

Protein-calorie malnutrition

In order to improve the reporting of malnutrition among the elderly, it is important for providers to document the condition in the medical record and for coders to be aware of malnutrition as a potential diagnosis.

Documentation tips⁴:

- Weight loss or gain
- Lab values if appropriate
- Degree or severity
- BMI and any underlying conditions
- Treatment plan

Protein-calorie malnutrition is associated with many disease states, including:¹

• Cancer	• Pancreatitis
• Alcohol abuse and/or dependence	• Drug abuse and/or dependence
• Liver disease	• Anemia
• Chronic kidney disease (CKD)	• End stage renal disease (ESRD)

Although PCM can be diagnosed when the BMI is ≤ 18.9 , it should be noted that the elderly are at increased risk of death when the BMI is ≤ 21 .² Therefore, the provider should ensure that the elderly have adequate caloric and protein intake so that the BMI is above 21.

A variation of the Short Nutritional Assessment Questionnaire has been developed for community-dwelling members who are aged 65 years or older, SNAQ⁶⁵⁺ <www.fightmalnutrition.eu>.³

- SNAQ⁶⁵⁺ documents weight loss, physical examination, appetite, and functionality in order to determine the risk of undernutrition.
- Based on the findings from this assessment or any assessment the provider deems necessary, a treatment plan can be determined.

ICD-10-CM codes	Code description	Examples of diagnostic criteria
E44.0	Moderate Protein-Calorie Malnutrition	"Second degree" Characterized by superimposed biochemical changes in electrolytes, lipids, blood plasma ³
E44.1*	Mild Protein-Calorie Malnutrition	"First degree" Characterized by tissue wasting in an adult, but few or no biochemical changes⁴
E43	Severe Protein-Calorie Malnutrition	"Third degree" occurs when adequate protein or calories are not received for normal growth, body maintenance, and the energy necessary for ordinary activities ⁴
E45	Retarded development following protein-calorie malnutrition	Nutritional stunting or short stature, Physical retardation due to malnutrition
E46*	Unspecified Protein-Calorie Malnutrition	Malnutrition NOS Protein-calorie imbalance NOS
R64	Cachexia	Wasting syndrome; general ill health and poor nutrition. Code first underlying condition, if known ⁴

*Protein-calorie malnutrition to a mild degree or unspecified requires few or no biochemical labs to validate use of these codes.

Elements of SNAQ⁶⁵⁺ For Community Dwelling Members Aged 65 years and Older³

Findings	Not undernourished	At-risk for undernutrition	Undernourished
Unintentional weight loss within the last 6 months	$< 4\text{kg (8.8 lbs)}$		$\geq 4\text{ kg (8.8 lbs)}$
Mid upper arm circumference	$\geq 25\text{ cm (9.8 inches)}$		$< 25\text{ cm (9.8 inches)}$
Appetite and functionality	Good appetite and/or well-functioning	Poor appetite and poor functioning	
<ul style="list-style-type: none"> • If the patient does not know whether he/she has had weight loss within this period, ask the patient: if clothes have become too big; if the belt has had to be tightened recently; and/or if the watch has become looser around the wrist. • For the mid-upper arm circumference measurement: Keep the left arm at a 90° angle with the palm of the hand turned towards the body; determine the center point between the lateral bone of the shoulder (acromion) and the tip of the elbow (olecranon); and then measure the circumference of the left upper arm at the center point with the arm hanging loosely. • For appetite and functionality, ask the member whether: <ul style="list-style-type: none"> • He/she has had a poor appetite in the past week. • He/she can walk up and down a staircase of 15 steps without resting. <ul style="list-style-type: none"> • For patients who no longer can climb stairs anymore, ask whether they can walk outside for 5 minutes without resting. • For wheelchair-bound members, determine if they can move around in the wheelchair for 5 minutes without resting. • Please note that there are other SNAQ surveys for both hospitalized members and those in residential care or care homes.³ 			

Recommended characteristics for diagnosing protein-calorie malnutrition

In 2009, The American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) recognized the need to standardize the approach to the diagnosis of malnutrition in adults and to coordinate these efforts among their respective organizations.⁵

Because no single parameter is definitive for adult malnutrition, the identification of two or more of the following six characteristics is recommended for diagnosis:

- Insufficient energy intake^{6,7,8}
- Weight loss^{9,10,11,12}
- Loss of muscle mass^{12,13}
- Loss of subcutaneous fat^{12,13}
- Localized or generalized fluid accumulation that may sometimes mask weight loss^{12,13}
- Diminished functional status as measured by hand-grip strength^{12,14,15,16,17,18,19}

Facts about protein-calorie malnutrition and obesity

Body mass index (BMI) is a reportable HEDIS/Five-Star Quality health care quality measurement. For the general population, as shown in the following table, BMI can provide sound clinical information on a person's nutritional status. In order to determine that patients are at a healthy weight, the provider should record their height and weight, calculate the BMI, and document the BMI in the chart at least once or twice a year.³

BMI	Weight Status	Status and BMI Coding	
19 or less	Underweight	R63.6	Z68.1
	Cachexia	R64	
	Protein-calorie malnutrition	E43 – E46	
20 – 24.9	Normal	-	Z68.20 – Z68.24
25.0 – 29.9	Overweight	E66.3	Z68.25 – Z68.29
30.0 – 39.9	Obesity	E66.9	Z68.30 – Z68.39
40 and above	Morbid obesity	E66.01	Z68.4-

Protein-calorie malnutrition codes represent a confirmed clinical diagnosis; however, abnormal weight loss (R63.4), loss of appetite (R63.0), underweight (R63.6), adult failure to thrive (R62.7) are considered signs and symptoms and should only be used if a definitive diagnosis can not be achieved.

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2018: "A dash (-) at the end of an alphabetic index entry indicates that additional characters are required. Even if a dash is not included at the alphabetic index entry, it is necessary to refer to the tabular list to verify that no 7th character is required." The bolding of the ICD-10-CM codes represents categories, subcategories or codes that map to the CMS-HCC risk adjustment model for payment year 2019.

Codes marked with a **+** directly after them represent new additions to the FY 2018 ICD-10-CM code classification.

For additional information as well as publications and products available for HEDIS®, please visit the National Committee for Quality Assurance (NCQA) website at ncqa.org

For additional information about the Medicare Advantage Five-Star Quality Rating System, please refer to: <http://go.cms.gov/partcanddstarratings>

Optum360 ICD-10-CM: Professional for Physicians 2018. Salt Lake City, UT: 2017.

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This guidance is to be used for easy reference; however, the ICD-10-CM code book and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the "thought process" of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment, and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on April 2, 2018, the Centers for Medicare & Medicaid Services (CMS) announced that 2018 dates of service for the 2019 payment year model is based on 100% of the 2019 CMS-HCC model mappings released April 2, 2018. See: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvSpecRateStats/Downloads/Announcement2019.pdf>

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