Disclosures

• I have no relevant conflicts to disclose
Objectives

- Describe the malnutrition coding audit survey results.
- Outline the criteria reviewers have been using in rejecting severe malnutrition claims.
- List the steps being taken by the malnutrition coding education task force in working with CMS and its contracted agencies for best practices in malnutrition diagnosis.

Malnutrition – Longstanding Issue

PERCENTAGE OF WEIGHT LOSS: BASIC INDICATOR OF SURGICAL RISK IN PATIENTS WITH CHRONIC PEPTIC ULCER

HIRAM O. STUDLEY
J Am Med Assoc. 1936;106(6):458-460
Malnutrition Remains an Issue Today

Addressing Disease-Related Malnutrition in Hospitalized Patients: A Call for a National Goal

Peggi Guenster, PhD, RN, FAAN; Gordon Jensen, MD, PhD, FASPEN; Vahab Patel MD, FACN, CNCS; Sarah Millen, PharmD, BCNSP; Kris M. Magnuson, MS, RD, LDN, CNCS; Atsuko Matsumoto, MS, RD, CNCS, FAND; Mark Carkins, MD, SPM, CNCS, FAAP; Cindy Hamilton, MS, RD, Rn; Rose Ann DiMarino-Ghadiali, PhD, RN, CNCS, FASPEN

“Malnutrition continues to go unrecognized and untreated in many hospitalized patients.”

“The key is to systematically identify patients who are malnourished or at risk and to promptly intervene.”

Malnutrition Is Common in Hospitalized Patients

- Malnutrition is present in 25%-54% hospitalized patients at admission
- Data from 1976 - 2018
- Various malnutrition assessment methods were used
- Prevalence rates vary based on populations studied

<table>
<thead>
<tr>
<th>Population</th>
<th># of Patients</th>
<th>Malnourished Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care 1</td>
<td>251</td>
<td>44%</td>
</tr>
<tr>
<td>Acute Care 2</td>
<td>2448</td>
<td>39%</td>
</tr>
<tr>
<td>ICU 3</td>
<td>129</td>
<td>43%</td>
</tr>
<tr>
<td>Acute Care 4</td>
<td>404</td>
<td>54%</td>
</tr>
<tr>
<td>ICU 5</td>
<td>57</td>
<td>50%</td>
</tr>
<tr>
<td>Acute Care and ICU 6</td>
<td>274</td>
<td>32%/44%</td>
</tr>
<tr>
<td>Acute Care 7</td>
<td>404</td>
<td>48%</td>
</tr>
<tr>
<td>Pancreatic Surgery 9</td>
<td>43</td>
<td>56%</td>
</tr>
<tr>
<td>Acute Care 9</td>
<td>3759</td>
<td>68%</td>
</tr>
<tr>
<td>Critically Ill 10</td>
<td>327</td>
<td>30%</td>
</tr>
</tbody>
</table>

Malnutrition Prevalence - 2010

Percentage Of Hospital Discharges With Malnutrition Diagnoses, By Year, United States – AHRQ National Inpatient Sample

3.1% of all discharges

Corkins M R et al. JPEN 2013:38:186-195

In 2013, there were 1.95 million hospital stays that involved malnutrition, representing 7.1 percent of the 27.6 million total nonmaternal and non-neonatal stays (data not shown). Approximately 1.25 million malnutrition-related stays (63.9 percent) were categorized as protein-calorie malnutrition.
In 2016, there were 2.2 million non-maternal and non-neonatal inpatient stays related to malnutrition, representing 8 percent of the 27.6 million total non-maternal and non-neonatal stays (data not shown). The most common type of malnutrition was protein-calorie malnutrition with approximately 1.45 million malnutrition-related stays (66.6 percent).

ASPEN Nutrition Care Pathway

https://www.nutritioncare.org/uploadedFiles/Documents/Malnutrition/ASPEN_Adult_Nutrition_Care_Pathway.pdf
Use of Academy/ASPEN Malnutrition Characteristics

- 2012 ASPEN Nutrition Screening and Assessment Survey
  - 34% in implementation process; 40% within one year
- ASPEN survey 2016 (n=649)
  - 87% of all respondents reported use of Academy/ASPEN tool
- Dietitians in Nutrition Support 2016 survey (n=652)
  - 94% of all respondents reported use of Academy/ASPEN tool
- Academy survey 2014 and 2017
  - “Clinical” and “nutrition support” practice
  - Use of Academy/ASPEN tool increased from 57% to 71% (p<0.001)


Hospitals Billing for Severe Malnutrition on Medicare Claims

“Severe malnutrition is classified as a major complication or comorbidity (MCC). Adding an MCC to a Medicare claim can result in a higher Medicare payment because the claim is coded at a higher Diagnosis Related Group. This review will assess the accuracy of Medicare payments for the treatment of severe malnutrition. We will determine whether providers are complying with Medicare billing requirements when assigning diagnosis codes for the treatment of severe types of malnutrition on inpatient hospital claims”
Published OIG Reports

- Targeted OIG Audit
  - Northside Medical Center – December 2016
  - Vidant Medical Center – December 2017
  - University of Wisconsin – June 2018
- Review of ICD 9/10 diagnosis codes – 261/262 and E41/43
  - Nutritional marasmus and unspecified severe protein calorie malnutrition – both MCC’s
  - Northside – 98 of 100 patients did not meet billing requirements
  - Vidant - 89 of 100 patients did not meet billing requirements
  - Wisconsin – 90 of 100 patients did not meet billing requirements


