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THE LIVANTA CLAIMS REVIEW ADVISOR

A monthly publication to raise awareness, share findings, and provide guidance about Livanta's Claim Review Services

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Higher-Weighted Diagnosis Related Groups (HWDRG) Validation – Malnutrition

In conducting HWDRG reviews, Livanta finds that hospitals often over-report the major complication/co-morbidity (MCC) of severe malnutrition. In fact, Livanta found the MCC to be coded in error in more than12 percent of reviewed cases in which malnutrition was reported. The MCC of severe malnutrition is coded in error when it is not clinically supported in the medical record.
This month's edition of The *Livanta Claims Review Advisor* addresses the accurate reporting of malnutrition codes. The content below is intended to provide hospital staff with detailed information about the guidelines associated with the malnutrition diagnosis codes and clinical validation of the severity level of malnutrition.

OIG and CMS Priorities

The Office of the Inspector General (OIG) recommended that the Centers for Medicare & Medicaid Services (CMS) should recover overpayments resulting from the incorrect assignment of severe

Other diagnoses: Document other medical conditions that can lead to malnutrition, such as cancer, liver disease, chronic obstructive pulmonary disease (COPD), pulmonary fibrosis, substance use disorders, social and financial problems, stomach or intestinal disorders, malabsorption, and mental health conditions.
Severity: Document the severity level of malnutrition and support the severity level with clinical indicators, laboratory values, and therapies provided such as supplements, percutaneous endoscopic gastrostomy (PEG) tube feedings, and/or total parenteral nutrition (TPN). The following clinical indicators would help support a diagnosis of severe protein-calorie malnutrition:

- Moderate to severe loss of body fat and muscle mass
- Moderate to severe fluid accumulation
- Reduced functional status
- Reduced grip strength
- Weight loss
- Reduced energy intake.

Coding Guidelines

Coding Clinic Third Quarter 2017, page 25, states that E40 (kwashiorkor) and E42 (marasmic kwashiorkor) should not be reported unless specifically documented. Additionally, this article states that kwashiorkor is usually seen in poor, underdeveloped countries and is extremely rare in the United States. The same issue of *Coding Clinic*, page 24, reminds coders that a basic rule of coding is that further research should be done if the title of the code suggested by the index does not identify the condition correctly.
Coding Clinic First Quarter 2020, page 4, provides coders with additional direction in relation to the reporting of malnutrition:

- Malnutrition is not integral to cancer and can be coded separately when documented.
- If the severity level progresses during admission, code the highest level of severity, and assign the POA indicator of “Y” no matter what severity level was present on admission. Do not assign multiple malnutrition codes.
- The terms “malnourished” and “malnourishment” are synonymous with malnutrition.
- Coders may NOT use the nutritionist’s documentation of severity level when coding malnutrition. The severity level must be documented by a provider legally authorized to establish a diagnosis.

Other *Coding Clinic* Articles:

- Malnutrition and intestinal malabsorption may be coded together despite the Excludes1 note, as these are two separate conditions that can exist independently (*Coding Clinic Fourth Quarter 2017*, page 108).

- When a patient is admitted for medical stabilization rather than psychiatric treatment of anorexia nervosa, the medical complication such as malnutrition should be the principal diagnosis (*Coding Clinic First Quarter 2022*, page 13).

