About the Speaker
Wendy Phillips

Wendy Phillips, MS, RD, CD, CNSC, CLE, NWCC, FAND, is a Division Director of Clinical Nutrition for Morrison Healthcare. She provides regulatory and program development support for hospitals, rehab and long-term care facilities, and outpatient nutrition programs throughout the country. Wendy has held many roles within the nutrition and dietetics profession, including leadership positions for the Academy of Nutrition and Dietetics, Dietitians In Nutrition Support, and the Pediatric Nutrition Practice Group, to name a few. With over 40 peer-reviewed articles and book chapters published, Wendy is an expert on the topics of malnutrition, ADHD, wound care, and public policy.

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Objectives

After this presentation, participants will be able to:

1. Compare and contrast the ways malnutrition coding can influence payment and quality measurements in hospitals, rehabilitation and long-term care (LTC) facilities, and outpatient programs.
2. Improve medical record documentation to Manage, Evaluate, Assess, and Treat (or "MEAT") regulatory requirements and decrease coding and payment denials.
3. Improve the recognition of malnutrition as being "present on admission."

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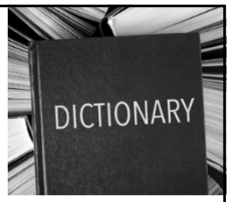
Definition of Terms



ICD-10: International Classification of Diseases, 10th revision

- An international system adapted for use in the US; translates all diagnoses, symptoms, and medical procedures into numerical codes.

DRG: Diagnosis Related Group

- Defined by Medicare, patients are placed into groups based on the principle diagnosis causing hospital admission.

CC and MCC: Complication or Comorbidities, or Major Complications or Comorbidities

- Secondary diagnoses classified based on severity level. MCC is the higher severity level.

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Definition of Terms

MS-DRG: Medicare Severity-Diagnosis Related Group

- Defined by patient attributes including the principle diagnosis, secondary diagnoses, medical procedures, sex, and discharge status.

RW: Relative Weight

- A value assigned by Medicare to each MS-DRG to reflect the expected severity level and calculate payment.

CMI: Case Mix Index

- The average of RWs for MS-DRGs for all patients discharged from the hospital in that year.

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Definition of Terms

LOS: Length of Stay

- The number of days a patient spends in the hospital.

SOI: Severity of Illness

- The extent of physiologic decompensation of an organ system or disease state. Categorized as minor, moderate, major, or extreme, SOI provides a baseline to evaluating hospital resource use or establish patient care guidelines.

ROM: Risk of Mortality

- Medicare's estimate of the likelihood of dying for patients within a diagnostic group.

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Malnutrition codes that are MCCs	Malnutrition codes that are CCs
Kwashiorkor (E40)* SOI/ROM: 4/3	Moderate protein-calorie malnutrition (E44) SOI/ROM: 3/2
Nutritional marasmus (E41)* SOI/ROM: 4/3	Mild protein-calorie malnutrition (E44.1) SOI/ROM: 2/1
Marasmic kwashiorkor (E42)* SOI/ROM: 4/3	Unspecified protein-calorie malnutrition (E46) SOI/ROM: 3/2
Unspecified severe protein-calorie malnutrition (E43) SOI/ROM: 4/3	Sequelae of protein-calorie malnutrition (E64)

*Rarely occur in the U.S.; these codes should only be used with extensive documentation proving the diagnosis

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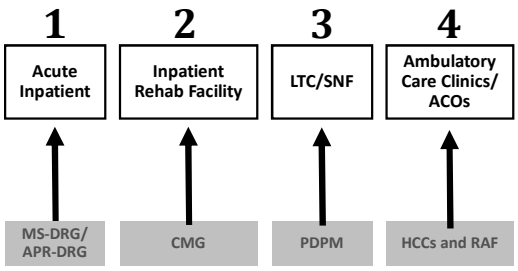
Medicare Payment Structure By Care Setting



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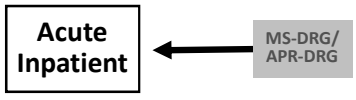
Inpatient Prospective Payment System (IPPS)[1,2]



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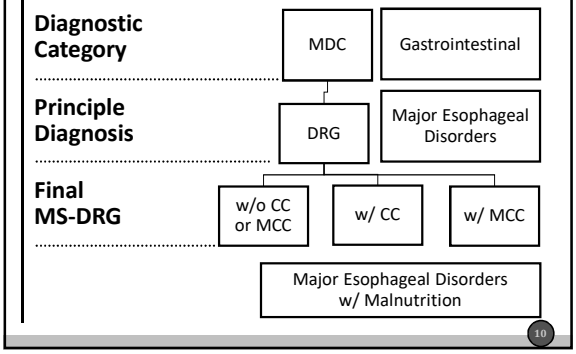
Medicare-Severity Diagnosis Related Group (MS-DRG)



