EFFECTIVE USE OF THE *GLIM CRITERIA* FOR DIAGNOSING MALNUTRITION IN ADULTS

By Maggie DeFilippis, RN, CCDS, CCS, CPC, JD

THE PROBLEM:

Because medical coding of malnutrition often *significantly* raises case value in the inpatient and outpatient arenas, claims including a diagnosis of malnutrition are frequently denied and are frequently the focus of crippling regulatory fines. (1)

Medical coders correctly code the following diagnostic codes when they see the physician's diagnoses documented in the medical chart. The malnutrition codes provide MCCs or CCs as indicated, often significantly increasing case value to reflect the increased costs and morbidity of patients suffering from malnutrition. (2)

ICD-10-CM:

E43: Severe Protein-Calorie Malnutrition	MCC	SOI/ROM 4/3
E44.0: Moderate Protein-Calorie Malnutrition	CC	SOI/ROM 3/2
E44.1.: Mild Protein-Calorie Malnutrition	CC	SOI/ROM 2/1
E46: Unspecified Protein Calorie Malnutrition	CC	SOI/ROM 3/2
Z68.1 Adult BMI < 19	CC	
R64 Cachexia or "Wasting Syndrome"	CC	SOI/ROM 2/1

CMS-HCC 21 Protein Calorie Malnutrition	RAF	0.493-0.730
HHS-HCC 023 Protein Calorie Malnutrition	DF	11.416-11.502

The medical definition of malnutrition is broad. It is "the result of any condition in which the body does not receive enough nutrients for proper function." (3) It is rare for an insurer to accept a claim for malnutrition supported only by the medical definition of malnutrition.

To further complicate things, until 2018 American and World Health definitions have not been standardized or consistent or easy to follow. Hypoalbuminemia and hypoproteinemia can no longer be used *alone* to substantiate malnutrition, and the ASPEN criteria can no longer be used *alone* to substantiate malnutrition. (4)

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THE SOLUTION: **The GLIM Criteria** became the accepted medical standard in the United States and most of the world of the world for diagnosing malnutrition in September 2018 . (5)

Under the GLIM Standard, documentation **of ONE of the Phenotypic** Criteria *and* **ONE** of the Etiologic Criteria supports a **diagno**sis of malnutrition. Severity of the malnutrition is supported within the specifics of the Phenotypic Criteria. These **criteria can** be documented by a Registered Dietician.

PHENOTYPIC CRITERIA	ETIOLOGIC CRITERIA
NON-VOLITIONAL WEIGHT LOSS	**REDUCED FOOD INTAKE or ABSORPTION**
Moderate: 5% in less than 6 months months	Reduced Intake: < 50% of normal intake > 1 week months or 10% in > 6 or any > 2 weeks
Severe: 10% in < 6 months	Reduced Assimilation/Absorption: ex. SBO
20% in >6 months	Gastroparesis, Pancreatic Conditions,
	Ostomies, etc.
LOW BMI (in kg/m^2)	
Moderate: BMI < 20 under 70 yrs. or < 22	**INFLAMMATION/DISEASE BURDEN**: ex.
Severe: BMI < 18.5 under 70 yrs. or < 20	COPD, CHF, CKD, Malignancies, "Inflammatory conditions,
	elevated CRP (> 3.0 mg/L)
REDUCED MUSCLE MASS*	*As measured by hand grip strength,
Moderate: Mild to moderate deficit	Calf/Arm circumference Differentials, Anthropometric studies, Measurements
Severe: Severe Deficit	Dual energy absorptiometry, FFMI, BIA, US, CT, MRI comparisons

- The GLIM criteria and Consensus recommend that patients with anorexia, weakness, visible weight loss, biochemical alterations measured by laboratory testing and/or known intake reduction or absorption due to medical conditions and/or procedures be identified as "at risk" and evaluated for malnutrition. (6)

- If the Physician's Diagnosis or the Physician's or Nutritionist's supporting documentation of GLIM clinical indicators are not documented, CDI can query for the presence of either to insure the documentation supports the increased utilization of resources that comes with the diagnosis of malnutrition and to prevent successful denial of the coded malnutrition diagnosis.

