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 (ICD-10-CM codes E44.0, E44.1 and E46).

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:1

- Cancer
- Alcohol abuse and/or dependence
- Liver disease
- Chronic kidney disease (CKD)
- Anemia
- Drug abuse and/or dependence
- End stage renal disease (ESRD)
- Anemia
- 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, SNAQ6566 - www.fightmalnutrition.eu.3

SNAQ6566 documents weight loss, physical examination, appetite, and functionality in order to determine the risk of undernutrition.

Then, a treatment plan can be determined.

Elements of SNAQ6566 For Community Dwelling Members Aged 65 years and Older4

<table>
<thead>
<tr>
<th>Findings</th>
<th>Not undernourished</th>
<th>At-risk for undernutrition</th>
<th>Undernourished</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional weight loss within the last 6 months</td>
<td>&lt; 4kg (8.8 lbs)</td>
<td>≥ 4 kg (8.8 lbs)</td>
<td></td>
</tr>
<tr>
<td>Mid upper arm circumference</td>
<td>≥ 25 cm (9.8 inches)</td>
<td>&lt; 25 cm (9.8 inches)</td>
<td></td>
</tr>
<tr>
<td>Appetite and functionality</td>
<td>Good appetite and/or well-functioning</td>
<td>Poor appetite and poor functioning</td>
<td></td>
</tr>
</tbody>
</table>

- 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:
  - 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.
  - For patients who no longer can climb stairs anymore, ask whether they can walk outside 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.5

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2017: "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 ICD-10-CM codes represents categories, subcategories or codes that map to the 2017 CMS-HCC risk adjustment model for Payment Year 2017. Please refer to ICD-10-CM Mappings for all codes that map to risk adjustment.

**ICD-10-CM codes**

<table>
<thead>
<tr>
<th>ICD-10-CM codes</th>
<th>Code description</th>
<th>Examples of diagnostic criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>E44.0</td>
<td>Moderate Protein-Calorie Malnutrition</td>
<td>&quot;Second degree&quot; Characterized by superimposed biochemical changes in electrolytes, lipids, blood plasma.</td>
</tr>
<tr>
<td>E44.1</td>
<td>Mild Protein-Calorie Malnutrition</td>
<td>&quot;First degree&quot; Characterized by tissue wasting in an adult, but few or no biochemical changes</td>
</tr>
<tr>
<td>E46</td>
<td>Unspecified Protein-Calorie Malnutrition</td>
<td>Malnutrition NOS Protein-calorie imbalance NOS</td>
</tr>
<tr>
<td>R64</td>
<td>Cachexia</td>
<td>Wasting syndrome. Code first underlying condition, if known.</td>
</tr>
</tbody>
</table>
