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-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:[1]

- 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.[2]

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[3,4]
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[4]
799.4	**Cachexia**	**Wasting disease**; general ill health and poor nutrition.[3] **Code first underlying condition if known.[4]**

Parameters	Positive	Negative
	Circle appropriate score and add for total on the last row and FOC	
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 risk adjustment model for Payment Year 2014, 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 2014 Payment Year model is a blend of the 2013 CMS-HCC model (25%) and the 2014 CMS-HCC model (75%).

1. Hoffer, John L. "Clinical Nutrition: 1. Protein-energy Malnutrition in the Inpatient." Ed. Canadian Medical Association Journal. (2001). Print.
2. Berrington de Gonzalez A and others (December 2010). Body-Mass Index and Mortality among 1.46 Million White Adults. N. Engl. J. Med. 363 (23): 2211–9. (2010)
3. OptumInsight, Coders' Desk Reference For Diagnoses. 2013. Alexandria, VA: OptumInsight, 2012. Print., pp. 272.
4. World Health Organization: ICD-9-CM for Providers, Professional Ed. Volumes 1&2. 2013. Alexandria, VA: OptumInsight, 2012

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