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All Payer Related Diagnosis Related Groups (APR-DRGs)

- Non-Medicare populations (i.e. neonatal and maternity)
- Can have a different admit vs discharge APR-DRG – focus on Present on Admission conditions
- 4 subclasses for each Base APR-DRG
- SOI and ROM assignment accounts for interaction among principal and secondary diagnoses, age, and procedures

Payment and Quality Reporting

1,200+ APR-DRGs (as compared to 999 MS-DRGs)

18 steps to determine APR-DRG (vs 3 for MS-DRG)

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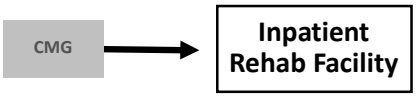
Inpatient Rehabilitation Facility Prospective Payment System (IRF-PPS)[3,4]



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Reminder: Inpatient PPS

Major Diagnostic Category (MDC) — Patient assigned to a MDC based on the primary diagnosis causing admission to the hospital

Diagnosis-Related Group (DRG) — Within that MDC, further grouped into DRG based on disease characteristics

3 Tiers within MS-DRG — Grouped into 1 of 3 tiers within a DRG based on comorbidities. Payment based on final tier assigned

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Inpatient Rehab Facility Case Mix Groups (CMG)

Rehabilitation Impairment Category (RIC) — Patient assigned to a category based on the principle dx causing admission to the rehab facility.

Case Mix Groups (CMG) — Within that RIC, further grouped into CMG based on functional motor and cognitive scores and age.

4 Tiers within CMG — Grouped in tiers based on comorbidities. Payment based on final tier assigned.

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SNF Prospective Payment System

Patient Driven Payment Model (PDPM)[5,6]

PDPM → **LTC/SNF**

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Patient Driven Payment Model (PDPM)

- SNF residents in a Medicare Part A stay
- Five (5) day assessment will establish payment rates for entire stay
- Case mix classification system

PDPM Replaces RUG-IV

October 1, 2019

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Patient Driven Payment Model (PDPM)

Six Payment Components

- Five are case-mix adjusted
  - Physical therapy, occupational therapy, speech therapy (SLP), non-therapy ancillary, nursing
  - SLP rates adjusted for residents with texture modified diets
- Sixth is a non-case-mix adjusted component
- Resident characteristics determine classification into a case-mix group (CMG)

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Patient Driven Payment Model (PDPM)

Non-Therapy Ancillary (NTA) Components

- Parenteral IV Feeding, Level High = 7 points
- Parenteral IV Feeding, Level Low = 3 points
- Enteral Nutrition = 1 point
- Malnutrition diagnosis = 1 point

  - Total points decides payment tier for NTA category
  - Still subject to Value Based Purchasing adjustments

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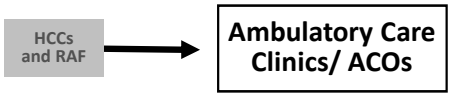
Hierarchical Conditions Categories (HCC)[7-9]

Uses Risk Adjusted Factors (RAF)



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Hierarchical Conditions Categories (HCC)

- Value-Based Purchasing Modifier
- Risk-adjustment for Medicare Advantage and PACE (Program of All-inclusive Care for the Elderly) Plans
- Used for Accountable Care Organization benchmark budget goals
- Diseases and conditions that predict disease burden on costs and quality

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Hierarchical Conditions Categories (HCC) Payment Points

- Points assigned to each HCC to determine the RAF
- Recalculated every year

RAF = HCC points + demographic points

➢ Not a simple addition equation –> blended-risk models, coefficients, R-squared statistic models, etc.

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Hierarchical Conditions Categories (HCC) Severity Levels

Diagnostic Groups

- If two codes in same group coded in same calendar year, CMS will choose the diagnosis with greater severity of illness within that group
  - **Example:** Uncomplicated diabetes vs diabetes with nephropathy
  - **Example:** Severe protein-calorie malnutrition vs moderate protein-calorie malnutrition

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HCC 23 Protein-Calorie Malnutrition[7] - ADULTS

HCC018	Pancreas Transplant Status/Complications	4.599	4.409
HCC019	Diabetes with Acute Complications	0.659	0.587
HCC020	Diabetes with Chronic Complications	0.659	0.587
HCC021	Diabetes without Complication	0.659	0.587
HCC023	Protein-Calorie Malnutrition	12.16	12.155

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Protein-Calorie Malnutrition[7] - CHILDREN