References

1. "The diagnosis of severe protein calorie malnutrition is under high scrutiny from the Centers for Medicare & Medicaid Services (CMS) and the U.S. Department of Health and Human Services (HHS) Office of Inspector General (OIG)." Corazzo, M. ICD-10monitor August 20, 2018 *reported at* https://www.icd10monitor.com/severe-protein-calories-malnutrition-in-the-oig-crosshairs
2. E40, 41, 42 Kwashiorkor, Marasmus are also MCC but in the US are mostly unusable codes indicating very severe malnutrition and may not be used unless these specific diagnoses are documented. See AHA Coding Clinic Third Quarter 2017 p. 25)
3. Hickson, M *Malnutrition* Postgrad Med J 2006 Jan: 82 (963)2-8
4. *RAC Monitor*, October 26, 2017 Novitas Guidelines for Malnutrition reported to be Outdated, not Useful for Physicians. *Reported at* https://www.racmonitor.com/novitas-guidelines-for-malnutrition-reported-to-be-outdated-not-useful-for-physicians
5. In September 2018 the Global Leadership Initiative on Malnutrition (GLIM) agreed by Consensus to use the GLIM Criteria to diagnose Malnutrition consistently world-wide. This included ASPEN (USA), ESPN (Europe) FELANPE (Latin America), PENSA (Asia) doi.org/10.1002/jpen 1440 *and also reported at* Cederholm, T. et al *GLIM criteria for the Diagnosis of Malnutrition* Clinical Nutrition February 2019 Volume 38 Issue 1, p. 1-9 reported at https://www.clinicalnutritionjournal.com/article/S0261-5614(18)31344-X/fulltext
6. Cederholm, T. et al *GLIM criteria for the Diagnosis of Malnutrition* Clinical Nutrition February 2019 Volume 38 Issue 1, p. 1-9 reported at https://www.clinicalnutritionjournal.com/article/S0261-5614(18)31344-X/fulltext

Maggie DeFilippis, RN, CCDS, CCS, CPC, JD I graduated from University of Pennsylvania School of Nursing and began my career working as a Registered Nurse. Several years later I went to Villanova School of Law, during which I continued to work as a nurse. Upon graduation I went to Manhattan where I worked for about 4 years as an Assistant District Attorney prosecuting mostly child abuse perpetrators. As I married and had two children I worked in private practice in several jobs including workers compensation and personal injury law and then Malpractice Defense. Next I worked as a Risk Manager. I took a few years off to raise my kids and then obtained my CCS and CPC, working as a medical coder for about 2 years in a Los Angeles Hospital. From there I became a Clinical Documentation Information Specialist, working remotely at a hospital in Colorado for 3 years and obtained my CCDS. A year ago I joined Managed Resources Inc. in Long Beach California working as a Clinical Nurse Reviewer and Manager of CDI. T. 562.499.2190 C. 310.365.6923

In a letter from Mary Russell, President of the Academy of Nutrition and Dietetics, 2018-2019:

The Academy has official representatives to the GLIM group, Dr. Kelly Tappenden, RDN, (Member) and Dr. Alison Steiber, RDN (Academy Staff).

Through them I have been following and commenting on the consensus process throughout it's development. I also had the honor of attending two large group GLIM meetings held at ASPEN conferences which I attended as part of my "day job".

We are excited to continue to work with the GLIM group and to continue to learn about the GLIM process.

It is very important for members to be aware of this global movement towards a unified approach to diagnosing malnutrition. Please know, however, that it is likely too early to change practice, because the GLIM method is yet to be validated.

The Academy is now conducting a large validation study on malnutrition in adult hospitalized patients.

With the date from this study we will be able to compare and contrast the two tools developed through collaborative consensus, the Academy/ASPEN Malnutrition Clinical Characteristics (also not yet validated) and the GLIM.

Know also that very well respected researches are working on validation studies for GLIM.

As these studies come to completion, we will learn about the optimal way to diagnose malnutrition, at least in the hospital environment.

