

Date:
RA/Payer:
Address:

Patient Name:
DOB:
MR#:
Admit Date:
Discharge Date:
HIC Number:
QIO Case ID:

Dear RA/Payer:

We are in receipt of your denial for the services rendered in the care of the patient named above. You have suggested changing the MS-DRG submitted from 190 to 191 by removing a valid secondary diagnosis code. Specifically, you believe that Unspecified severe protein-calorie malnutrition (E43) should not have been coded as it was not documented by our providers. As the Medical Director for Clinical Documentation Integrity and Coding, I have reviewed this case in its entirety as well as the assigned codes. Your conclusion is incorrect as this condition was clinically present, documented by our providers, and appropriately coded. I disagree with the suggestion that this MS-DRG was incorrectly submitted.

Unspecified severe protein-calorie malnutrition (E43) clinically present

Per our Nutritional Status Documentation Worksheet, it should be noted that this patient met the currently accepted criteria for the diagnosis of severe malnutrition. On the first page of this form, it is clearly noted that this patient had **evidence of reduced oral intake** as she had been eating less than 50% of her total estimated energy requirements for more than five days which is considered severe. (Please see attached and underlined Nutritional Status Documentation Worksheet.) On the second page of this form, our patient was noted to have moderate **loss of subcutaneous fat** and moderate **loss of muscle mass** which ultimately classify both of these findings as severe. Therefore, there can be no question that this patient had **3** of the 6 recognized criteria necessary for making the diagnosis of severe malnutrition as outlined by the Academy of Nutrition and Dietetics and the American Society for Parenteral and Enteral Nutrition.⁽¹⁾

For the record, the current diagnostic criteria for malnutrition is based on the presence of **any 2** of the 6 recognized clinical criteria. A patient's absolute BMI or isolated percentage of ideal body weight at some static point in time are irrelevant as it is the change in those measurements over time that is now considered indicative of a patient's nutritional status. Serum albumin levels, pre-albumin levels, protein levels, transferrin levels, and absolute lymphocyte counts are also no longer considered valid in the determination of a patient's nutritional status as they are acute phase reactants.

As an additional consideration, it should be noted that our Nutritional Status Documentation Worksheet was developed in close cooperation with Dr. Jane White, the lead author of the 2012 consensus ASPEN/AND paper which redefined the diagnosis of malnutrition. As Dr. White is Professor Emeritus from the University of Tennessee and actively participated in the creation of our malnutrition documentation process, there can be no question that this patient suffered from severe malnutrition.

Unspecified severe protein-calorie malnutrition (E43) documented

In an industry compliant post-discharge query, Dr. X was asked to interpret the Nutritional Status Documentation Worksheet results for this patient. As can be seen from her response, that physician clearly felt this patient met criteria for the diagnosis of severe malnutrition. (Please see attached and underlined post-discharge query.) Therefore, there can be no question that severe protein-calorie malnutrition was documented by our provider contrary to your denial letter.

Unspecified severe protein-calorie malnutrition (E43) appropriately coded

Per the 2019 update of the *Guidelines for Achieving a Compliant Query Practice* available at either the AHIMA or ACDIS websites, it clearly states that “If a compliant query has been properly answered and authenticated by a responsible provider and is part of the permanent health record, absence of the documented answer in a progress note, discharge summary, or addendum should not prohibit code assignment.” Therefore, there can be no question that code E43 was correctly included on the submitted claim given the recorded answer to this query and that all queries at this facility are part of the permanent medical record.

In summary, severe malnutrition was clinically present, documented by our providers, and appropriately coded. Therefore, we respectfully disagree with the proposed change in MS-DRG. As we have provided you with clear clinical evidence and provider documentation that support our correct coding of Unspecified severe protein-calorie malnutrition (E43) in this case, we ask that you adopt our correct and original claims submission of this hospitalization as MS-DRG 190.

Sincerely,

Trey La Charité, MD, FACP, SFHM, CCS, CCDS
Hospitalist and Medical Director for Clinical Documentation Integrity and Coding
Clinical Assistant Professor

1. White, Jane V. et al., “**Consensus Statement of the Academy of Nutrition and Dietetics/American Society for Parenteral and Enteral Nutrition:**

Characteristics Recommended for the Identification and Documentation of Adult Malnutrition (Undernutrition),” Journal of the Academy of Nutrition and Dietetics, May 2012, Volume 112, Number 5, pgs. 729-738.