

CODING TIP OF THE MONTH

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Malnutrition

Malnutrition may be defined as a condition caused by inadequate intake or inadequate digestion of nutrients. Ranging from mild with no symptoms to severe which can result with considerable detriment to health. Nutritional inadequacy in the elderly can be a result of one or more factors: physiology, pathologic, sociologic, and psychologic.

Assessments on nutritional status and weight loss are requested upon admission in the acute care setting. The assessment is useful for the clinician in identifying underlying factors contributing to any potentially nutrition problem. The physical assessment provides the clinician with a medical history, weight and BMI calculation. Laboratory work up could include: Lipids, CBC, CMP, Iron Tests, TIBC, Ferritin, Vitamins and minerals. Biochemical markers of malnutrition are Pre-albumin, Transferrin, Retinol Binding Protein. Imaging and radiographic scans may be ordered to assist in the evaluation of the health on the internal organs, muscles, and bones.

Customized facility specific criteria established in coding patients with Malnutrition is very helpful. Listed below are different levels of Malnutrition criteria used as examples.

Protein Deficient – 260

The following criteria must all be met:

- I. Serum albumin <2.5 gm/dL
- II. Weight has been maintained
- III. Peripheral edema by physical examination

Protein Calorie Deficient – 262

The following criteria must all be met:

- I. Patient is 20% below usual weight or significant Hx of weight loss documented
- II. Serum albumin <2.9 gm/dL
- III. Overt signs of muscle wasting are present

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- II. Overt muscle wasting is present (prominence of body skeleton especially in extremities and chest cavity)
- III. Serum proteins are maintained: Serum albumin >2.9gm/dL

Moderate Malnutrition – 263

Two of the following criteria must be met:

- I. Serum albumin 2.5 – 2.9 gm/dL
- II. Weight is 70-79% of IBW
- III. Weight is 75-84% of usual weight

Mild Malnutrition – 263.1

Two of the following criteria must be met:

- I. Serum albumin > 2.9 to 3.4gm/dL
- II. Weight is 80 to 89% of IBW
- III. Weight is 85% to 95% of usual weight

Documentation from the Attending Physician is essential in correctly coding and capturing the most applicable diagnosis.

[Coding Clinic Reference:](#)

Coding Clinic 3rd Quarter 2009 page 6 – effective with discharges: September 15, 2009

Coding Clinic 2nd Quarter 2006 page 12 – effective with discharges July 15, 2006

Coding Clinic 4th Quarter page 24-25-effective with discharges October 1, 1992

Coding Clinic November-December 1984 page 19

[Calorie Deficient – 261](#)

The following criteria must all be met:

- I. Patient is 20% below usual weight or significant Hx of weight loss can be documented

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