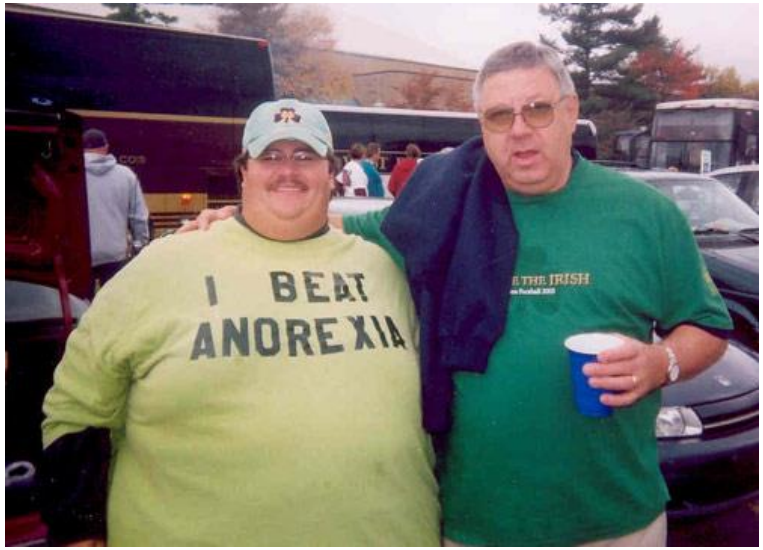
Risk Adjustment Coding for Morbid Obesity and Malnutrition

Rob Janett, MD FACP

Medical Director for Accountable Care

Care New England


I BEAT
ANOREXIA


GUESS YOUR
WEIGHT-RELATED
ILLNESS
Fried
klossner

HCC Risk Coding

- General Concept Review:
  - Parent/Child codes
  - MEAT for documentation (manage, evaluate, assess, or treat
  - Focus on SCREENING at-risk patients for complicating conditions
  - Code every patient every year for chronic conditions

Risk adjustment success factors

Key is to capture the disease burden of the patients – payment depends on accurate diagnosis coding

Codes need to be entered at least once a year

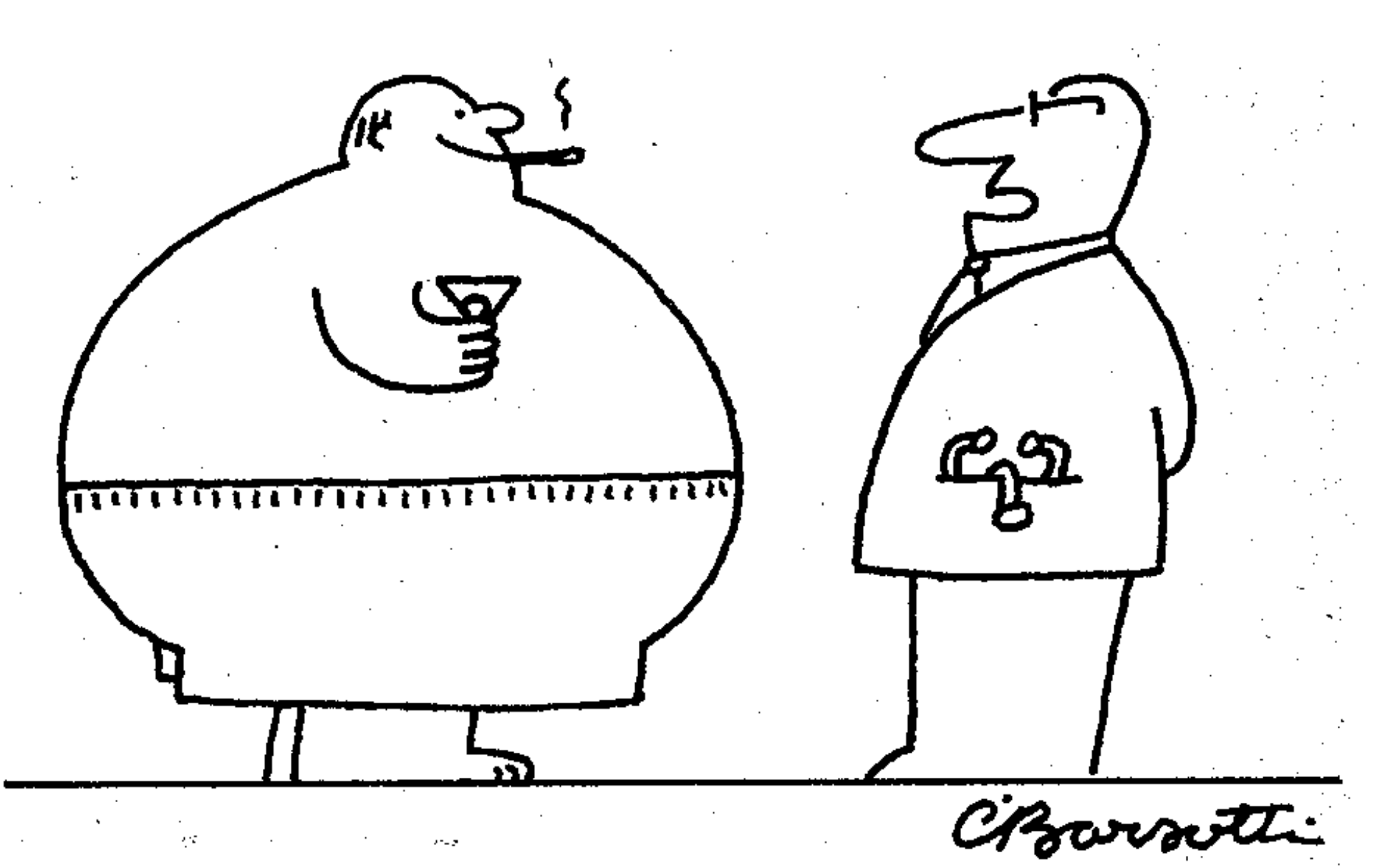
Codes need to be specific and supported by documentation