Common Scenario

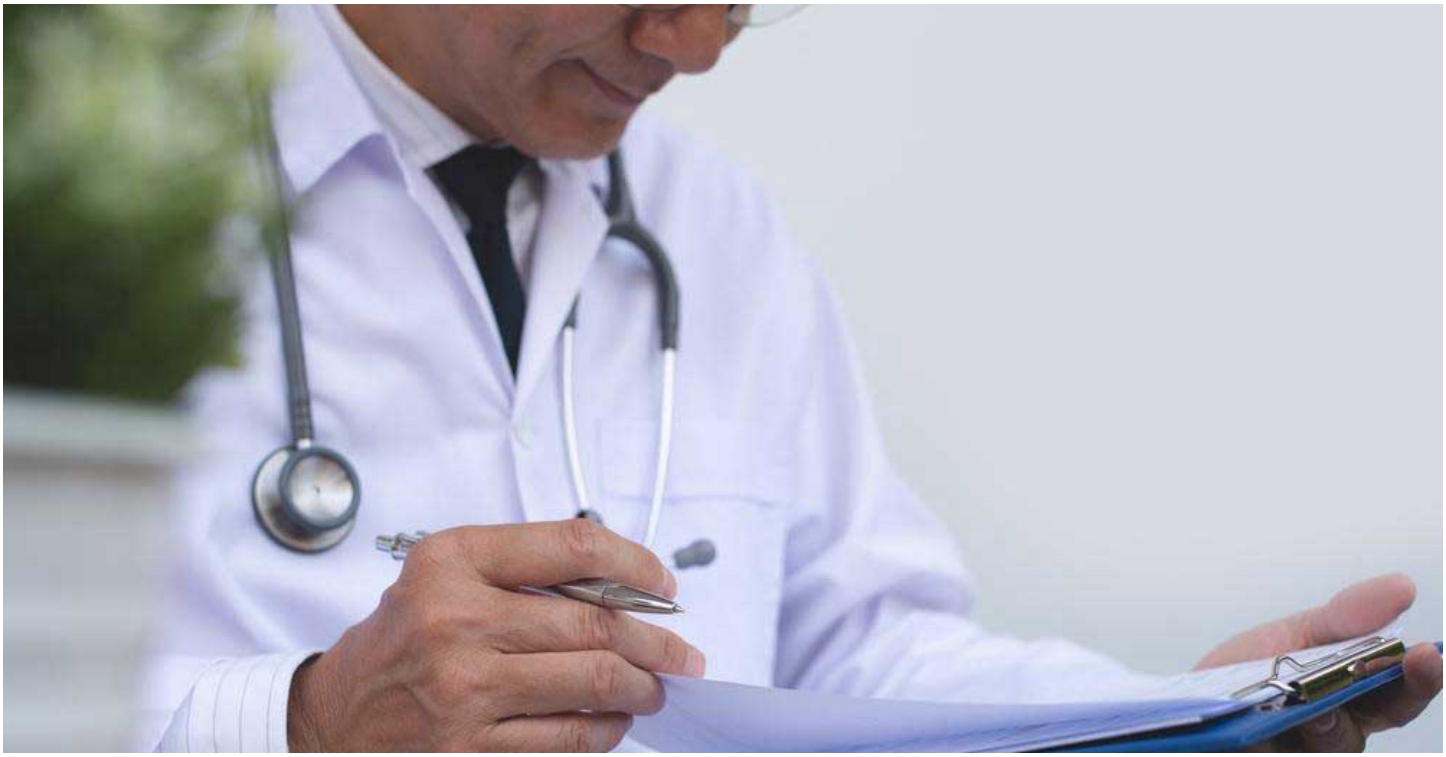
By far, the most common reason severe protein-calorie malnutrition is disallowed on a claim is a lack of clinical evidence of this condition. For example, many hospitals submit post-discharge physician queries that mention a few clinical indicators of malnutrition and ask the physician to select severe, moderate, or mild malnutrition—and the physician answers with “severe,” yet the condition was apparently not treated during the stay (i.e., malnutrition was not documented during the stay and clinical indicators supporting the diagnosis are not present in the documentation).

Focused Training

Based on HWDRG claim reviews conducted by Livanta, many hospitals could benefit from focused training on the proper documentation and coding of malnutrition, especially when it comes to the determination and documentation of severity levels. Complete and accurate documentation is imperative to ensure proper claim submission and payment.

About Livanta

Livanta is the national Medicare Claim Review Services contractor under the Beneficiary and Family Centered Care – Quality Improvement Organization (BFCC-QIO) Program. As the Claim Review Services contractor, Livanta validates the DRG on hospital claims that have been adjusted to pay at a higher weight. The adjusted claim is reviewed to ensure that the diagnoses, procedures, and discharge status of the patient reported on the hospital’s claim are supported by the documentation in the patient’s medical record. Livanta’s highly trained credentialed coding auditors adhere to the accepted principles of coding practices to validate the accuracy of the hospital codes that affect the DRG payment. When needed, actively practicing physicians review for medical necessity and clinical validity based on the presence of supporting documentation and clinical indicators.
Post-payment review of these HWDRG adjustments is mandated under statute and in CMS



QIO Manual: Perform DRG validation on prospective payment system (PPS) cases (including hospital-requested higher-weighted DRG assignments), as appropriate (see §1866(a)(1)(F) of the Act and 42 CFR 476.71(a)(4)).
Read more: CMS, Quality Improvement Organization Manual, Chapter 4 - Case Review
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/qio110c04.pdf

Questions?

Should you have questions, please email ClaimReview@Livanta.com.

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