

ICD-11 Change in Coding for Adult Malnutrition: Impact and Support

The World Health Organization (WHO) announced in October 2025 that, starting in 2027, the International Classification of Diseases, 11th Revision (ICD-11) will include a code for undernutrition in adult patients.

- The new terminology will be undernutrition instead of malnutrition to recognize the loss of weight (unintentionally), low muscle mass, or low BMI.
- The new code only applies to adults.
- It is likely that the adoption of ICD-11 in the US will be delayed to allow for the development of clinical modifications to support US reporting and billing requirements.

What does the Undernutrition in Adults diagnosis ICD-11 code require?

- One etiologic criterion (disease-related inflammation or inadequate food intake) and one phenotypic criterion (unintentional weight loss, low muscle mass, or low BMI).
- The identification of these criteria will be used to select from one of the three diagnosis sub-codes:
 - Undernutrition in adults related to disease with moderate to severe disease-related inflammation
 - Undernutrition in adults related to disease with non-discernible disease-related inflammation
 - Undernutrition in adults related to inadequate food intake due to hunger or food shortage.
- Additional descriptors will still be used to describe severity (i.e., moderate undernutrition and severe undernutrition).
- The criteria are aligned with the Global Leadership Initiative on Malnutrition (GLIM) diagnostic framework, a validated system.
- Because all validated tools consider, at minimum, unintentional weight loss, low muscle mass, and context/etiology of disease, the criteria can also be identified using the Academy/ASPEN Indicators of Malnutrition (AIM), Subjective Global Assessment (SGA), and Mini Nutrition Assessment (MNA).

How will this new code change my practice?

- Clinicians and healthcare organizations may need to modify medical record templates, forms, and reports to include the word “undernutrition” and adjust their process for documenting undernutrition in adults to reflect the diagnostic framework (one etiologic and one phenotypic criterion) proposed by ICD-11.
- Because all validated tools in frequent use in the US consider inadequate food intake and a disease burden context, the etiologic criteria can be satisfied. These tools also include, at minimum, unintentional weight loss and low muscle mass assessment, and can be used to identify the phenotypic criteria to satisfy this ICD-11 code.

Will there be any coding and billing impacts associated with this new code?

- The code’s structured format and alignment with diagnostic criteria should facilitate use by a broad array of practitioners for a reduced rate of coding errors.
- Tracking of coding errors, claim denials, and relevant payer policy requirements is advised to confirm correct application of the new code.

Who will help me navigate this transition?

- The American Society for Parenteral and Enteral Nutrition (ASPEN), the Academy of Nutrition and Dietetics (the Academy), and the American Society of Nutrition (ASN) are committed to supporting members during the ICD-11 transition by providing education, coding guidance, and payor advocacy as implementation approaches.
- We will collaborate to develop a crosswalk between the AIM, SGA, MNA, and GLIM criteria and this new framework.

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