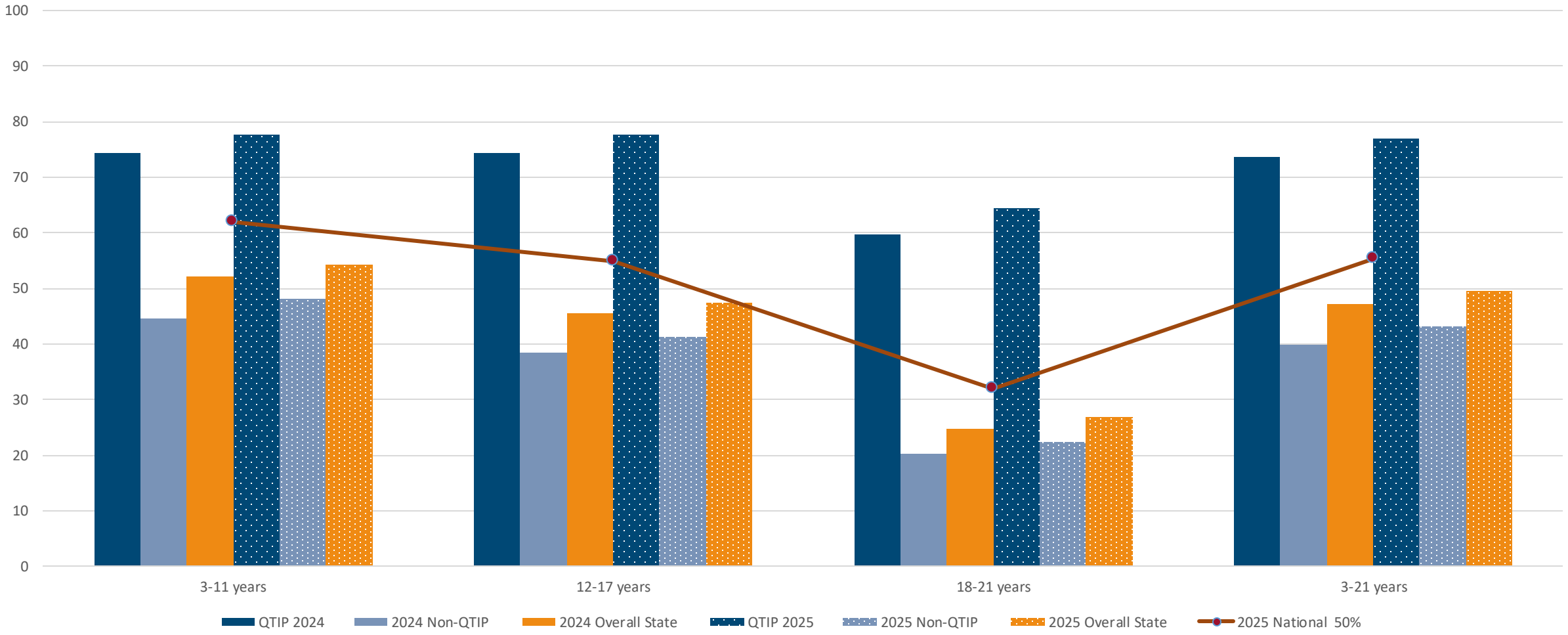
Why Are These Reports Useful?



