

Malnutrition and Risk:

Addressing When, How, and Why



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When is it appropriate to answer Yes for MDS item I5600: Malnutrition, risk of malnutrition?

The easiest scenario to navigate occurs when a physician or non-physician practitioner (NPP) (e.g., nurse practitioner, physician assistant, or clinical nurse specialist as permitted by state licensure laws and Medicare) has clearly documented an active diagnosis of malnutrition or a risk of malnutrition in the medical record. But there are other scenarios in which it may still be appropriate to answer I5600 with a Yes, though additional steps and documentation will be needed.

DON'T FORGET THE RISK COMPONENT. The MDS does not require the resident to be malnourished to capture the one NTA point associated with malnutrition. If the physician or NPP documents that the resident is at risk for malnutrition (in alignment with Active Diagnosis criteria), this would also meet the criteria for a Yes answer to I5600.

CONFIRM THE SOURCE OF MEDICAL RECORD ENTRIES. Many care providers contribute to the details in a patient's medical record. While it is in the scope of a registered dietician to assess and comment on risk of malnutrition, this alone would be insufficient support for a Yes answer for I5600. The RAI Manual requires it to also be documented by a physician or NPP before it can be reported on the MDS as an active diagnosis.

ASSUMPTIONS AND INTERPRETATIONS ARE NOT PERMITTED. IF UNCLEAR, QUERY THE PHYSICIAN/NPP. Medically compromised individuals are often at risk for malnutrition, but MDS coordinators, nurses, and medical coders cannot make assumptions regarding the presence of a condition or risk thereof. A diagnosis of malnutrition or risk of malnutrition must be explicitly stated in the medical record documentation by the physician/NPP.

REVIEW MEDICAL RECORD AND QUERY PHYSICIAN/NPP PROMPTLY. In order to meet RAI Manual criteria, the physician/NPP assessment must occur prior to the MDS ARD and the documentation should support this timeliness. If there is a risk, it likely requires interventions and prompt care planning.

POTENTIAL INDICATORS OF MALNUTRITION OR RISK OF MALNUTRITION may include assessment from registered dietician, physician/NPP ordered nutritional supplements, abnormal lab values, or recent history of decreased intake, weight loss, nausea/vomiting.

QUERY APPROPRIATELY. The purpose of querying is accurate coding, not increasing reimbursement or other data metrics. Provide details of clinical indicators from the medical record and identify why clarification is needed. The physician/NPP should not be steered toward a specific diagnosis or conclusion. Present the facts and let them decide.

ACTIVE DIAGNOSIS

According to the RAI Manual, an Active Diagnosis must be physician or permitted NPP documented in the last 60 days and must have a direct relationship to the resident's current functional status, cognitive status, mood or behavior, medical treatments, nursing monitoring, or risk of death during the 7-day look-back period of the MDS.

PHYSICIAN QUERY

The American Health Information Management Association (AHIMA) defines a physician query as "a communication tool or process used to clarify documentation in the health record for documentation integrity and accurate code assignment for an individual encounter in any healthcare setting."

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