Interventions: Awareness, Education, Process Improvement, Maximizing Opportunities

Problem list management and staff work flows can make accurate coding significantly easier

Morbid Obesity--Tips

- Very common and often overlooked in coding
- We should always measure BMI on a yearly basis and during/after acute exacerbations of chronic illness
- Morbid Obesity = **BMI ≥ 40**
  - RAF score **.365**
  - ICD9 code 278.01
  - Don’t forget the “child code” of hypoventilation if the patient is also Pickwickian
  - Don’t forget the “child code” if there is venous stasis ulceration, heart failure, protein malnutrition



"All these years, and you haven't listened to a damn thing I've said, have you?"

Protein Calorie Malnutrition

- **Rarely coded in practice. Often overlooked.**
- **Lost clinical opportunity and lost HCC risk adjustment coding opportunity.**
- *Common*: Prevalence 4% in community, 22% in SNF, 27% to 38% in hospitalized elders
- **BMI < 18.5**. Or low albumen, or significant recent weight loss, etc.
- RAF score **.713**

Values Commonly Used to Grade the Severity of Protein Calorie Nutrition[1]

	Normal weight (%)	Body Mass Index	Serum Albumin (g/dL)
Normal	90% - 110%	19 - 24*	3.5 - 5.0
Mild Undernutrition	85% - 90%	18 - 18.9	3.1 - 3.4
Moderate Undernutrition	75% - 85%	16 - 17.9	2.4 - 3.0
Severe Undernutrition	< 75%	< 16	< 2.4

**In the elderly, BMI <21 is associated with increased mortality risk.*

Suggested parameters for evaluating significance of unplanned and undesired weight loss are:[2]

Interval	Significant Loss	Severe Loss
1 month	5%	> 5%
3 months	7.5%	> 7.5%
6 months	10%	> 10%

Malnutrition

ICD 9 codes

	PROTEIN-CALORIE MALNUTRITION
260	Kwashiorkor
261	Nutritional marasmus
262	Oth severe malnutrition
2630	Malnutrition mod degree
2631	Malnutrition mild degree
2632	Arrest devel d/t malnutr
2638	Protein-cal malnutr NEC
2639	Protein-cal malnutr NOS
7994	Cachexia

Protein-calorie malnutrition commonly accompanies illnesses such as:

- Cancer
- Pancreatitis
- Alcohol Abuse and/or Dependence
- Obesity
- Celiac Disease
- ESRD
- Alcoholic Hepatitis
- Cirrhosis
- Anemia
- COPD

Take Home Messages

- Screen patients with BMI.
- For patients at risk for protein calorie malnutrition because of underlying medical illness or social/psychological problems: note the weight trajectory, screen with albumin or pre-albumin labs
- Treat malnutrition to prevent other complications
- For patient who are morbidly obese (BMI $\geq$ 40) treat the obesity and screen for common complications of morbid obesity (sleep apnea, CHF, venous stasis, etc.)
- Document and code these important chronic conditions