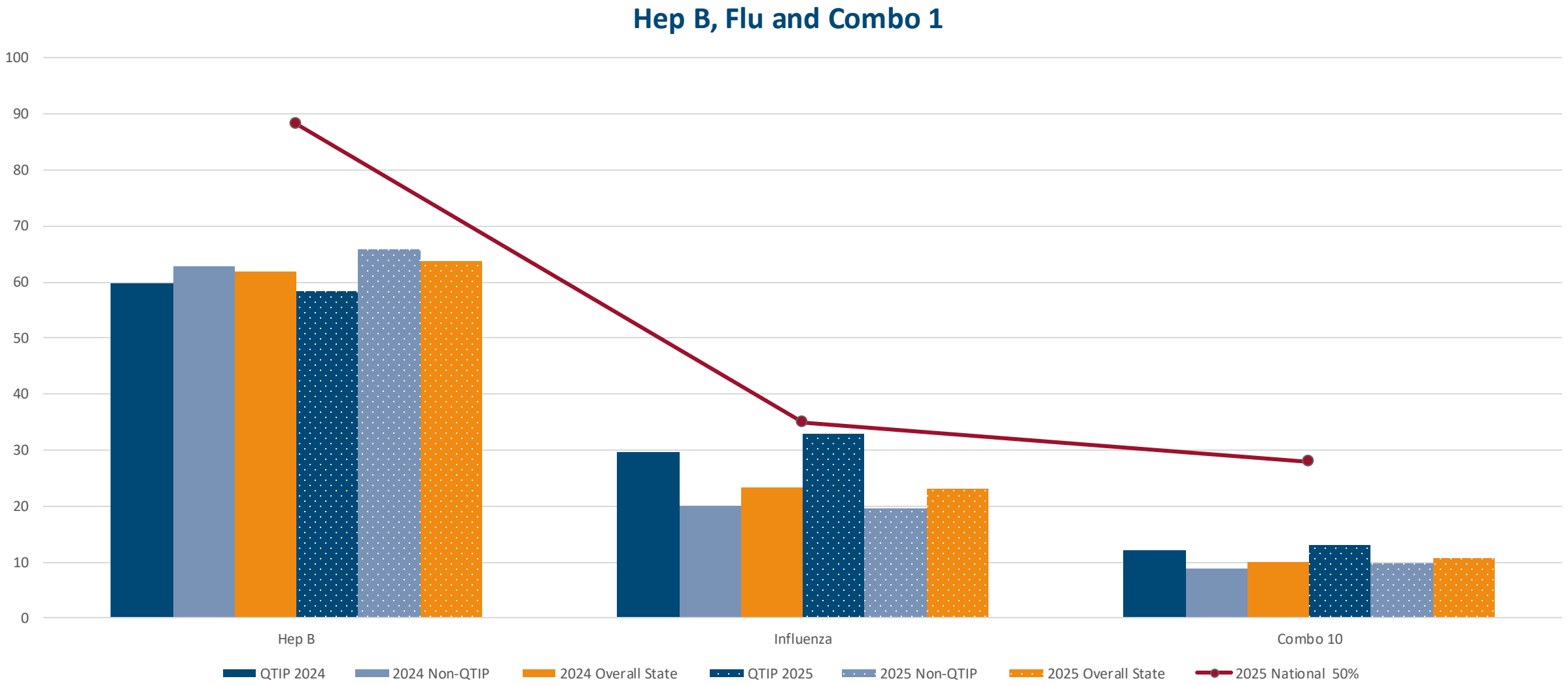
Digging Into The CY2025 Report

CY2025 Data and Trends

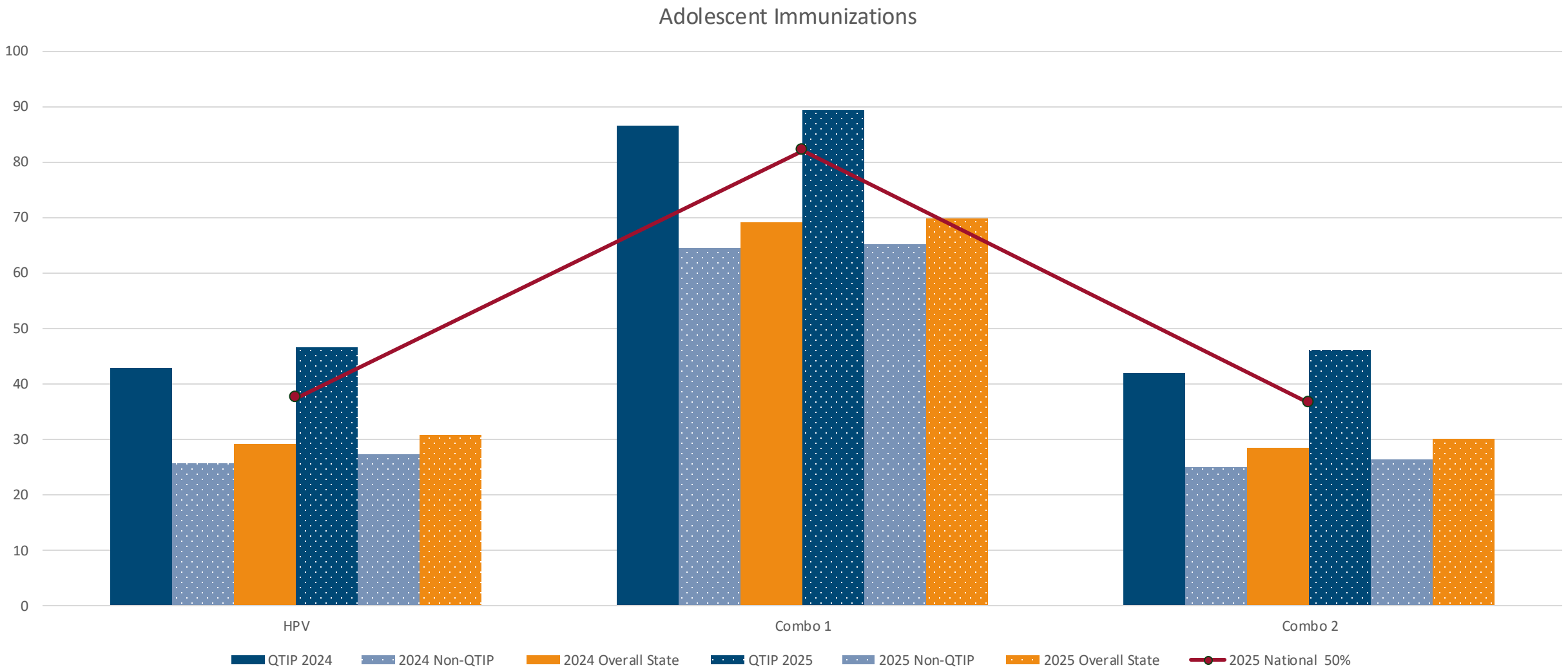
Well Child Visits - Child and Adolescent



