Malnutrition
Identification, Coding and Costs

Quality and Research in Private Health

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Definition and Prevalence

• Under nutrition leading to changes in body composition and diminished function (ASPEN guidelines)

• Prevalence in Australian hospitals 20-50%

Malnutrition is under recognised and under diagnosed in hospitals
Malnutrition Causes

- **Physical** (e.g. dysphagia, GI symptoms, ↑ requirements)
- **Psychological** (e.g. confusion, depression, eating disorder)
- **Treatment** (e.g. fasting, intubation, sedation)
- **Environmental** (e.g. interrupted mealtimes)
Malnutrition in Hospital

- Length of Stay
- Immune Function
- Treatment Costs
- Wound Healing
- Muscle and Respiratory Function
- Fatigue, Apathy, Depression
Financial Reimbursement for Malnutrition Diagnosis
Research Question

What are the cost implications of malnutrition identification, diagnosis & coding practices in acute private hospitals?
Methods

Modelling Impact of Malnutrition Diagnosis

- Diagnosis of Malnutrition
- Clinical Coding
- DRG Allocated
- Financial Reimbursement

Impact admission DRG and financial reimbursement
18% patients with a malnutrition diagnosis had a change to their Diagnostic Related Grouping.
A malnutrition diagnosis increased hospital financial reimbursement by $2,400 on average per patient.
## Financial Consequences

<table>
<thead>
<tr>
<th>Primary Admission Reason</th>
<th>DRG without Malnutrition Diagnosis</th>
<th>DRG with Malnutrition Diagnosis</th>
<th>LOS</th>
<th>Reimbursement Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parkinson’s Disease</td>
<td>B67B Degenerative Nervous System Disorders w/o Catastrophic or Severe CCLs</td>
<td>B67A Degenerative Nervous System Disorders w Catastrophic or Severe CCLs</td>
<td>13</td>
<td>$0-$6548</td>
</tr>
</tbody>
</table>
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<tr>
<td>Pneumonia</td>
<td>E62B Respiratory Infections/Inflammations w Severe or Moderate CCLs</td>
<td>E62A Respiratory Infections/Inflammations w Catastrophic CCLs</td>
<td>16</td>
<td>$0-$4,565</td>
</tr>
</tbody>
</table>
Predictions

• Conservative estimation 6% admissions additional $2400.

• Therefore, if a hospital had 1,000 admissions/month
  
  = $1.7 million reimbursement per year.
Implications and Conclusions

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