ASPN’s Efforts

- Began to hear from members about increasing malnutrition denials
- Described the non-transparent use of outdated criteria for nutrition assessment
  - Despite use of Academy/ASPEN consensus characteristics
- A multi-organizational task force was formed

“Goal of this task force is to assess the current situation, review what has been done thus far, and develop a strategy to help HHS, the OIG, and CMS understand the best practices for diagnosing, documenting, and coding malnutrition.”
Malnutrition Denial Audit Survey

• Survey drafted and vetted through task force for content validity
• Administered to total of approximately 11,500 potential respondents (June, 2018 – 3 weeks)
  • ASPEN RD and MD members
  • CNM members
  • ACDIS members
• 468 respondents

Malnutrition Denial Audit Survey

What is Your Role in the Malnutrition Process?

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician leader</td>
<td>2.99%</td>
</tr>
<tr>
<td>Clinician</td>
<td>36.54%</td>
</tr>
<tr>
<td>Clinical nutrition manager</td>
<td>48.29%</td>
</tr>
<tr>
<td>Documentation improvement specialist</td>
<td>4.27%</td>
</tr>
<tr>
<td>Coder</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>7.91%</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

• Respondents from 49 states
  • More than 20 from California, Florida, New York, Pennsylvania and Texas
Malnutrition Denial Audit Survey

What Nutrition Assessment Criteria are Used Primarily in your Institution to Identify Severe Malnutrition? (n=465)

<table>
<thead>
<tr>
<th>Methodology</th>
<th>Responses (#/%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academy/ASPEN Consensus Characteristics</td>
<td>418 (89.9)</td>
</tr>
<tr>
<td>Subjective Global Assessment</td>
<td>16 (3.4)</td>
</tr>
<tr>
<td>Body Mass Index Alone</td>
<td>5 (1.1)</td>
</tr>
<tr>
<td>Serum Albumin/Pre-albumin Alone</td>
<td>3 (0.6)</td>
</tr>
<tr>
<td>Body Mass Index and Serum Proteins</td>
<td>6 (1.2)</td>
</tr>
<tr>
<td>Other</td>
<td>17 (3.7)</td>
</tr>
</tbody>
</table>

Malnutrition Denial Audit Survey

Has Your Institution Been the Subject of a CMS/OIG Audit for documentation of patients with Severe Malnutrition? (n=466)

- Yes – 101 (21.7%)  
  - No – 365 (78.3%)

<table>
<thead>
<tr>
<th>Reported Auditor</th>
<th># of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS, CMS-RAC, CMS-OIG, MAC, OIG</td>
<td>23</td>
</tr>
<tr>
<td>Novitas, Novitas and OIG</td>
<td>22</td>
</tr>
<tr>
<td>CMS-Long Term Care</td>
<td>1</td>
</tr>
<tr>
<td>Cotiviti Healthcare, Anthem</td>
<td>2</td>
</tr>
<tr>
<td>Specific healthcare facilities</td>
<td>3</td>
</tr>
<tr>
<td>I do not know</td>
<td>7</td>
</tr>
</tbody>
</table>
Malnutrition Denial Audit Survey

Were Any of Your Questions for Severe Malnutrition Rejected for Payment? (n=67)

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>65.67%</td>
</tr>
<tr>
<td>No</td>
<td>13.43%</td>
</tr>
<tr>
<td>Pending</td>
<td>20.90%</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

Malnutrition Denial Audit Survey

Were You Given Any Criteria Used by Reviewers to Base Their Claim that Your Case Did Not Meet Criteria for Severe Malnutrition? (n=66)

- Yes: N=32
- No: N=18
- Not applicable: N=16
Malnutrition Denial Criteria

- ASPEN
- Prealbumin
- BMI
- Merck
- edema
- body Ideal
- intake
- ESPEN
- Oral
- Nutritional
- Albumin
- weight
- MUST

Malnutrition Denial Audit Survey

Have any of your rejected cases been resolved for payment? (n=66)

- Yes: 17
- No: 28
- Not applicable: 23
Malnutrition Denial Audit Survey

Please share any additional information regarding your auditing experience

“Some of the denials reasons just seem to be made up.”

“Make sure to document in detail using very specific criteria.”

“Although coders/auditors recognize the ASPEN guidelines, they are still using outdated criteria to reject claims.”

“The auditors seemed to be following old guidelines.”

ASSEN Malnutrition Coding and Education Task Force
Strategies for Audits

• Each institution needs to have a policy for nutrition assessment.
• Each institution needs to identify and close documentation gaps (mismatches between the RD and provider documentation) and nutrition plan implementation.
• Physician and provider education is critical.
• Malnutrition codes to be assigned appropriately using an evidence-based nutrition assessment tool such as ASPEN/AND or SGA as examples.
ASPEN Malnutrition Coding and Education Task Force
Additional Information

• The higher diagnosed prevalence of severe malnutrition in recent years reflects increased provider awareness.
• “Victim of our own success”
• Cost savings incurred by identification and early treatment of severe malnutrition is likely greater than the small recoupments auditors are documenting.

ASPEN Malnutrition Coding and Education Task Force – Next Steps

• Strategy meeting with key partners – May 2019
  • DefeatMalnutritionToday
  • The Academy
  • ASPEN
• How and who to approach for education
  • CMS/RAC’s
  • Private insurers
Thank You!

And now to Cindy!