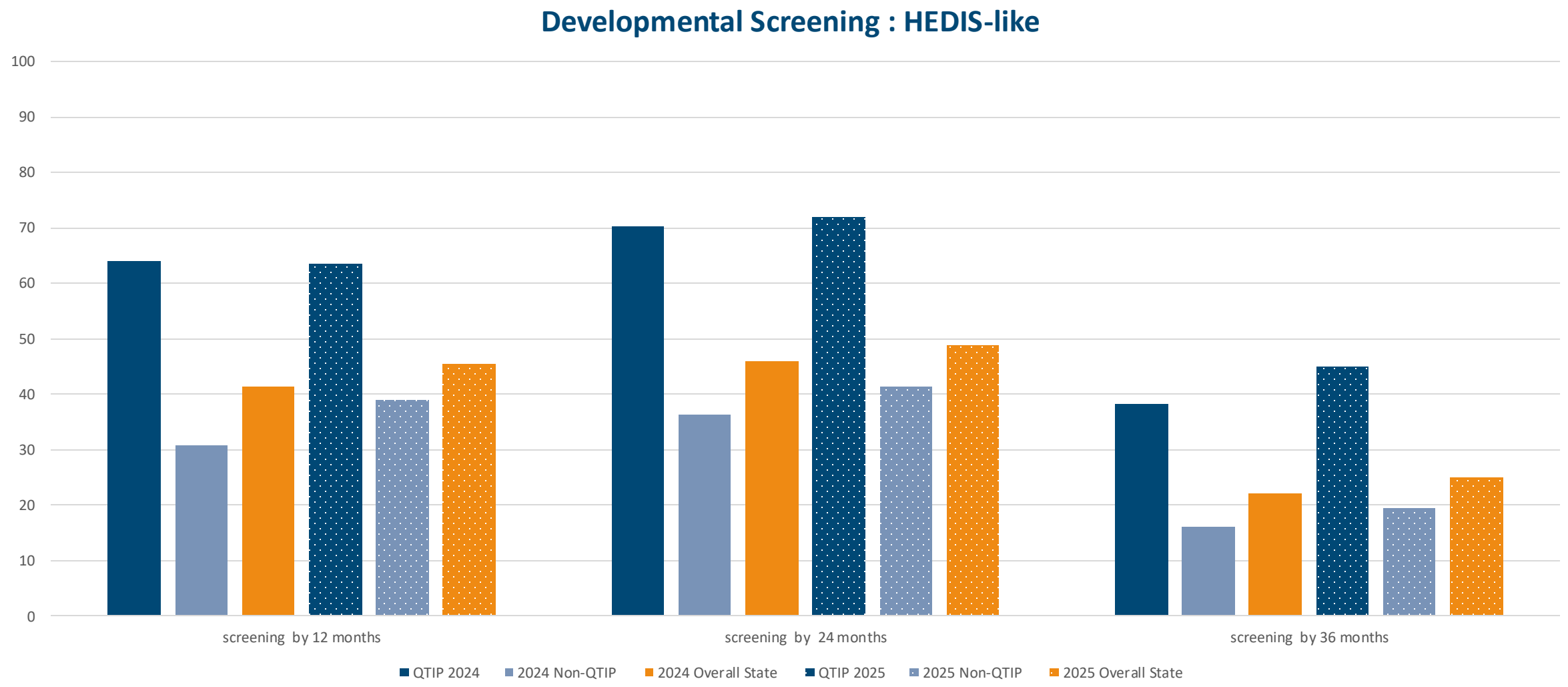
CY2025 Data and Trends *(cont.)*



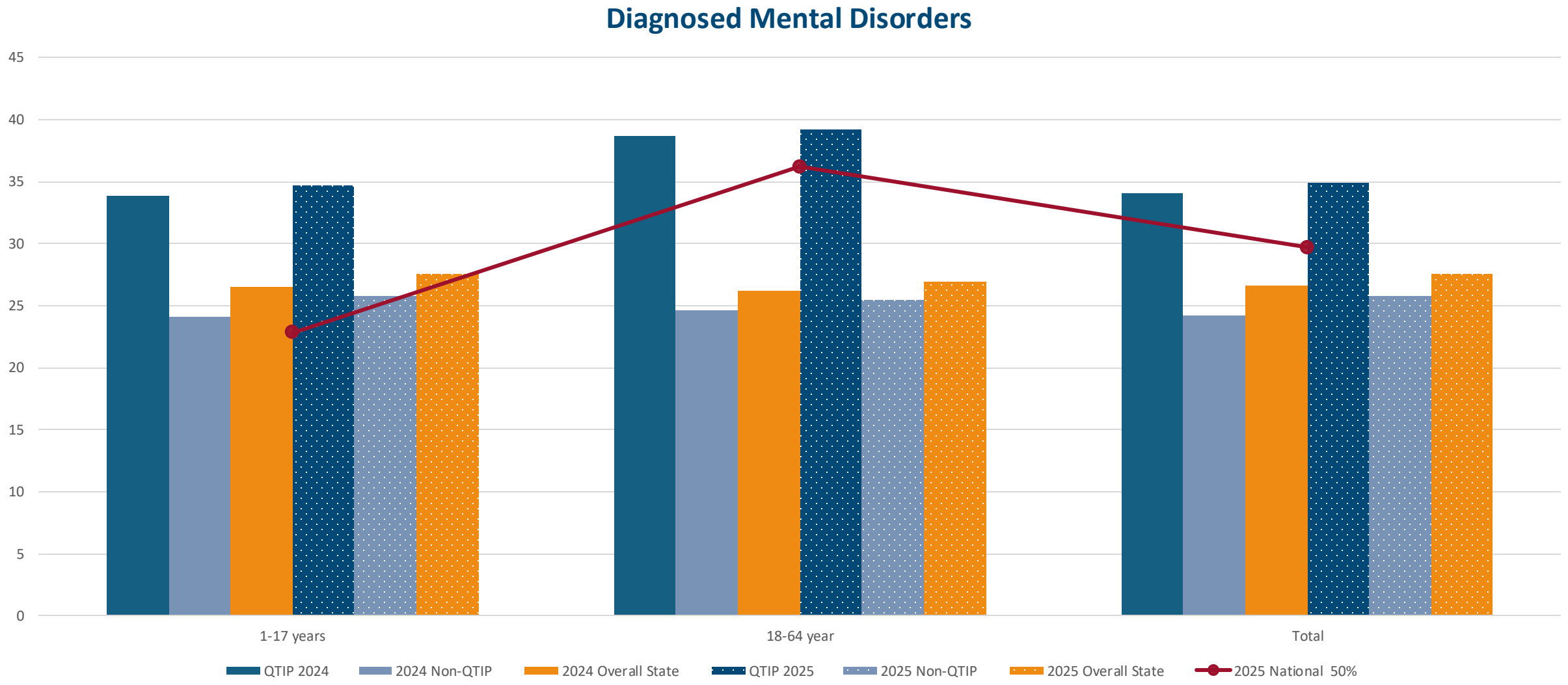
CY2025 Data and Trends *(cont.)*



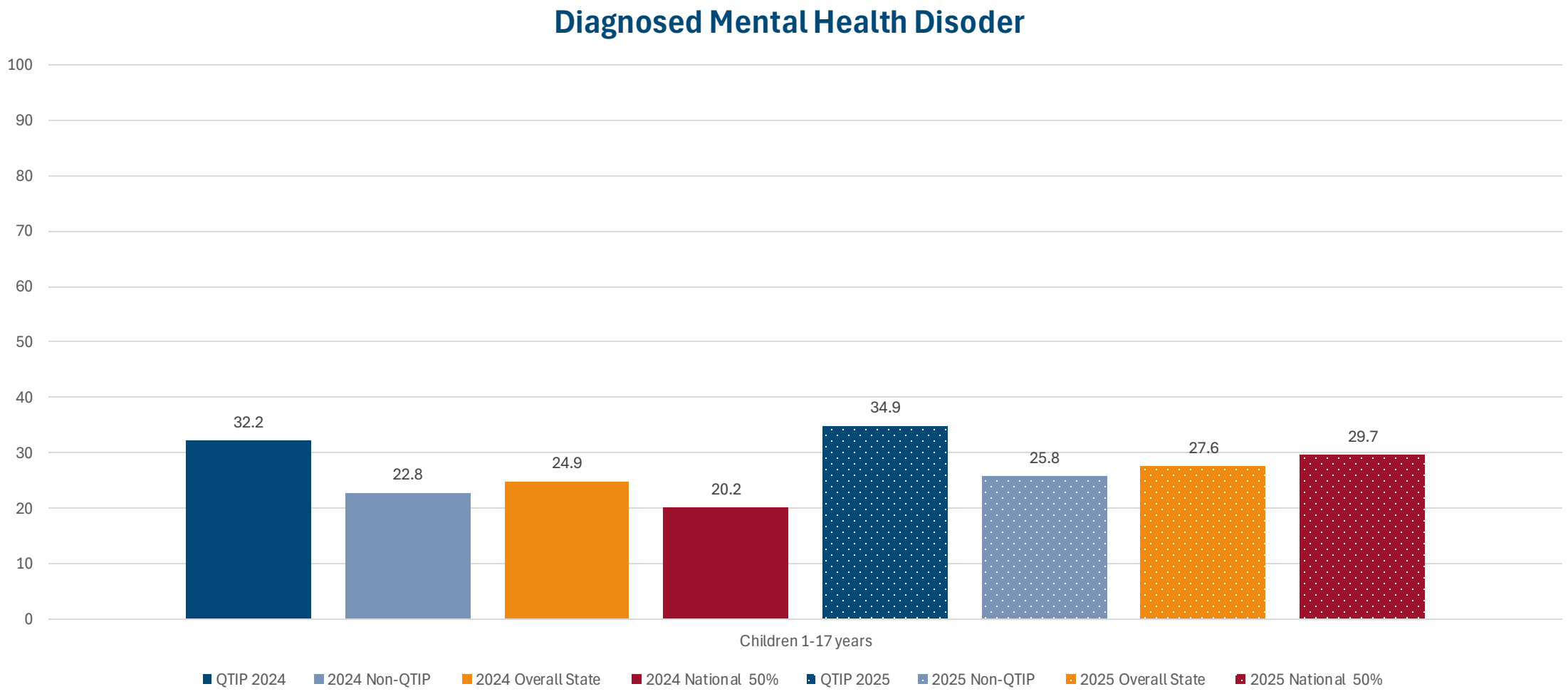
CY2025 Data and Trends *(cont.)*



CY2025 Data and Trends *(cont.)*

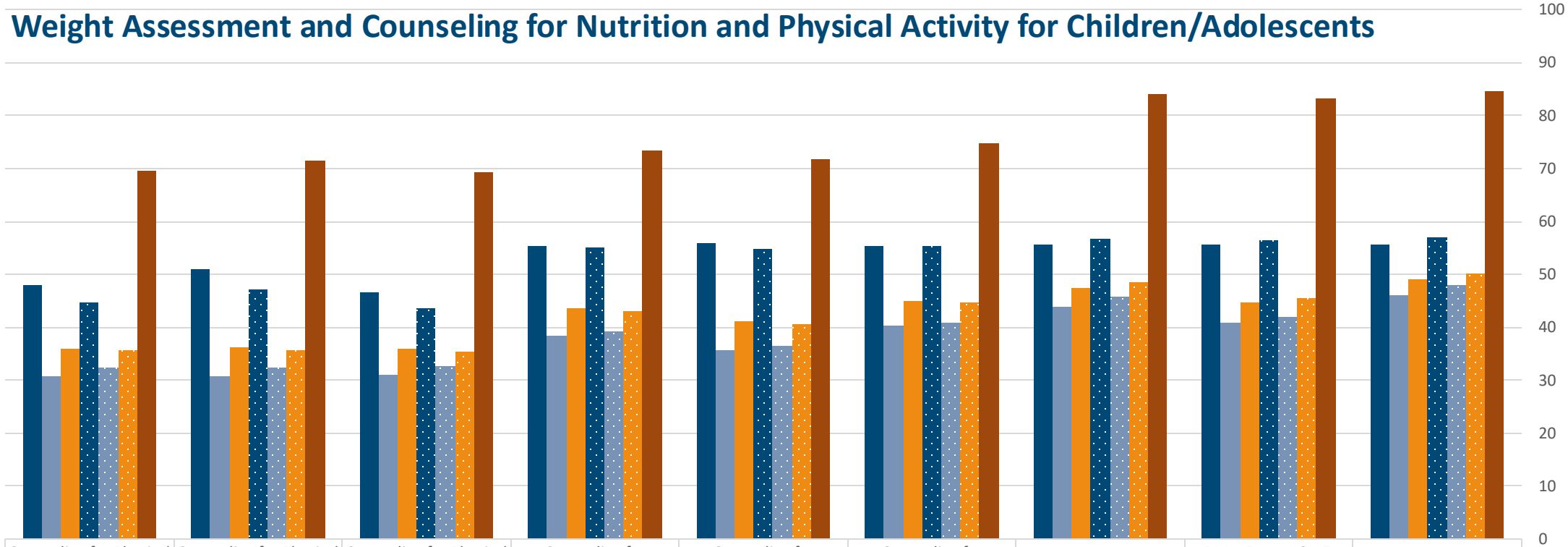


CY2025 Data and Trends *(cont.)*



CY2025 Data and Trends *(cont.)*

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents



	Counseling for Physical Activity - Total	Counseling for Physical Activity - 12-17 Yrs	Counseling for Physical Activity - 3-11 Yrs	Counseling for Nutrition - Total	Counseling for Nutrition - 12-17 Yrs	Counseling for Nutrition - 3-11 Yrs	BMI - Rate - Total	BMI - Rate - 12-17 Years	BMI - Rate - 3-11 Years
2025 National 50%	69.7	71.6	69.4	73.5	71.7	74.9	84.2	83.3	84.7
2025 Overall State	35.6	35.8	35.4	43.2	40.7	44.6	48.5	45.5	50.3
2025 Non-QTIP	32.5	32.3	32.6	39.1	36.4	40.8	45.7	42.1	48
QTIP 2025	44.8	47.2	43.5	55.1	54.7	55.4	56.8	56.5	57
2024 Overall State	36.0	36.1	36.0	43.6	41.2	45.1	47.5	44.8	49.1
2024 Non-QTIP	30.9	30.7	31.0	38.5	35.8	40.3	44.0	40.9	46.0
QTIP 2024	48.0	51.0	46.5	55.5	55.8	55.3	55.7	55.6	55.7

Data-driven Decisions

- QTIP uses HEDIS-like reports, along with practice feedback, agency initiatives and national pediatric concerns to choose annual focus areas.

- Considerations:
  - Practice concerns
  - Quality improvement feasibility
  - Electronic medical records access
  - Content expert support