Pancreas Transplant Status/Complications	21.819	21.658
Diabetes with Acute Complications	2.386	2.091
Diabetes with Chronic Complications	2.386	2.091
Diabetes without Complication	2.386	2.091
Protein-Calorie Malnutrition	11.906	11.824

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Protein-Calorie Malnutrition[7] - INFANTS

Severity Category	HCC
Severity Level 3	Pathological Fractures, Except of Vertebrae, Hip, or Humerus
Severity Level 2	Viral or Unspecified Meningitis
Severity Level 2	Thyroid, Melanoma, Neurofibromatosis, and Other Cancers and Tumors
Severity Level 2	Diabetes with Acute Complications
Severity Level 2	Diabetes with Chronic Complications
Severity Level 2	Diabetes without Complication
Severity Level 2	Protein-Calorie Malnutrition
Severity Level 2	Congenital Metabolic Disorders, Not Elsewhere Classified

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Quality Indicators

It's not only about the money

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Adjustments Based on Case Mix Index (CMI)

Volumes	Actual	Budget
Discharges	18,542	18,883
Average Length of Stay	5.92	5.40
CMI Adjusted Average Length of Stay	2.91	2.73
Clinic Visits	506,908	516,501
Emergency Department Visits	40,056	39,609
Main OR Surgeries	11,514	11,278
OPSC Surgeries	7,371	7,707
All Payor CMI	2.03	1.98
Paid FTE/Adj Discharge/All Payor CMI	25.00	24.82

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Risk of Mortality (ROM) and Severity of Illness (SOI)

Severity of Illness

- The extent of physiologic decompensation of an organ system or disease state

Risk of Mortality

- Medicare's estimate of the likelihood of dying for patients within a diagnostic group

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Expected vs Actual Length of Stay (LOS)

What would the expected length of stay have been if the malnutrition was coded?

TABLE 5.—LIST OF MEDICARE SEVERITY DIAGNOSIS-RELATED GROUPS (MS-DRGS), RELATIVE WEIGHTING FACTORS, AND GEOMETRIC AND ARITHMETIC MEAN LENGTH OF STAY—FY 2019 Final Rule

MS-DRG	TYPE	MS-DRG Title	Weights	Geometric mean LOS	Arithmetic mean LOS
29	SURG	SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	3.1557	4.4	5.8
30	SURG	SPINAL PROCEDURES W/O CC/MCC	2.1757	2.3	3.0
31	SURG	VENTRICULAR SHUNT PROCEDURES W MCC	4.1829	7.2	10.1
32	SURG	VENTRICULAR SHUNT PROCEDURES W CC	2.3021	3.3	4.8
33	SURG	VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	1.6877	1.8	2.3

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Documentation

Influences payment structure in every setting

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Adult Malnutrition Definitions

- **2012 Academy/ASPEN consensus statement criteria for adult malnutrition clinical characteristics[10]**
  - Validation study underway
- **Global leadership Initiative on Malnutrition (GLIM) criteria[11]**
  - Complements but does not replace consensus statement
- **Other**

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Pediatric Malnutrition Definitions

- 2014 Academy/ASPEN consensus statement criteria for pediatric malnutrition clinical characteristics[12]
  - Validation study underway
- 2018 neonatal malnutrition indicators[13]
- World Health Organization[14]
- Other

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Present on Admission (POA) Documentation

- Complication vs Co-morbidity
- Healthcare facilities want documentation to show a diagnosis was POA
- "Not their fault"
- APR-Diagnosis Related Groups (DRG): Classified into admission DRG and discharge DRG

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Documentation – "MEAT"

Managed – Evaluated – Assessed – Treated

Where: Every care setting

Who: Physicians and Non-Physician Practitioners, RDNs, SLPs, PT, OT, Case Management, Social Work

- Document all diagnoses

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Documentation Tips

- Consistent documentation between providers
- Document impact on care required and treatment plan
- Must have an appropriate intervention

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Action Steps

- **Learn more** about the payment model in your facility
- **Connect** with quality coordinators, medical coders, physicians, and other healthcare leaders
- **Develop** facility-approved malnutrition "definition" that all providers will use
- **Track** and publish outcomes!

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Questions?

Follow Wendy

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Website: **https://wendyphillips.weebly.com**

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Credit Claiming

You must complete a brief evaluation of the program in order to obtain your certificate. The evaluation will be available for 1 year; you do not have to complete it today.

CREDIT CLAIMING INSTRUCTIONS:

1. Go to **www.CE.TodaysDietitian.com/malnutrition**
   OR Log in to **www.CE.TodaysDietitian.com** and go to "My Courses" and click on the webinar title.
2. Click "**Take Course**" on the webinar description page.
3. Select "**Start/Resume**" Course to complete and submit the evaluation.
4. Download and print your certificate.

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