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CLINICAL DOCUMENTATION

Malnutrition

AHA CODING CLINIC CORNER

First Quarter 2020, pg 4
First Quarter 2020, pg 7
First Quarter 2022, pg 13
Fourth Quarter 2017, pg 108

Malnutrition occurs when an individual does not receive adequate protein or calories for normal growth, body maintenance, and the energy necessary for ordinary activities. Elderly patients are most likely to develop malnutrition and are therefore more susceptible to health problems related to an inadequate diet.The ASPEN criteria were established to create diagnostic standards that speak to a continuum of inadequate intake as well as increased requirements, impaired absorption, altered transport, and altered nutrient utilization as contributing factors to malnutrition.

ICD-10 CODES

E40 Kwashiorkor
E41 Nutritional Marasmus
E42 Marasmic Kwashiorkor
E43 Unspecified Severe Protein-Calorie Malnutrition
E44.0 Moderate Protein-Calorie Malnutrition
E44.1 Mild Protein-Calorie Malnutrition
E45 Retarted Development Following Protein-Calorie Malnutrition
E46 Unspecified Protein-Calorie Malnutrition
R64 Cachexia

DOCUMENTATION ACRONYMS

DEEP Diagnosis Elements

Include elements of DEEP in documentation to clinically support malnutrition.

Diagnosis: Malnutrition

Evidence: MNA performed, ASPEN criteria +1

Evaluation: Moderate protein-calorie malnutrition

Plan: Urgent followup with dietitian, closely monitor co morbid conditions

Final Assessment Details

Include DSP for each addressed condition impacting treatment and patient care.

Diagnosis:

Malnutrition Diagnosis

- Type of deficiency
- Severity

Status:

Active

- ASPEN criteria
- BMI
- Additional complications

Plan:

- Pharmacologic
- Control of cause
- Referrals to dietitian
- Lifestyle changes
- Symptom management

BEST PRACTICES & TIPS

- **Specificity is key!** Always indicate the type of malnutrition, the specific cause, and the severity.
- When documenting malnutrition and its etiology, be sure to document **all compounding confirmed factors** to get a complete picture of the patients' health status.
- DSP should be applied for all diseases **as well as** for the resulting malnutrition. Status should be apparent by using descriptive words to clarify the presence and severity (Mild, moderate, severe), as well as the clinical criteria used to establish the diagnosis.
- The objective documentation of a cachectic appearance is **not synonymous** with a clinical diagnosis of cachexia.
- Documentation by another provider that is copied into a current encounter **does not compliantly** support a malnutrition diagnosis and it must be stated by the treating provider who authors the encounter.
- Documentation should **always include DEEP elements** to show clinical evidence for malnutrition as well as any contributing conditions. Incorporate tests, signs and symptoms of the disease and document any and all associated treatments with the final clinical diagnosis.
- If a malnutrition was resolved it is **important** to document this as a personal history. The underlying cause of malnutrition may still be reported as active as long as it is still present.
- **Avoid** documenting current malnutrition as a "history of" as this suggests a resolved status and causes conflict within the documentation.
- Confirmation should be found within the documentation representing the **cause and effect** relationship between any condition that attributed to the presence of malnutrition.

For more resources go to:

HIOSCAR.COM/PROVIDERS/RESOURCES