Data-driven Decisions in Action

Total QTIP

Final June 2026

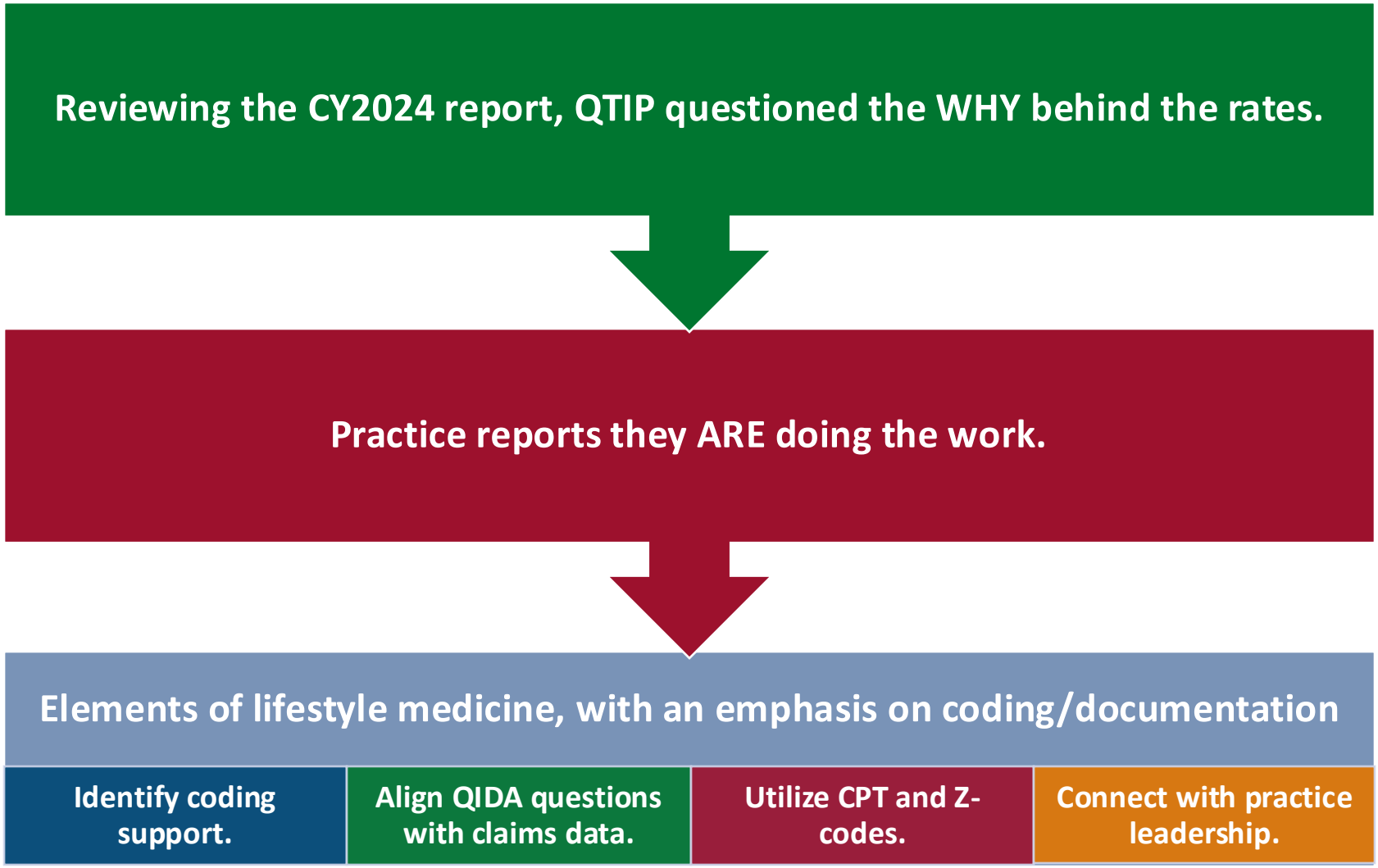
N = 133,459

Quality Measure Year CY2025

Measures	Description	Cohort Rates					Total Rates			CY2025 National Benchmarks				
		Academic	FQHC	Large Private	Medium Private	Small Private	All QTIP	Non-QTIP	State	10th	25th	50th	75th	90th
Chronic Conditions														
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	WCC - BMI - Rate - 3-11 Years	51.6	77.3	52.2	53.0	66.1	57.0	48.0	50.3	67.7	78.9	84.7	89.4	92.6
	WCC - BMI - Rate - 12-17 Years	55.8	75.2	48.3	53.6	62.7	56.5	42.1	45.5	64.3	77.2	83.3	89.1	92.5
	WCC - BMI - Rate - Total	53.1	76.5	50.9	53.2	64.8	56.8	45.7	48.5	65.2	78.1	84.2	89.3	92.0
	WCC - Counseling for Nutrition - 3-11 Yrs	23.1	75.8	64.0	58.9	48.7	55.4	40.8	44.6	57.0	68.0	74.9	82.1	86.8
