Focusing on Protein-Calorie Malnutrition

Among the elderly, significant mortality is associated when the BMI is less than 21.¹

Protein-Calorie Malnutrition (PCM)

The prevalence of protein-calorie malnutrition varies depending on the clinical setting. PCM is estimated at 4% in the community setting; 29% in sub-acute care facilities; 27% and 38% among the hospitalized elderly aged 60 – 79 and aged 80 and older, respectively; and 30–40% among those aged 70 years of age and older who have been hospitalized for over two weeks.²

Facts about Protein-Calorie Malnutrition & Obesity

Body Mass Index (BMI) is a reportable HEDIS/Star healthcare 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

<table>
<thead>
<tr>
<th>Classification</th>
<th>BMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.50</td>
</tr>
<tr>
<td>Severe Malnutrition</td>
<td>&lt;16.00</td>
</tr>
<tr>
<td>Moderate Malnutrition</td>
<td>16.00–16.99</td>
</tr>
<tr>
<td>Mild Malnutrition</td>
<td>17.00–18.49</td>
</tr>
<tr>
<td>Normal Range</td>
<td>18.50–24.99</td>
</tr>
<tr>
<td>Overweight</td>
<td>&gt;25.00</td>
</tr>
<tr>
<td>Pre-Obese</td>
<td>25.00–29.99</td>
</tr>
<tr>
<td>Obese</td>
<td>&gt;30.00</td>
</tr>
<tr>
<td>Obese Class I</td>
<td>30.00–34.99</td>
</tr>
<tr>
<td>Obese Class II</td>
<td>35.00–39.99</td>
</tr>
<tr>
<td>Obese Class III (Morbid Obesity)</td>
<td>&gt;40.00</td>
</tr>
</tbody>
</table>

ICD-9-CM⁴

- 262 Other severe, protein-calorie malnutrition
- 263.0 Malnutrition of moderate degree
- 263.1 Malnutrition of mild degree
- 263.8 Other protein-calorie malnutrition
- 263.9 Unspecified protein-calorie malnutrition

ICD-10-CM⁵

- E43 Unspecified severe protein-calorie malnutrition
- E44.0 Moderate protein-calorie malnutrition
- E44.1 Mild protein-calorie malnutrition
- E46 Unspecified protein-calorie malnutrition

Documentation Tips⁴⁵

The ICD-9-CM separates obesity and malnutrition into several specific code categories based on degree or severity. Clinical documentation should include:

- Weight loss or gain
- Degree or severity
- Physical examination signs
- Treatment plan
- Laboratory values (total protein, albumin, pre-albumin)
- BMI
- Underlying medical conditions

While BMI may be coded by the medical assistant or other medical professional, the diagnosis must be coded based upon the provider’s documentation.⁵

- continued on other side -
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 (ICD-9-CM Code Categories 262 and 263).

The most severe malnutrition problems are associated with Protein-Calorie Malnutrition (PCM), also known as Protein-Energy Malnutrition (or Protein Calorie Undernutrition), which occurs in both chronic and acute forms.

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

- Cancer
- Alcohol Abuse and/or Dependence
- Liver Disease
- Chronic Kidney Disease (CKD)
- Pancreatitis
- Drug Abuse and / or Dependence
- Anemia
- End Stage Renal Disease (ESRD)

The Clinical Assessment of Nutritional Status (CANS) can provide a scoring system to determine whether or not a patient may have Protein-Calorie Malnutrition (PCM).

- Any combination, which provides a score of 2 or more, suggests that the patient may meet the diagnosis of Protein Calorie Malnutrition (PCM)
- 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. Therefore, the PCP should ensure that the elderly have adequate caloric and protein intake so that the BMI is above 21.¹

**Parameters**

**Positive**  | **Negative**
---|---
1. Unremitting, involuntary weight loss  | Greater than 10% in the previous six months and especially in the last few weeks | 1 | 0
2. Food intake is severely curtailed | 1 | 0
3. Muscle wasting and fat loss  | With presence of edema or ascites on exam | 1 | 0
4. Persistent, daily gastrointestinal symptoms in the past 2 weeks  | Including anorexia, nausea, vomiting, diarrhea | 1 | 0
5. Marked reduction in physical activity | 1 | 0
6. Presence of metabolic stress  | Due to trauma, inflammation, infection | 1 | 0
7. Albumin < 3.5 | 1 | 0
8. BMI ≤ 18.9 | 2 | 0

**TOTAL SCORE:**

Due to the updated, clinically revised CMS-HCC Medicare risk adjustment model for Payment Year 2015, the bolding of ICD-9-CM codes has been revised to reflect:

- **Black = Risk adjusts in both the 2013 CMS-HCC model and the 2014 CMS-HCC model**

**Note:** The 2015 Payment Year model is a blend of the 2013 CMS-HCC model (67%) and the 2014 CMS-HCC model (33%).