Payment Policy: Severe Malnutrition

Reference Number: NC.CC.PP.145
Product Types: Medicaid
Last Review Date:

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Policy Overview
Acute care hospitalizations for severe malnutrition require the most appropriate and most specific level of diagnosis coding. The medical record documentation supporting the diagnosis should be clearly documented by the physician or a licensed independent practitioner.

The cost difference between a Diagnosis Related Group (DRG) billed *with* severe malnutrition as a major complication or comorbidity (MCC) (in a position other than as the primary diagnosis code position) and a DRG billed without severe malnutrition as an MCC (in a position other than as the primary diagnosis code position) will be denied reimbursement unless meeting the documentation requirements described in this policy.

The purpose of this policy is to perform a retrospective review of claims billed with the diagnosis of severe malnutrition to validate correct coding and medical necessity for inpatient claims billed with a diagnosis of severe malnutrition.

Application
Inpatient facility claims

Documentation Requirements
For purposes of reimbursement of inpatient claims for severe malnutrition, ALL of the following criteria need to be clearly documented in the inpatient hospital records by the physician or licensed independent practitioner.

In accordance with CMS and ICD-10 CM Coding Guidelines, health plans affiliated with Centene Corporation® may retrospectively audit providers regarding diagnosis assignment of severe malnutrition. Criteria below for meeting established coding guidelines for severe malnutrition, specific to indicated age range, must be met.

I. Severe malnutrition diagnoses meet established coding guidelines when meeting the following criteria for **individuals ≥ 18 years of age:**

AND/ASPEN: Characteristics Recommended for the Identification and Documentation of Adult Malnutrition (reference 5) ***Must meet at least 2 criteria in a single column for severe malnutrition:**			
Clinical Characteristics	**Acute Illness or Injury**	**Chronic Illness**	**Social or Environmental Circumstances**
	Severe Malnutrition	*Severe Malnutrition*	*Severe Malnutrition*

Energy Intake	<50% of estimated energy requirement for ≥ 5 days		<75% of estimated energy requirement for >1 month		<50% of estimated energy requirement for ≥ 1 month.	
Interpretation of Weight Loss	% >2 >5 >7.5	Time 1 wk 1 mo 3 mo	% >5 >7.5 >10 >20	Time 1 mo 3 mo 6 mo 1 y	% >5 >7.5 >10 >20	Time 1 mo 3 mo 6 mo 1 y
Loss of Body Fat (i.e., orbital, buccal, triceps, ribs)	Moderate		Severe		Severe	
Loss of Muscle Mass (i.e., temple, clavicle, shoulder, scapula, dorsal hand, quadriceps, calf)	Moderate		Severe		Severe	
Fluid Accumulation (eg, edema, ascites)	Moderate to Severe		Severe		Severe	
Reduce Grip Strength	Measurably reduced		Measurably reduced		Measurably reduced	

II. Severe Malnutrition diagnosis meets established guidelines when one of the indicators in criterion "a" is met **or** two of the indicators in criterion "b" are met for **individuals < 18 years and > 28 days:**

Consensus Statement of the Academy of Nutrition and Dietetics/American Society for Parenteral and Enteral Nutrition[1]	
a. Primary Indicators When Single Data Point Available ***One of the following must be met;***	
Weight-for-height *z* score	-3 or greater *z* score
BMI-for-age *z* score	-3 or greater *z* score
Length/height-for-age *z* score	-3 *z* score
Mid-upper arm circumference	Greater than or equal to -3 z score
b. Primary Indicators When 2 or More Data Points Available ***OR, two of the following must be met:***	
Weight gain velocity (<2 years of age)	Less than 25%[a] of the norm[b] for expected weight gain
Weight loss (2-20 years of age)	10% usual body weight
Deceleration in weight for length/height z score	Decline of 3 *z* score
Inadequate nutrient intake	<25% estimated energy/protein need

III. Severe Malnutrition diagnoses meets established coding guidelines when when one of the indicators in criterion "a" is met **or** two of the indicators in criterion "b" are met for neonates **> 2 weeks and ≤ 28 days:**

Identifying Malnutrition in Preterm and Neonatal Populations: Recommended Indicators[2]	
a. Primary Indicators When Single Data Point Available ***One of the following must be met;***	
Decline in weight-for-age *z* score[a]	Decline of >2 SD
Weight gain velocity	<25% of expected rate of weight gain to maintain growth rate
Nutrient intake	>7 consecutive days of protein/energy intake ≤ 75% of estimated needs
b. Primary Indicators When 2 or More Data Points Available ***OR, two of the following must be met:***	
Days to regain birth weight	>21
Linear growth velocity[a]	<25% of expected rate of linear gain to maintain expected growth rate
Decline in length-for-age *z* score[a]	Decline of >2 SD

*Note: Expected weight gain velocity, expected linear growth velocity, and z scores can be determined using the online calculator PediTools (www.peditools.org).

Reimbursement Guidelines

- The Health Plan uses paid claims data and a proprietary clinical algorithm to identify severe malnutrition claims for retrospective audit.

- When a potential billing error is identified, the Health Plan will request medical records to validate the diagnosis and procedure codes billed on the claim.

- Once the medical record is received, certified professional coders and registered nurses will clinically validate the documentation to ensure:

    a. The medical record contains the necessary information;
    b. The diagnosis code on the claim matches the diagnosis code in the medical record
    c. The diagnosis billed on the claim is supported by the clinical information in the medical record.