	WCC - Counseling for Nutrition - 12-17 Yrs	26.0	67.0	61.3	58.3	52.3	54.7	36.4	40.7	51.7	62.9	71.7	79.9	85.3
	WCC - Counseling for Nutrition - Total	24.1	72.2	63.1	58.7	50.0	55.1	39.1	43.2	55.7	66.4	73.5	81.4	85.6
	WCC - Counseling for Physical Activity - 3-11 Yrs	19.9	68.8	45.8	43.9	43.9	43.5	32.6	35.4	48.8	60.1	69.4	77.7	83.9
	WCC - Counseling for Physical Activity - 12-17 Yrs	29.2	64.5	47.6	47.7	48.4	47.2	32.3	35.8	50.6	62.7	71.6	79.8	84.8
	WCC - Counseling for Physical Activity - Total	23.2	67.1	46.4	45.2	45.6	44.8	32.5	35.6	49.6	61.3	69.7	78.8	83.7

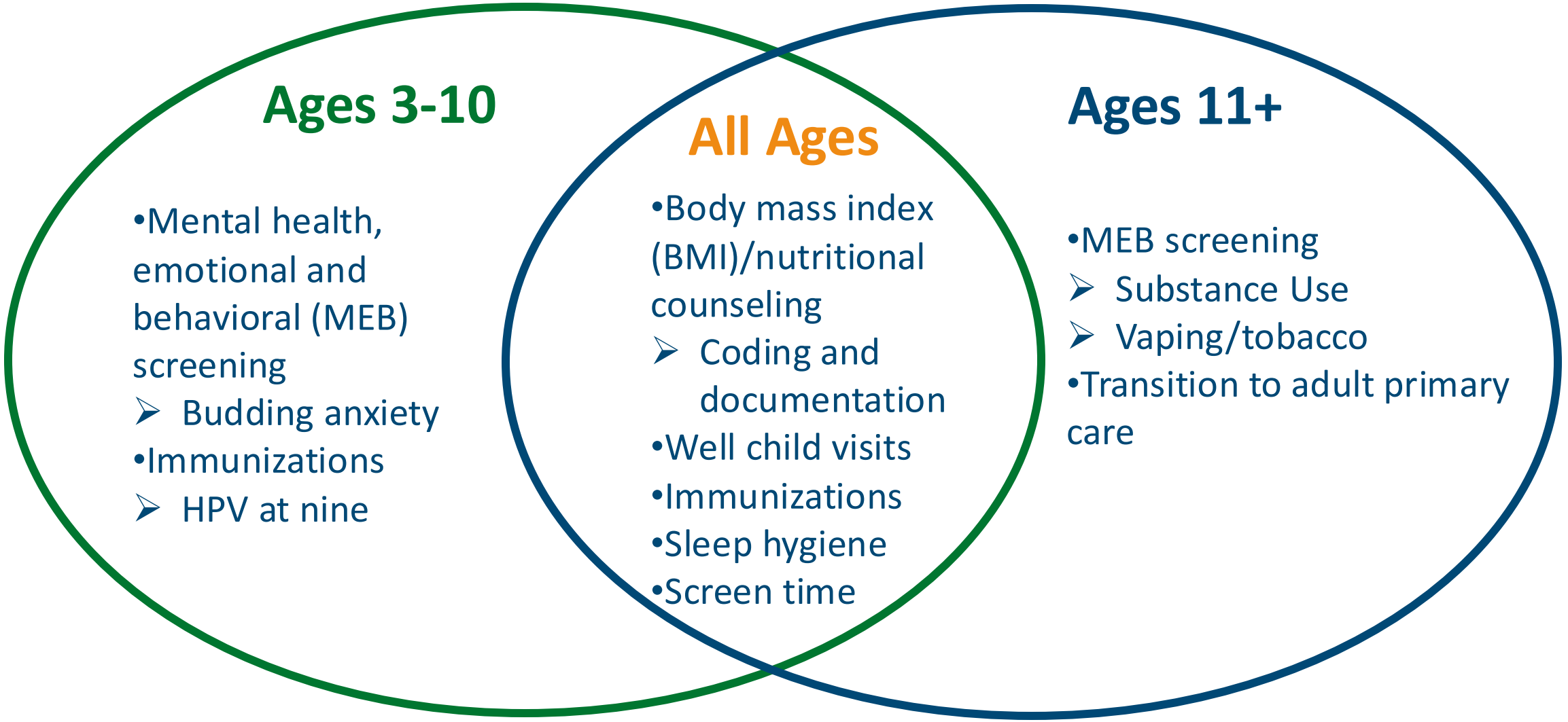
While we may outperform state benchmarks, our priority is to close the gap with national benchmarks to ensure we are providing the highest quality care for the children we serve.

