Diagnosing Malnutrition in Adults in Clinical Settings: Incremental Progress

Test Questions

1. **What is the primary reason for developing a new ICD-11 code for adult malnutrition?**

    a. WHO wanted to replace GLIM and AAIM diagnostic frameworks with a new screening tool
    b. Dietitians requested a code that eliminated the need for a Nutrition-Focused Physical Exam (NFPE)
    c. Existing ICD-10 malnutrition codes were designed primarily around low BMI and protein-energy deficiency and did not adequately reflect disease-related malnutrition seen in clinical practice
    d. To provide a separate code for only the US to implement to make it easier to capture the prevalence of adult malnutrition

2. **What role will the Academy of Nutrition and Dietetics (AND) & the American Society of Parenteral and Enteral Nutrition (ASPEN) and the American Society of Nutrition (ASN) play in supporting the new ICD-11 adult undernutrition code?**

    a. Determine reimbursement rates for all nutrition services
    b. Provide education, coding guidance, and payor advocacy, while helping clinicians align current malnutrition assessment approaches with the new ICD-11 framework
    c. Replace hospital coding departments and submit claims directly to payors
    d. Require all clinicians to discontinue using AAIM and GLIM criteria

3. **According to the GLIM framework, a diagnosis of malnutrition requires:**

    a. Low BMI only
    b. Low albumin and unintentional weight loss
    c. One phenotypic criterion and one etiologic criterion
    d. Weight loss only

4. **According to the speaker, when is implementation of the new ICD-11 code expected to begin?**

    a. Immediately
    b. By end of 2026
    c. After all US hospitals and clinics convert their EMRs to include ICD-11
    d. Sometime in 2027, with rollout occurring at different times across countries and likely delayed in the U.S.

Diagnosing Malnutrition in Adults in Clinical Settings: Incremental Progress

Test Questions Continued

5. **Which of the following actions can dietitians take now to prepare for implementation of the ICD-11 code?**

    a. Delay malnutrition documentation changes until the U.S. implementation date is announced
    b. Discontinue use of NFPE until ICD-11 is adopted
    c. Focus on BMI documentation because ICD-11 does not consider muscle mass
    d. Strengthen documentation of phenotypic and etiologic criteria, become familiar with GLIM, and monitor guidance from the following: ASPEN, AND, ASN

6. **What is a likely implication of ICD-11 implementation for healthcare organizations?**

    a. Elimination of nutrition documentation requirements
    b. Removal of malnutrition quality metrics
    c. Reduced need for interd**i**sciplinary communication
    d. Updates to EMR documentation, coding and billing processes

7. **What terminology will ICD-11 use instead of "malnutrition" for adults?**

    a. Clinical wasting
    b. Nutrition deficiency
    c. Protein-energy malnutrition
    d. Undernutrition

Diagnosing Malnutrition in Adults in Clinical Settings: Incremental Progress

Test Answers

1. **What is the primary reason for developing a new ICD-11 code for adult malnutrition?**

   a. WHO wanted to replace GLIM and AAIM diagnostic frameworks with a new screening tool
   b. Dietitians requested a code that eliminated the need for a Nutrition-Focused Physical Exam (NFPE)
   c. Existing ICD-10 malnutrition codes were designed primarily around low BMI and protein-energy deficiency and did not adequately reflect disease-related malnutrition seen in clinical practice
   d. To provide a separate code for only the US to implement to make it easier to capture the prevalence of adult malnutrition

2. **What role will the Academy of Nutrition and Dietetics (AND) & the American Society of Parenteral and Enteral Nutrition (ASPEN) and the American Society of Nutrition (ASN) play in supporting the new ICD-11 adult undernutrition code?**

   a. Determine reimbursement rates for all nutrition services
   b. Provide education, coding guidance, and payor advocacy, while helping clinicians align current malnutrition assessment approaches with the new ICD-11 framework
   c. Replace hospital coding departments and submit claims directly to payors
   d. Require all clinicians to discontinue using AAIM and GLIM criteria

3. **According to the GLIM framework, a diagnosis of malnutrition requires:**

   a. Low BMI only
   b. Low albumin and unintentional weight loss
   c. One phenotypic criterion and one etiologic criterion
   d. Weight loss only

4. **According to the speaker, when is implementation of the new ICD-11 code expected to begin?**

   a. Immediately
   b. By end of 2026
   c. After all US hospitals and clinics convert their EMRs to include ICD-11
   d. Sometime in 2027, with rollout occurring at different times across countries and likely delayed in the U.S.

Diagnosing Malnutrition in Adults in Clinical Settings: Incremental Progress

Test Answers Continued

5. **Which of the following actions can dietitians take now to prepare for implementation of the ICD-11 code?**

   a. Delay malnutrition documentation changes until the U.S. implementation date is announced
   b. Discontinue use of NFPE until ICD-11 is adopted
   c. Focus on BMI documentation because ICD-11 does not consider muscle mass
   d. Strengthen documentation of phenotypic and etiologic criteria, become familiar with GLIM, and monitor guidance from the following: ASPEN, AND, ASN

6. **What is a likely implication of ICD-11 implementation for healthcare organizations?**

   a. Elimination of nutrition documentation requirements
   b. Removal of malnutrition quality metrics
   c. Reduced need for interdisciplinary communication
   d. Updates to EMR documentation, coding and billing processes

7. **What terminology will ICD-11 use instead of "malnutrition" for adults?**

   a. Clinical wasting
   b. Nutrition deficiency
   c. Protein-energy malnutrition
   d. Undernutrition