

# Malnutrition coding policy

The International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) includes the following types of severe malnutrition (listed by diagnosis code):

- **E41:** Nutritional marasmus – a form of serious protein-energy malnutrition caused by a deficiency in calories and energy and is found primarily in children
- **E43:** Unspecified severe protein-calorie malnutrition (diagnosis code E43) – also known as starvation edema

These two diagnosis codes impact DRG reimbursement as they are classified as major complications or co-morbidities. It's essential to appropriately document all elements to diagnose severe malnutrition and select the appropriate malnutrition diagnosis to avoid overpayments.

A review of the results of the Mini Nutritional Assessment (MNA) across settings and countries in Europe, the United States and South Africa found the prevalence of malnutrition among 4,507 older adults (mean age 82.3, 75.2% female) was 22.8%. Rates were higher in the rehabilitation setting (50.5%) and lowest among community dwellers (5.8%). Over one-third of hospitalized older adults (38.7%) in this study met the criteria for malnutrition.

## Criteria for diagnosing / identifying malnutrition severity

To accurately diagnosis and report severe malnutrition on a claim, start by confirming the presence of malnutrition and then validate to the level of severity.

Identifying the malnutrition severity through the following documentation will allow for coding to the highest level of specificity:

- Treatment protocols must match the severity reported on the claim.
- Clinical indicators such as contributing factors, nutritional support during hospital encounter, planned nutritional support post discharge must be defined within the medical record.
- Treatment plan for underlying etiology must be present.
- Any additional increased patient complexities or contributing etiologies should be detailed

The American Society for Parenteral and Enteral Nutrition (ASPEN) and the Global Leadership Initiative on Malnutrition (GLIM) have created criteria for use in diagnosing malnutrition along with scoring the severity.

Below is an overview of elements expected within the medical documentation for accurate coding of severe malnutrition. For the most up to date criteria, reference the links shared below.

## ASPEN

The [ASPEN criteria](#) speaks to a continuum of inadequate nutritional intake as well as increased requirements, impaired absorption, altered transport and altered nutrient use as contributing factors to malnutrition.

ASPEN defines situations where severe malnutrition occurs which includes acute illness injury, chronic illness and social or environmental circumstances. Documentation must define patient-specific situations and contributing factors to accurately code for severe malnutrition.

The following criteria for the diagnosis of malnutrition have been recommended in a consensus statement from the Academy of Nutrition and Dietetics (Academy) and the American Society for Parenteral and Enteral Nutrition (ASPEN) in 2012:

Two or more of the following six characteristics:

- Insufficient energy intake
- Weight loss
- Loss of muscle mass
- Loss of subcutaneous fat
- Localized or generalized fluid accumulation that may mask weight loss
- Diminished functional status as measured by handgrip strength

## GLIM

Additional criteria were introduced in 2018 from GLIM, established to develop a global consensus on the identification and diagnostic criteria for malnutrition to facilitate comparison of malnutrition prevalence, treatment and outcomes.

The [GLIM criteria](#) (select GLIM in the link) speaks to the same contributing factors as ASPEN but also identify disease associated inflammatory mechanisms, especially those related to chronic disease as a factor. The new criteria include an appreciation of the role of acute and chronic inflammation, which is not represented in the International Classifications of Diseases 10th revision (ICD-10) codes.

Also see: [Global Leadership Initiative on Malnutrition \(GLIM\) A Framework for Diagnosing Adult Malnutrition.pdf](#)

The diagnosis requires the combination of at least one phenotype and one etiologic criteria:

- **Phenotype criteria:** Nonvolitional weight loss, low body mass index (BMI), or reduced muscle mass
- **Etiologic criteria:** Reduced food intake or absorption, or underlying inflammation due to acute disease/injury or chronic disease

## Additional criteria

- **Acute illness/injury present for less than three months.** Examples include multi-trauma, surgery, prolonged intubation or hospitalization.
- **Chronic illness present for three months or longer.** Examples include metastatic disease, chronic lung disease or HIV disease.
- **Social and environmental circumstances** limiting access or ability to self-care.

## **Lab parameters**

Lab parameters used to support or indicate severe malnutrition include:

- Albumin < 2.0 gm/dL and/or pre-albumin < 5 mg/dL
- Usual body weight < 75 % with Unintended weight loss of >5% in one month
- Unintended weight loss of >7.5% in three months
- Unintended weight loss of >10% in six months OR
- Unintended weight loss of >20% in one year

Albumin and prealbumin levels are highly nonspecific for malnutrition, but when malnutrition is known to be present, they may be useful indicators of severity.

**Reference the most up to date criteria as defined by ASPEN and GLIM as they may provide updates before this Priority Health policy reflects them.**