Data Driven Decisions in Action *(cont.)*



Inside Out: Healthy Child, Healthy Mind

2026-2027 Focus Topics



2026-2027 Focus Topics

New

- Weight assessment and counseling for nutrition and physical activity for children/adolescents (WCC)
- MEB screening
  - Substance use, vaping/tobacco

Continuation

- Sleep hygiene
- Screen time
- MEB screening
  - Depression, anxiety, suicide
- Immunizations
  - ➢HPV

Annual

- Well child visits
- Immunizations

Fall 2026 Activities

Technical assistance

- Monthly calls
  - Tuesday = mental health
  - Wednesday = topic area
  - Friday = quality improvement
- Site visits
- Blog
  - Network with your peers

Workshops

Incorporating elements of lifestyle medicine into everyday appointments

Fall

Spring

Coding and documentation

Lifestyle Medicine Overview and Behavior Change Counseling

Welcome Erin Brackbill, MD

- Dr. Erin Brackbill serves as clinical associate professor of pediatrics at The University of South Carolina School of Medicine and Prisma Health Children's Hospital in the pediatric residency continuity clinic. She became a Diplomate of the American Board of Lifestyle Medicine in 2019. In 2024 she was awarded Fellow of the American College of Lifestyle Medicine.
- Erin serves as co-chair of the Child and Adolescent Member Interest Group and co-chair of the SC AAP Healthy Lifestyles Committee. She helps lead a statewide learning collaborative on “Healthy Lifestyles and Metabolic Syndrome” for child health professionals. Her professional passion is collaborating, teaching and innovating around lifestyle medicine for children and families in the clinic and community settings with a health-equity framework.

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

Coding For Quality

Shiann Bradley, MSHS
QTIP Program Director
South Carolina Department of Health and Human Services
Aug. 1, 2026

Why Coding for Quality Matters

- Ensures accurate reflection of the care delivered and supports better patient outcomes.
- Helps practices capture appropriate reimbursement for the services already being provided.
- Reduces missed opportunities by promoting consistent documentation and coding workflows.
- Supports data integrity, enabling clearer insight into successes and areas needing improvement.
- Strengthens performance on key quality measures, including WCC.

HEDIS Coding Guide

Why We Created This Reference Guide

- Provide practices with clear, practical guidance on how to document and code this important HEDIS measure.
- Support consistent, accurate documentation that reflects the care teams are already providing.
- Help streamline workflows so teams know exactly what needs to be captured during visits.
- Ensure everyone leaves with a simple, one-page resource they can immediately use in their daily practice.

Disclaimer

- This resource is intended solely for QTIP practices to assist with documentation and coding for WCC.
- It summarizes technical specifications and guidance derived from the National Committee for Quality Assurance (NCQA) for educational and workflow-support purposes only.
- It is **not** an official NCQA document, does **not** replace NCQA specifications, payer policies or clinical judgment and should not be used as a billing guarantee.
- **Practices are responsible for ensuring documentation, coding and workflow decisions comply with all current NCQA requirements, payer guidelines and organizational policies.**

HEDIS Coding Guide for Weight Assessment Using Body Max Index (BMI) and Counseling for Nutrition and Physical Activity for Children and Adolescence

	BMI	Counseling for Nutrition	Counseling for Physical Activity
Documentation Guidelines	• Documentation must include **height, weight, and BMI percentile** • The height, weight, and BMI must be **from the same data source.** • BMI percentile must be **documented as a value** (e.g. 85th percentile)	• Documentation of counseling for nutrition or referral for nutrition education • Documentation **must include the date and type of counseling provided.**	• Documentation of counseling for physical activity or referral for physical activity • Documentation **must include the date and type of counseling provided.**
Billing Codes	**BMI Percentile-ICD-10:** Z68.51-Z68.56 **OR** **BMI% value** **OR** • BMI% plotted on an age growth chart **with** notation of height and weight included	**BMI Percentile:** Z68.51-Z68.56 **AND** **Counseling for nutrition** • **ICD-10:** Z71.3 **OR** • CPT 97802-97804	**BMI Percentile:** Z68.51-Z68.56 **AND** **Counseling for physical Activity:** • **ICD-10:** Z02.5, Z71.82
Examples of Documentation	• Documenting BMI as a percentile (e.g. 85th percentile)	• Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors). • Checklist indicating nutrition was addressed. • Person received educational materials on nutrition during a face-to-face visit. • Anticipatory guidance for nutrition. • Weight or obesity counseling. • Referral to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).	• Checklist indicating physical activity was addressed. • Person received educational materials on physical activity during a face-to-face visit. • Anticipatory guidance for physical activity or weight/obesity counseling. • Weight or obesity counseling. • Discussion of current physical activity (e.g., sports activities, exercise routines). • Exam for sport participation/ sports physical.

Disclaimer

This resource is intended **solely for QTIP practices** to assist with documentation and coding for **Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)**. It summarizes technical specifications and guidance derived from the **National Committee for Quality Assurance (NCQA)** for educational and workflow-support purposes only.

It is **not** an official NCQA document, does **not** replace NCQA specifications, payer policies, or clinical judgment, and should not be used as a billing guarantee. Practices are responsible for ensuring documentation, coding, and workflow decisions comply with all current NCQA requirements, payer guidelines, and organizational policies.

Version 1; Created July 2026

QTIP Quality through Technology and Innovation in Pediatrics

Created exclusively for QTIP practices!

