

DISEASE-RELATED MALNUTRITION

Provider's guide to diagnose and code malnutrition

Disease-related malnutrition is defined as a lack of dietary intake to adequately provide for bodily maintenance and growth. A BMI less than 19 or 5% or greater weight loss in a short period of time could indicate the possibility of malnutrition.

Patients are at risk of malnutrition if they have chronic illnesses such as: cancer, alcohol and drug abuse, liver disease, pancreatitis, chronic kidney disease, pancreatitis, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), dementia, Alzheimer's, Parkinson's, depression, anemia, and diabetic gastroparesis.

Screening for malnutrition can be done by calculating the BMI and performing the Mini Nutritional Assessment (MNA) included on the back page of this handout. The MNA screening tool is useful as supporting information in conjunction with a physical examination. The MNA can be administered every 12 months for community dwelling patients; every 3 months for patients in the hospital, nursing home, or experiencing a change in condition.

Clinical signs and symptoms must be included to diagnosis malnutrition. Additionally, the following diagnostic data supports the diagnosis of malnutrition:

- › BMI < 19¹
- › Low body weight: < 80% ideal weight¹
- › Significant weight loss from baseline¹
 - 2% decrease in 1 month
 - 5% decrease in 3 months
 - 10% decrease in 6 months
- › Calf circumference of less than 31cm
- › Low albumin and pre-albumin states are no longer considered diagnostic since these lab results are affected by inflammation.

Please consider the following documentation guidelines when coding for malnutrition:

1. Document a diagnostic statement that is compatible with ICD-10-CM nomenclature
2. Confirm face-to-face encounter is signed and dated by clinician. Include printed version of clinician's full name and credentials (e.g., MD, DO, NP, PA).
3. Document subjective and objective findings that are consistent with the diagnosis of malnutrition.
4. Specify the time frame and context that denotes the patient's BMI decline.
5. Be specific with the description of the diagnosis, such as severe, moderate, or mild malnutrition.
6. The diagnosis of malnutrition should be consistent with an appropriate treatment and follow-up plan.

7. Clinical documentation must be signed with appropriate provider credentials, as well as a date of service.
8. If known, link the diagnosis of malnutrition to a reportable secondary diagnosis.

From a coding and documentation perspective **it is important to link malnutrition to a reportable secondary diagnosis**, such as dementia or malignancy. Other codes that are helpful when assessing malnutrition status include:

Malnutrition		
ICD-10-CM Codes	ICD-10-CM Description	Definition/tip
E40	Kwashiorkor	Severe malnutrition w/ nutritional edema w/ dyspigmentation of skin and hair
E41	Nutritional marasmus	Severe malnutrition w/marasmus
E42	Marasmic kwashiorkor	Intermediate form severe protein-calorie malnutrition Severe protein-calorie malnutrition w/signs of both kwashiorkor and marasmus
E43	Unspecified severe protein-calorie malnutrition	Starvation edema
E44.0	Moderate protein-calorie malnutrition	
E44.1	Mild protein-calorie malnutrition	
E45	Retarded development following protein-calorie malnutrition	Nutritional short stature Nutritional stunting Physical retardation due to malnutrition
E46	Unspecified protein-calorie malnutrition	
Z68.1	Body Mass (BMI) 19 or less, adult	
R64	Cachexia Wasting Syndrome	
R62.7	Adult failure to thrive	

Other References:

1. Ritchie, C. (2013). Geriatric nutrition: Nutritional issues in older adults. UpToDate® Retrieved 10/17/2013
2. Ritchie, C. Geriatric nutrition: nutritional issues in older adults. In: UpToDate, Schmader, K.E. & Lipman, T.O. (Eds.), UpToDate, Waltham, MA, 2014. Accessed 8/13/2014 via weblink: http://www.uptodate.com/contents/geriatric-nutrition-nutritional-issues-in-older-adults?source=search_result&search=malnutrition&selectedTitle=2-150

Mini Nutritional Assessment – MNA®

© Société des Produits Nestlé, S.A., Vevey, Switzerland, Trademark Owners

© Nestlé, 1994, Revision 2009. N67200 12/99 10M

For more information: www.mna-elderly.com

Last name: _____ First name: _____

Sex: _____ Age: _____ Weight, kg: _____ Height, cm: _____ Date: _____

Complete the screen by filling in the boxes with the appropriate numbers. Total the numbers for the final screening score.

Screening

A Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?

- 0 = severe decrease in food intake
1 = moderate decrease in food intake
2 = no decrease in food intake

B Weight loss during the last 3 months

- 0 = weight loss greater than 3 kg (6.6 lbs)
1 = does not know
2 = weight loss between 1 and 3 kg (2.2 and 6.6 lbs)
3 = no weight loss

C Mobility

- 0 = bed or chair bound
1 = able to get out of bed / chair but does not go out
2 = goes out

D Has suffered psychological stress or acute disease in the past 3 months?

- 0 = yes 2 = no

E Neuropsychological problems

- 0 = severe dementia or depression
1 = mild dementia
2 = no psychological problems

F1 Body Mass Index (BMI) (weight in kg) / (height in m²)

- 0 = BMI less than 19
1 = BMI 19 to less than 21
2 = BMI 21 to less than 23
3 = BMI 23 or greater

IF BMI IS NOT AVAILABLE, REPLACE QUESTION F1 WITH QUESTION F2.
DO NOT ANSWER QUESTION F2 IF QUESTION F1 IS ALREADY COMPLETED

F2 Calf circumference (CC) in cm

- 0 = CC less than 31
3 = CC 31 or greater

Screening score (max. 14 points)

12 - 14 points: Normal nutritional status

8 - 11 points: At risk of malnutrition

0 - 7 points: Malnourished

MNA references

1. Vellas B, Villars H, Abellan G, et al. Overview of the MNA® - Its History and Challenges. *J Nutr Health Aging*. 2006; **10**:456-465.
2. Rubenstein LZ, Harker JO, Salva A, Guigoz Y, Vellas B. Screening for Undernutrition in Geriatric Practice: Developing the Short-Form Mini Nutritional Assessment (MNA-SF). *J Geront*. 2001; **56A**: M366-377.
3. Guigoz Y. The Mini-Nutritional Assessment (MNA®) Review of the Literature - What does it tell us? *J Nutr Health Aging*. 2006; **10**:466-487.
4. Kaiser MJ, Bauer JM, Ramsch C, et al. Validation of the Mini Nutritional Assessment Short-Form (MNA®-SF): A practical tool for identification of nutritional status. *J Nutr Health Aging*. 2009; **13**:782-788.