

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-9 Code Categories **262** and **263**).

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

Subjective Global Assessment (SGA) for PEM includes six clinical parameters, followed by a personal judgment as to whether the patient has (A) no malnutrition, (B) possible or mild malnutrition or (C) significant malnutrition.

1. Unremitting, involuntary weight loss that is greater than 10% in the previous six months and especially in the last few weeks
2. Food intake is severely curtailed
3. Muscle wasting and fat loss, with attention to the presence of edema, or ascites present on physical examination
4. Persistent, essentially daily gastrointestinal symptoms such as anorexia, nausea, vomiting or diarrhea in the previous two weeks
5. Marked reduction in physical capacity
6. Presence of metabolic stress due to trauma, inflammation or infection

Any combination of these conditions (especially the first three) indicates that the patient has significant PEM.

Other standards are used and accepted as indicators of PCM:

- Body Weight as a value relative to the established norms in the general population
- Body Mass Index (BMI) between 18-18.9 for mild under nutrition (Note that in the elderly, BMI < 21 may increase mortality risk), which can define PCM as a general weight loss standard.¹ Protein-calorie malnutrition can also occur in obesity.

Suggested parameters for evaluating significance of unplanned and undesired weight loss are:²

Interval	Significant Loss	Severe Loss
1 month	5%	> 5%
3 months	7.5%	> 7.5%
6 months	10%	> 10%

Protein-calorie malnutrition may accompany illnesses such as:³

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

ICD-9 Codes	Code Description	Diagnostic Criteria
263.0	Malnutrition of Moderate Degree	"Second Degree" Characterized by superimposed biochemical changes in electrolytes, lipids, blood plasma ^{4,5}
263.1	Malnutrition of Mild degree	"First Degree" Characterized by tissue wasting in an adult, but few or no biochemical changes ⁴
263.8	Other Protein Calorie Malnutrition	Not elsewhere specified ⁴
263.9	Unspecified Protein Calorie Malnutrition	Dystrophy due to malnutrition Malnutrition (calorie) NOS ⁵
799.4	Cachexia	Wasting disease ; general ill health and poor nutrition. ⁴ Code first underlying condition if known. ⁵

¹ TMF Health Quality Institute. "Protein-Energy Malnutrition Definition." Merck Manual Professional Edition. Web. 16 Dec. 2010. <<http://nursinghomes.tmf.org/Portals/16/Documents/NH/Toolkits/PU/ProteinEnergyMalnutrition.pdf>>.

² Department of Health & Human Services & Centers for Medicare & Medicaid Services. "Intent & Definitions: §483.25(i) Nutritional Status." CMS Manual System: Pub. 100-07 State Operations, Provider Certification, Transmittal 36. Web. Aug. 2008. <<http://www.health.state.mn.us/divs/fpc/cww/R36SOMA.pdf>>.

³ Hoffer, John L. "Clinical Nutrition: 1. Protein-energy Malnutrition in the Inpatient." Ed. Canadian Medical Association Journal. (2001). Print.

⁴ Ingenix, Coders' Desk Reference For Diagnoses. 2011. Alexandria, VA: Ingenix, 2010. Print., pp. 266, 658.

⁵ World Health Organization: ICD-9-CM for Providers, Professional Ed. Volumes 1&2. 2011. Alexandria, VA: Ingenix, 2010