Severe Sepsis Poster

by Muhammad Taha Farooq , M.B.B.S., ECFMG certified, CDIP, CCS, CCDS | Optum360

Lead Clinical Documentation Improvement (CDI) Specialist - Oxnard

My name is Muhammad Taha Farooq. I graduate in 2012 as a foreign medical graduate, and did my post-graduation in Psychiatry in Pakistan and then moved to USA in 2014, where I completed my ECFMG boards in 2016. I have also worked as a Research Coordinator at Howard University. In December 2016 I joined Prime Healthcare as a Clinical Documentation Specialist and Auditor. And did my certifications CCS, CDIP, CCDS. In February 2017 I joined Optum360 as a Senior Clinical Documentation Specialist, and worked at Marian Regional Medical Center in Santa Maria, CA. I was promoted to Lead CDI at St. John's Regional Medical Center and St. John's Pleasant Valley Hospital in Oxnard, CA. I did poster presentation in 2018 Annual ACDIS conference and in CA ACDIS conference 2018. I like to do hiking, exploring new places, reading books, spending time with my friends and family.

Exploring Sepsis and Severe Sepsis

SEPSIS

MUHAMMAD TAHA FAROOQ MBBS, CCS, CCDS

TEAM LEAD CDIS, OPTUM360

OXNARD, CALIFORNIA

CA Acdis Conference Oct, 2018

Do's and Don'ts for Physician Documentation

- If "possible", "probable", or "suspected" sepsis is documented, clarify it in your progress note and/or discharge summary.
- Never write SIRS/Sepsis together, otherwise CDI and Coding has to send a ruled in/ruled out query for clarification.
- Avoid terms such as Urosepsis and Sepsis Syndrome.
- Document Sepsis consistently throughout the medical record and within Discharge Summary.
- If there are any conditions that are linked directly to sepsis, be sure to document that linkage, Ex: Sepsis due to:
- Acute Renal Failure/Acute Kidney Injury
- Shock-hypovolemic, septic, hemorrhagic
- Acute Respiratory Failure
- Coagulopathy due to Liver Disease
- HIV Disease/AIDS

Definitions

- SIRS: Body's systemic response to infections, trauma/burns or other insult
- Includes 2 or more of the following: Temp <36C or >38C, WBC >12.0 or 4.0 (or bands > 10%), Tachycardia > 90, Tachypnea > 20
- Sepsis: SIRS with suspected or confirmed infectious source; such as UTI, PNA, wound, bloodstream, peritoneal wound.
- Severe Sepsis: Sepsis with tissue hypoperfusion organ dysfunction, leading to the following: Hypoxemia, Altered Mental Status, Acute Renal Failure (creat >2.0 or increase by >0.5 or urine output <0.5 mL/kg/hour for >2 hours despite adequate fluids), Lactic Acidosis (>2mmol/L), Elevated Liver Enzymes (Total Bilirubin >2), Coagulopathy (Platelets <100,000 or INR >1...5).
- Septic Shock: Sepsis with persistent hypotension, despite adequate fluid resuscitation requiring vasopressors.
  - Hypotension: SBP<90mmHg, MAP<65mmHg and/OR Lactate level ≥ 4mmol/L.
- References: www.esicm.org. HCPro Webcase-"Resolve Sepsis Documentation Problems," October 2014

Why An R (Severe Sepsis) Code Matters

The MIDAS+ program defines the measure as the observed mortality rate for all inpatients with any ICD discharge diagnosis of severe sepsis or septic shock for a rolling 12 months. The failure to consistently apply classification of a case as severe sepsis or septic shock with the appropriate R-code, would adversely affect the outcomes reporting for this metric.