Value Set Name	Code	Definition	Code System
Body Mass Index (BMI) Percentile	Z68.51	BMI pediatric, less than 5th percentile for age	ICD-10-CM
	Z68.52	BMI pediatric, 5th percentile to less than 85th percentile for age	ICD-10-CM
	Z68.53	BMI pediatric, 85th percentile to less than 95th percentile for age	ICD-10-CM
	Z68.54	BMI pediatric, is at or above the 95th percentile for age, but less than 120% of that 95th percentile	ICD-10-CM
Nutrition Counseling	97802	Initial assessment for medical nutrition therapy. This code is specifically for face-to-face nutrition counseling, lasting 15 minutes per unit	CPT
	97803	Follow-up nutrition counseling sessions. This code is specifically used for face-to-face reassessment or intervention, also lasting 15 minutes per unit.	CPT
	97804	Group nutrition counseling session (2 or more individuals) and is billed in 30-minute increments.	CPT
	Z71.3	Dietary counseling and surveillance	ICD-10-CM
Encounter for Physical Activity Counseling	Z02.5	Encounter for examination for participation in sport	ICD-10-CM
	Z71.82	Exercise counseling	ICD-10-CM

Disclaimer

This resource is intended **solely for QTIP practices** to assist with documentation and coding for **Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)**. It summarizes technical specifications and guidance derived from the **National Committee for Quality Assurance (NCQA)** for educational and workflow-support purposes only.

It is **not** an official NCQA document, does **not** replace NCQA specifications, payer policies, or clinical judgment, and should not be used as a billing guarantee. Practices are responsible for ensuring documentation, coding, and workflow decisions comply with all current NCQA requirements, payer guidelines, and organizational policies.

Version 1; Created July 2026

QTIP Quality through Technology and Innovation in Pediatrics

HEDIS Coding Guide for Weight Assessment Using Body Max Index (BMI) and Counseling for Nutrition and Physical Activity for Children and Adolescence

	BMI	Counseling for Nutrition	Counseling for Physical Activity
Documentation Guidelines	• Documentation must include **height, weight, and BMI percentile** • The height, weight, and BMI must be **from the same data source.** • BMI percentile must be **documented as a value** (e.g. 85th percentile)	• Documentation of counseling for nutrition or referral for nutrition education • Documentation **must include the date and type of counseling provided.**	• Documentation of counseling for physical activity or referral for physical activity • Documentation **must include the date and type of counseling provided.**
Billing Codes	**BMI Percentile-ICD-10:** Z68.51-Z68.56 **OR** **BMI% value** **OR** • BMI% plotted on an age growth chart **with** notation of height and weight included	**BMI Percentile:** Z68.51-Z68.56 **AND** **Counseling for nutrition** • **ICD-10:** Z71.3 **OR** • CPT 97802-97804	**BMI Percentile**: Z68.51-Z68.56 **AND** **Counseling for physical Activity:** • **ICD-10:** Z02.5, Z71.82
Examples of Documentation	• Documenting BMI as a percentile (e.g. 85th percentile)	• Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors). • Checklist indicating nutrition was addressed. • Person received educational materials on nutrition during a face-to-face visit. • Anticipatory guidance for nutrition. • Weight or obesity counseling. • Referral to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).	• Checklist indicating physical activity was addressed. • Person received educational materials on physical activity during a face-to-face visit. • Anticipatory guidance for physical activity or weight/obesity counseling. • Weight or obesity counseling. • Discussion of current physical activity (e.g., sports activities, exercise routines). • Exam for sport participation/ sports physical.

Disclaimer

This resource is intended **solely for QTIP practices** to assist with documentation and coding for **Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)**. It summarizes technical specifications and guidance derived from the **National Committee for Quality Assurance (NCQA)** for educational and workflow-support purposes only.

It is **not** an official NCQA document, does **not** replace NCQA specifications, payer policies, or clinical judgment, and should not be used as a billing guarantee. Practices are responsible for ensuring documentation, coding, and workflow decisions comply with all current NCQA requirements, payer guidelines, and organizational policies.

Version 1; Created July 2026

QTIP Quality through Technology and Innovation in Pediatrics

FRONT

Back

Value Set Name	Code	Definition	Code System
Body Mass Index (BMI) Percentile	Z68.51	BMI pediatric, less than 5th percentile for age	ICD-10-CM
	Z68.52	BMI pediatric, 5th percentile to less than 85th percentile for age	ICD-10-CM
	Z68.53	BMI pediatric, 85th percentile to less than 95th percentile for age	ICD-10-CM
	Z68.54	BMI pediatric, is at or above the 95th percentile for age, but less than 120% of that 95th percentile	ICD-10-CM
Nutrition Counseling	97802	Initial assessment for medical nutrition therapy. This code is specifically for face-to-face nutrition counseling, lasting 15 minutes per unit	CPT
	97803	Follow-up nutrition counseling sessions. This code is specifically used for face-to-face reassessment or intervention, also lasting 15 minutes per unit.	CPT
	97804	Group nutrition counseling session (2 or more individuals) and is billed in 30-minute increments.	CPT
	Z71.3	Dietary counseling and surveillance	ICD-10-CM
Encounter for Physical Activity Counseling	Z02.5	Encounter for examination for participation in sport	ICD-10-CM
	Z71.82	Exercise counseling	ICD-10-CM

Disclaimer

This resource is intended **solely for QTIP practices** to assist with documentation and coding for **Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)**. It summarizes technical specifications and guidance derived from the **National Committee for Quality Assurance (NCQA)** for educational and workflow-support purposes only.

It is **not** an official NCQA document, does **not** replace NCQA specifications, payer policies, or clinical judgment, and should not be used as a billing guarantee. Practices are responsible for ensuring documentation, coding, and workflow decisions comply with all current NCQA requirements, payer guidelines, and organizational policies.

Version 1; Created July 2026

QTIP Quality through Technology and Innovation in Pediatrics


questions,
comments,
concerns?


SOUTH CAROLINA
ANIMIS OPIBUSQUE PARATI
DUM SPIRO SPERO
SPES
QUIS SEPARABIT
MELIOREM LAPSA LOCAVIT
1776