Malnutrition (inpatient) DRGs and their impact on patient assessments performed by RDs

The Medicare prospective payment system rules have changed regarding inpatient services and the new diagnosis-related groups (DRGs) used by facilities to describe all types of patients in an acute hospital setting. DRGs have been used since 1983 to determine how much Medicare pays the hospital, since patients within each category are similar clinically and are expected to use the same level of hospital resources. DRGs are assigned by a "grouper" program based on International Classification of Diseases (ICD) diagnoses, procedures, age, sex, and the presence of complications or comorbidities.

The 2007 Centers for Medicare & Medicaid Services (CMS) revisions to the Hospital Inpatient Prospective Payment Systems includes 745 new severity-adjusted diagnosis-related groups (Medicare Severity DRGs or MS-DRGs) to replace the current 538 DRGs. The changes also include a provision towards preventing Medicare from giving hospitals higher payment for the additional costs of treating a patient who acquires a condition (including an infection) during a hospital stay. Greater specificity is important for MS-DRG’s, and malnutrition is one case where documentation of the degree of malnutrition will impact the payment for inpatient care. CMS has not defined malnutrition, however several diagnosis codes (ICD-9) relate to malnutrition (see attached list).

Clinical nutrition managers and inpatient RDs have been working within their facilities to define and establish procedures for defining malnutrition according to institutional practice, and that are reasonable and consistent with ICD-9 descriptions and professional practice. The extent to which RD documentation notes may describe malnutrition as a nutrition problem will be impacted by how the hospital/facility defines malnutrition. Using definitions and procedures determined by the facility, and then application of the Nutrition Care Process steps and terms to guide RD documentation, RDs can identify the nutrition problem (nutrition diagnosis) in the medical record.

Ultimately, however, it is the physician, who based on their scope of practice, determines the medical diagnosis related to malnutrition, and who documents malnutrition in the medical record/chart. Hospital coders review all notes in the medical record, including RD notes, to confirm and/or identify DRGs for patients.


ADA Nutrition Services Coverage Team, Oct. 2008
Malnutrition (inpatient) DRGs and their impact on patient assessments performed by RDs, continued

**ADA resources on nutrition diagnosis terms:**
The ADA Nutrition Care Process includes nutrition diagnosis terms for “Malnutrition” and “Inadequate Protein-Energy Intake” (page 241-244 in the revised *International Dietetics & Nutrition Terminology Reference Manual- Standardized Language for the Nutrition Care Process, 2nd Ed.*). The manual and NCP section of the Web page also provides case studies where examples of documentation using the ADIME format (Assessment, Intervention, Diagnosis, Monitoring and Evaluation) is available to help RDs participate in facility policies to define malnutrition, and document protein-energy malnutrition in the nutrition progress note. [Note: while the NCP examples do not depict a patient with malnutrition, the documentation notes may be helpful as a model to apply to cases where malnutrition exists.]

http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/home_13910_ENU_HTML.htm

RDs may find it helpful to interact with other clinical nutrition manager RDs to discuss how their facilities have defined and established internal policies for defining malnutrition according to institutional practice, and that are reasonable and consistent with ICD-9 descriptions and professional practice. The dietetic practice group listservs are one place to initiate this type of discussion.
ICD-9-CM codes for ‘malnutrition’
(Source: ICD-9-CM at www.eicd.com)

*Kwashioror*
Nutritional edema with dyspigmentation of skin and hair
Exclude:
260 Kwashiorkor

Nutritional edema with dyspigmentation of skin and hair
Nutritional marasmus
Nutritional atrophy
Severe calorie deficiency
Severe malnutrition NOS
Exclude:
261 Nutritional marasmus

Nutritional atrophy
Severe calorie deficiency
Severe malnutrition NOS
Other severe protein-calorie malnutrition

Nutritional edema without mention of dyspigmentation of skin and hair
Exclude:
262 Other severe protein-calorie malnutrition

Nutritional edema without mention of dyspigmentation of skin and hair
Other and unspecified protein-calorie malnutrition
Exclude:
263.0 Malnutrition of moderate degree
263.1 Malnutrition of mild degree