Introducing your CA ADCIS leaders

Leadership Team Role	Role	Name	Roles and Responsibilities
Board	Board Member	Emily Emmons	Attend quarterly meetings, advise and guide leadership team.
Co-Chair	Officer	Madhu Subherwal	Partner with other co-chair to direct chapter leadership team activities
Co-Chair / Treasurer / Fundraising	Officer	Joel Lipin	Partner with other co-chair to direct chapter leadership team activities; manages chapter finances and accounting
Secretary / Newsletter Editor	Officer	Rani Stoddard	Schedule all chapter leadership and chapter meetings, records meeting minutes, maintains chapter member roster, distributes all leadership-approved chapter communication / emails
Education / Conference	Coordinator	Pam Stence	Coordinate and collaborate with Education Committee members and chapter leaders to recruit speakers, review and edit presentations, collect signed speaker agreements, and plan education calendar
Continuing Education	Coordinator		Obtain CEU approval for educational state chapter meetings and annual conference
Marketing	Coordinator	Cris Gumayagay	Create conference save the date artwork and bag design, photographer
Newsletter	Coordinator	Analyn Dolopo - Simon	Coordinate and collaborate with Newsletter Committee members and chapter leaders to recruit authors and featured experts, draft, format, edit, and write articles for our quarterly newsletter publication
Social Media	Coordinator	Olga Kormuskina	Maintain, and update California's page on the National ACDIS website and California ACDIS Facebook page, collaborate with chapter leaders and Secretary to distribute announcements, memos, etc. to chapter members via social media, collaborate with National ACDIS to recruit new California ACDIS members
Conference	Committee Member	Carol Sedlacek	Assist Conference Coordinator with planning, registration, sponsor support, session monitoring, set-up, or take-down
Conference	Committee Member	Caryn Nowak	Assist Conference Coordinator with planning, registration, sponsor support, session monitoring, set-up, or take-down
Conference	Committee Member	Fariba Ghadimi	Assist Conference Coordinator with planning, registration, sponsor support, session monitoring, set-up, or take-down
Conference	Committee Member	Lillian Dickey	Assist Conference Coordinator with planning, registration, sponsor support, session monitoring, set-up, or take-down
Conference	Committee Member	Stephanie Horka	Assist Conference Coordinator with planning, registration, sponsor support, session monitoring, set-up, or take-down
Conference	Committee Member	Maria Corazon P Fagota	Assist Conference Coordinator with planning, registration, sponsor support, session monitoring, set-up, or take-down
Conference	Committee Member	Sumit LaLa	Assist Conference Coordinator with planning, registration, sponsor support, session monitoring, set-up, or take-down
Conference	Committee Member	Maria Gilda C Villanueva	Assist Conference Coordinator with planning, registration, sponsor support, session monitoring, set-up, or take-down
Conference	Committee Member	Michelle Jackson	Assist Conference Coordinator with planning, registration, sponsor support, session monitoring, set-up, or take-down

Leadership Team Role	Role	Name	Roles and Responsibilities
Education	Committee Member	Claudia Schenke	Assist Education and CEU Coordinators to recruit speakers, review and edit presentations, collect signed speaker agreements, and plan education calendar
Education	Committee Member	Karen MacArthur	Assist Education and CEU Coordinators to recruit speakers, review and edit presentations, collect signed speaker agreements, and plan education calendar
Education	Committee Member	Lisa Israel	Assist Education and CEU Coordinators to recruit speakers, review and edit presentations, collect signed speaker agreements, and plan education calendar
Education	Committee Member	Vilena Boussa-rova	Assist Education and CEU Coordinators to recruit speakers, review and edit presentations, collect signed speaker agreements, and plan education calendar
Newsletter	Committee Member	Maggie Defillipps	Assist Newsletter Coordinator to recruit authors and featured experts, draft, format, edit, and write articles for our quarterly newsletter publication
Newsletter	Committee Member	Muhammad Taha Farooq	Assist Newsletter Coordinator to recruit authors and featured experts, draft, format, edit, and write articles for our quarterly newsletter publication
Newsletter	Committee Member	Myrna Puzon	Assist Newsletter Coordinator to recruit authors and featured experts, draft, format, edit, and write articles for our quarterly newsletter publication
Newsletter	Committee Member	Rabia Jalal	Assist Newsletter Coordinator to recruit authors and featured experts, draft, format, edit, and write articles for our quarterly newsletter publication
Social Media	Committee Member	Miriam Gallahue	Assist Social Media Coordinator
Social Media	Committee Member	Joseph Mukasa	Assist Social Media Coordinator
Social Media	Committee Member	Ashley Szczepanski	Assist Social Media Coordinator

Our Continuing Educator Coordinator spot is still open—now is your chance to join a vibrant team.