- Medical record reviews are overseen by the health plan Medical Director.
- After review of the medical record, the Health Plan will issue an audit determination letter to the provider. The letter will provide a thorough explanation of the determination as well as details for the provider to submit a dispute if they disagree with the determination.
- The clinical validation review will be completed within 30 days from receipt of medical records.

- The following explanation codes will be sent to the provider on the Explanation of Payment (EOP) at the conclusion of the review.

Explanation Code	Description
iA	Deny: Medical records not received per previous request
iB	Pay: DRG payment increase after review of medical records
iC	Pay: DRG payment adjustment after review of medical records
iE	Deny: DRG inpatient payment denied after review of records. Observation claim
iF	Pay: Reinstate payment after review of medical records

Coding and Modifier Information

This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2022, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT/HCPCS Code	Descriptor
N/A	N/A

Modifier	Descriptor
NA	NA

ICD-10 Codes	Descriptor
E43	Unspecified severe protein-calorie malnutrition

Definitions

Diagnosis Related Groups (DRG)

Patient classification scheme that relates the type of patients a hospital treats (case mix) to the costs incurred by the hospital. The case mix consists of 1) severity of illness, 2) prognosis, 3) treatment difficulty, 4) need for intervention; and 5) resource intensity.

Major Complication or Comorbidity

Diagnosis code(s) used by Medicare to assign individual cases to MS-DRGs based on severity of illness.

Medicare Severity Related Diagnosis Groups (MS-DRGs)

Classification of diagnoses according to severity for payment under the Inpatient Prospective Payment System (IPPS). This classification is based on information reported from the hospital: 1) the principal diagnosis, 2) up to 24 additional diagnoses; and 3) up to 25 procedures performed during the hospitalization.

Inpatient Prospective Payment System
A method of reimbursement in which Medicare payments are based on a predetermined, fixed amount. The payment amount for a specific service is based on how that service is classified, for example, diagnosis related groups (DRG) for inpatient services.

Additional Information
NA

Related Documents or Resources
NA

References

1. Becker P, Nieman Carney L, Corkins MR, et al. Consensus statement of the Academy of Nutrition and Dietetics/American Society for Parenteral and Enteral Nutrition: indicators recommended for the identification and documentation of pediatric malnutrition (undernutrition) *NutrClin Pract*. 2015;30(1);147 to161. doi:10.1177/0884533614557642
2. Goldberg DL, Becker PJ, Brigham K, et al. Identifying malnutrition in preterm and neonatal populations: recommended indicators. *J Acad Diet* 2018;118(9):1571 to 1582. doi:10.1016/j.jand.2017.10.006
3. Guo, S. M., Roche, A. F., Fomon, S. J., Nelson, S. E., Chumlea, W. C., Rogers, R. R., Baumgartner, R. N., Ziegler, E. E., & Siervogel, R. M. (1991). Reference data on gains in weight and length during the first two years of life. *The Journal of pediatrics*, *119*(3), 355–362. https://doi.org/10.1016/s0022-3476(05)82045-1
4. Mehta NM, Corkins MR, Lyman B, et al. Defining pediatric malnutrition: a paradigm shift toward etiology-related definitions. *JPEN J Parenter Enteral Nutr* 2013;37(4):460 to 481. doi:10.1177/0148607113479972
5. Cederholm T, Jensen GL, Correia MITD, et al. GLIM criteria for the diagnosis of malnutrition - A consensus report from the global clinical nutrition community. *Clin Nutr*. 2019;38(1):1 to 9. doi:10.1016/j.clnu.2018.08.002
6. White JV, Guenter P, Jensen G, et al. Consensus statement: Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition: characteristics recommended for the identification and documentation of adult malnutrition (undernutrition). *JPEN J Parenter Enteral Nutr*. 2012;36(3):275 to 283. doi:10.1177/0148607112440285
7. World Health Organization. (n.d.). *Weight velocity*. https://www.who.int/tools/child-growth-standards/standards/weight-velocity
8. Motil KJ, Duryea TK. Poor weight gain in children younger than two years in resource-rich countries: etiology and evaluation. UpToDate. www.uptodate.com. Published July 26, 2023. Accessed September 19, 2023.
9. Evans DC, Corkins MR, Malone A, et al. The use of visceral proteins as nutrition markers: An ASPEN position paper [published correction appears in Nutr Clin Pract. 2021 Aug;36(4):909]. *Nutr Clin Pract*. 2021;36(1):22 to 28. doi:10.1002/ncp.10588

10. Worthington P, Balint J, Bechtold M, et al. When is parenteral nutrition appropriate? *JPEN J Parenter Enteral Nutr*. 2017;41(3):324 to 377. doi:10.1177/0148607117695251
11. Association of Clinical Documentation Integrity Specialists (ACDIS). Q & A: documenting and coding severe malnutrition. *CDI Strategies*. 2022;16(11). https://acdis.org/articles/qa-documenting-and-coding-severe-malnutrition. Accessed September 18, 2023.
12. Keller U. Nutritional laboratory markers in malnutrition. *J Clin Med*. 2019;8(6):775. Published 2019 May 31. doi:10.3390/jcm8060775
13. *Guideline: Updates on the Management of Severe Acute Malnutrition in Infants and Children*. Geneva: World Health Organization; 2013. https://www.ncbi.nlm.nih.gov/books/NBK190328/. Accessed September 19, 2023.

Revision History	Revision Date	Approval Date
CCH Policy Developed	07/2024	07/2024

Important Reminder

For the purposes of this payment policy, "Health Plan" means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan's affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This payment policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

This payment policy is the property of Centene Corporation. Unauthorized copying, use, and distribution of this payment policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at http://www.cms.gov for additional information.