Disease-related malnutrition is a 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 < 19%
- Low body weight: < 80% ideal weight
- Significant weight loss from baseline
  - 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:

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

Other References:

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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

**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