Want to be a part of a great leadership team??? Get involved!

Contact **Joel Lipin, MD, MPH, UCLA, Co-Chair and Treasurer California ACDIS Association,** jlipin@mednet.ucla.edu

New Leadership...

California ACDIS Officers
Co-Chairs 2019-2021

Joel W. Lipin, MD, MPH currently holds the position of Director Medical Coding and Clinical Documentation Improvement (CDI) at UCLA Health. During his five years with UCLA Health, he has made significant changes to the department including the implementation of productivity and quality measures with a transparency report distribution to each staff member. The PwC SMART software was employed as the internal quality monitoring system. He also was able to move the team to remote coding for both inpatient and outpatient coding and has implemented the 3M 360 Encompass computer-assisted coding software for the CDI, coding and quality teams. His CDI Team has grown from four to fourteen staff in order to cover all service lines and all payors across the health system including outpatient CDI. Most currently, he implemented a system-wide average length of stay (aLOS) calculation based on CDI's presumptive DRG for use with Case Managers during their rounding as a guide for discharge planning activities. Prior work experience includes 25+ years of consulting experience with various healthcare organizations some of which include Laguna Medical Systems, PricewaterhouseCoopers, and Deloitte and Touche. His focus during his consulting years included chargemaster, revenue integrity, clinical documentation and medical coding activities. Joel received his undergraduate degree in Biology and Chemistry from University of California, Irvine, his Medical Degree from the American University of the Caribbean, post-graduate medical education from Chicago Medical School, and his Master of Public Health from University of California, Los Angeles.

Madhu Subherwal, MHA, MBBS, CCDS, CDIP

Madhu Subherwal is a physician, completing her medical education from Dayanand Medical College in India and has been Clinical Documentation Improvement Manager at Torrance Memorial Medical Center since 2015.

Madhu began her journey in CDI in 2010, while completing her Master's degree in Health Administration from the University of La Verne, CA. Her Master's Thesis was entitled: *The Importance of Clinical Documentation Improvement Programs and Physician Documentation Practices in the Hospital Setting.* This research also extended into the areas of hospital payment methodologies, and their continual changes in the current U.S. health services environment.

Due to her research and thesis, she was approached by Southern California Kaiser Permanente in 2012 to help create their Clinical Documentation Improvement (CDI) program for their 13 regional hospitals, after which she supervised the successful roll out of the program across the Southern California region. It was at the end of the roll out she was given the opportunity to manage the program at Torrance Memorial Medical Center.

In 2015, Madhu was invited by the Association of Clinical Documentation Improvement Specialists (ACDIS) to attend the first Leadership Exchange – a group of 30 CDI directors and managers across the nation that ACDIS brought together to discuss the current trends in CDI, as well as the future of their programs. She was invited again in 2018.

California ACDIS Officers
Secretary, Newsletter Editor 2019-2021

Rani Vivian Stoddard, MBA, RN, CPHQ, RHIA, CCDS, CCS

CDI Supervisor, Henry Mayo Newhall Hospital, Valencia, CA , stoddardrv@henrymayo.com

Rani Stoddard has been a CDI supervisor for over five years. She assists a five-person team consisting of nurses, coders, and foreign medical graduate physicians. She came to CDI from quality, teaching, healthcare marketing, blood donor nursing, intensive care, med-surg nursing, and rehabilitation nursing.

Stoddard has been active in the California ACDIS Chapter since 2016, serving as its Secretary and CA ACDIS Connection newsletter editor. Through her efforts and the work of her colleagues on the leadership team the California ACDIS Chapter has been able to:

- Hold annual conferences in locations such as Santa Clarita, Torrance, San Diego and the upcoming 10/25 meeting at UC Davis to accommodate the diverse membership in the chapter, thus far at no cost to members, thanks to generous donations from our vendors
- Host meet and greet networking opportunities prior to the annual conferences at no cost to members
- Hold numerous webinars, again all at no cost to members
- Become a not for profit group to support sustained growth and success
- Grow to have over 600 members on our roster

She joined the ACDIS Chapter Advisory Board in 2019 where she hopes to bring back leadership tools to the volunteers in California and share successful tips the California ACDIS Chapter has developed since its inception nearly a decade ago. Stoddard is a previous speaker at the ACDIS National Conference in Las Vegas in 2017 and poster presenter in 2018.

