

# Severe Malnutrition Diagnosis Codes: (Nutritional Marasmus E41 and Unspecified Severe Protein-calorie Malnutrition E43) Checklist

Document Description	
All documentation to support the Diagnosis Related Grouping (DRG) codes billed	
All test results including pertinent lab results, clinical findings, operative/procedure notes, and consult notes to support diagnosis of severe protein-calorie malnutrition	
All progress notes, including nurses, therapies, dietician/nutritional assessment, and other multi-disciplines reflecting state of severe protein-calorie malnutrition	
History and physical (H&P)	
Infusion therapy flow sheets	
Medication Administration Records (MAR) /Treatment Administration Record (TAR)	
Physician documentation of interventions implemented along with any changes for the treatment of severe protein-calorie malnutrition	
Physician documentation of physical appearance, history of nutritional intake, and weight history to support severe protein-calorie malnutrition.	
Physician orders or intent to order for the dates of service billed	
Physician/Nonphysician practitioner (NPP) admission note, emergency department documentation (if applicable), progress notes, and discharge summary supporting the identification, diagnosis, and treatment plans for the diagnosis of severe protein-calorie malnutrition	
Validate that the coding is appropriate for the level and type of service noted in the medical record requirements as defined in the Program Integrity Manual (PIM)(IOM Pub. 100-08) and/or the Claims Processing Manual (CPM)(IOM Pub. 100-04), as applicable	
Verify that the medical record is in accordance with and/or supports medical necessity for the services provided and the procedures performed per SSA 1862 (a)(1)(A)	
CMS 1450 (UB-04) Uniform Bill form/ Itemized bill	

An Advanced Beneficiary Notice of Noncoverage (ABN) if issued to the beneficiary for each date of service and each specific service was issued	
For Electronic Health Records, send a copy of the electronic signature policy and procedures that describe how notes and orders are signed and dated.	
BEFORE YOU SEND - Check for signatures on office/progress notes or other medical record documentation. If the signature(s) are missing or illegible, send a completed signature attestation (find a sample attestation at <a href="https://c3hub.certc.cms.gov/">https://c3hub.certc.cms.gov/</a> ). If the signature(s) are illegible, you may also send a signature log. Centers for Medicare & Medicaid Services (CMS) signature requirements as defined in the Program Integrity Manual (PIM)(IOM Pub. 100-08)	

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For additional resources see:

ASPEN | Clinical Guidelines (nutritioncare.org):

[https://www.nutritioncare.org/Guidelines\\_and\\_Clinical\\_Resources/Clinical\\_Guidelines/](https://www.nutritioncare.org/Guidelines_and_Clinical_Resources/Clinical_Guidelines/)

Hospitals Overbilled Medicare \$1 Billion by Incorrectly Assigning Severe Malnutrition Diagnosis Codes to Inpatient Hospital Claims, A 03 17-00010 (hhs.gov):

<https://oig.hhs.gov/oas/reports/region3/31700010.pdf>

**Disclaimer: This checklist was created as an aid to assist providers and is not intended to be all inclusive. It is the responsibility of the provider of services to ensure the correct, complete, and thorough submission of documentation.**