

## Malnutrition (ICD10-AM codes E40-E46)

### Public submission for proposed changes to ICD-10-AM/ACS modification

In the interests of improving the classification of adult patients with malnutrition, we would like to make the following comments and suggestions. These comments and suggestions are made after consultation with expert clinicians who are dealing with adult patients with malnutrition on a regular basis and who have an international published track record in this field.

#### 1. Inclusion note

The inclusion note for this heading includes several statements that the degree of malnutrition is usually measured in terms of weight, expressed as standard deviation from the mean of the relevant reference population. These statements are applicable for the diagnosis of malnutrition in children. We recommend the following additional statement should be included for adults after the sentence "...reliance should be placed on clinical evidence." For adults this may include weight loss of at least 5%, with evidence of suboptimal intake, subcutaneous fat loss and/or muscle wasting.

#### 2. Code breakdown

##### E43 Unspecified severe protein-energy malnutrition

The definition of this code lacks specificity for adults. We recommend including the following statement:

"In adults, severe loss of weight (>10%), with evidence of suboptimal intake, subcutaneous fat loss and/or muscle wasting."

##### E44.0 and E44.1 Protein-energy malnutrition of moderate and mild degree

The definition of this code lacks specificity for adults. We recommend including the following statement:

"In adults, loss of weight (>5%), with evidence of suboptimal intake, subcutaneous fat loss and/or muscle wasting."

#### 3. ACS Modification – clarification regarding acceptance of the nutrition diagnosis made by an accredited practicing dietitian.

Accredited Practicing Dietitians gain their qualifications through an accredited university course, undertake ongoing professional development and commitment to uphold the Dietitians Association of Australia (DAA) Code of Professional conduct and Code of Ethics. The APD program is the national credentialing system for dietitians administered by the DAA and is the accepted qualification for Medicare reimbursement of dietetic services. Dietitians have extensive training in assessment of the nutritional status of patients, as this is a fundamental aspect of the nutrition care process. Nutrition assessment is a comprehensive approach to defining nutritional status using medical and nutritional histories; physical examination; anthropometric and laboratory data. This may involve weight history, assessment of dietary intake, presence of symptoms that may impact on nutritional status (eg nausea, vomiting, diarrhea, pain, mouth ulcers, etc), functional status and physical examination regarding evidence of subcutaneous fat loss and muscle wasting, and review of biochemical parameters. Following this assessment, dietitians determine whether the

patient is well nourished or malnourished. Current coding practice does not allow the dietitians nutrition assessment to be used for DRG allocation - a medical officer must write the term malnutrition in the patient medical record. We recommend that coders accept the assessment of the patients nutritional status made by an accredited practicing dietitian. Precedent for coding of allied health diagnoses has been made by the current acceptance of speech pathologists diagnosis of dysphasia.

#### Summary

We believe the changes recommended to improve the classification of adult patients with malnutrition and the acceptance of the nutrition diagnosis made by an accredited practicing dietitian would be widely accepted.

Thank you for considering these issues.

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On behalf of the Dietitians Association of Australia.