

Protein-Calorie Malnutrition

In order to improve the reporting of malnutrition among the elderly, it is important for physicians to document the condition in the medical record and for coders to be aware of malnutrition as a potential diagnosis. 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 6 clinical parameters, followed by a personal judgement 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 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 2 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 3) indicates that the patient has significant PEM.

Other standards are used and accepted as indicators of Protein Calorie Malnutrition: Body Weight as a value relative to the established norms in the general population; Body Mass Index (BMI) which can define Protein Calorie Malnutrition as well as Obesity; and a General Weight Loss Standard.

The overall opinion is that no “gold standard” for the assessment of nutritional status exists.

Protein-calorie malnutrition may accompany illnesses such as:

Cancer
Pancreatitis
Alcohol Abuse and/or Dependence
Liver Disease
Chronic Kidney Disease
Drug Abuse and/or Dependence
Obesity
ESRD
Alcoholic Hepatitis
Cirrhosis
Celiac Disease
Cystic Fibrosis
Anemia