A special thank you...

Emily Emmons has stepped down as Co Chair after serving for many years doing a masterful job assisting in setting up and running the CA ACDIS meetings and webinars. We are grateful that she is remaining a part of our team as the President and Chairperson of the Board so we still benefit from her wisdom and past experience.

Thank you Emily for all the grand work that you have done for CA ACDIS. We couldn't have risen to the heights we achieved without you!

EMILY EMMONS, MSN, RN, CCDS - Emily Emmons is the California ACDIS President and Chairperson of the Board. She previously served as co-chair of California ACDIS for six years from 2012 – 2018 and was a member of the National ACDIS Local Chapter Advisory Board from 2016 – 2018. She has worked in the CDI industry since 2011 and is the Regional Director of Clinical Documentation Integrity at Kaiser Permanente NCAL. She is responsible for CDI operations in 21 Northern California Kaiser facilities. She is a registered nurse and Certified Clinical Documentation Specialist. She has her MSN in nursing education and enjoys volunteering to facilitate educational events and professional networking opportunities for her colleagues in CDI. She is a member of both ACDIS and AHIMA and is committed to furthering the CDI profession.

Next issue in June-July we will feature some of our Coordinator's biographies and a feature article on Myocardial Infarction by our own Analyn Dolopo-Simon.

Member Spotlight

My journey from a foreign medical graduate to CDI

Rabia Jalal, MBBS, CCS, CDIP, CCDS, RHIA
CDIS/Senior Clinical Analyst at
Marian Regional Medical Center/Optum360, Santa Maria

I began my medical career in the late 90's as a fresh high school graduate from New York who dreamt of being a physician and thus I embarked on my journey by applying and getting accepted into a 5-year medical school program in Karachi, Pakistan. In the early 2000's I returned back home to New York and decided I wanted to pursue public health instead of the conventional residency route. I completed a program in public health and then took a parallel road in healthcare by working in public health, clinical research, and in private and community clinics as an extern in USA and in Pakistan.

So how did a physician end up in clinical documentation improvement? By chance I would say. In 2015, I had moved to California from New York and was looking for clinical research jobs in the sunshine state. I stumbled upon jobs for clinical documentation improvement specialists and coder auditors, researched what that even meant, and as they, the rest is history!

It has now been 4 years since I began my journey in CDI and am enjoying the flexibility it offers while I can still utilize my clinical knowledge and skills as part of my job requirement. I have been able to obtain additional certifications such as a CDIP and CCDS along with coding certifications such as CCS and RHIA which have been beneficial for me in this field. I have also been able to get involved with ACDIS and attended several conferences and had the honor of presenting at the 11th Annual ACDIS conference in 2018. This year I will be presenting a poster at the 12th Annual ACDIS conference in 2019. I highly recommend this field for anyone who is a clinician such a physician, RN, PA or experienced coder looking for an alternative medical career. In addition, she has written a blog post for the popular medical blog KevinMD.com discussing Clinical Documentation Improvement. In her free time, she likes to travel and do photography. She will be pursuing a Master of Science in Health Information Management degree this spring.

Odds and Ends...

ONLINE MEMBERSHIP ROSTER

And to all members and future members, please register with California ACDIS online at

https://www.surveymonkey.com/r/chapter-membership-roster

SAVE THE DATE

Thursday Meet and Greet October 24th and Friday October 25th

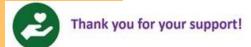*Annual Member Conference at UC Davis, Davis California.*

And thank you to our Platinum Sponsor UASI for its

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Members: We need your support to continue to provide CDI education throughout the year and begin planning next year's event! Any amount will be appreciated.

Please click on the link to donate to our chapter: **www.paypal.me/CAACDIS**

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Thank you,

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Leadership Team

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