

# Documentation and Reporting Protein-Calorie Malnutrition

## DOCUMENTATION TIPS

Malnutrition and cachexia may be diagnosed for patients experiencing acute disease or injury, or the late stages of a chronic condition or disease.<sup>2</sup> Supportive criteria for malnutrition are often documented in a dietitian's note. The provider may pull this information into their progress note, address the condition and report it.

Document and report the condition specifically, including:

- Severity - mild, moderate, severe
- Underlying cause - COPD, AIDS, dementia, cancer, depression, liver disease, CKD, major infection, burns
- Treatment
- Monitoring and follow-up plan

### Screening for malnutrition

Screen at-risk patients for malnutrition and, if applicable, develop and implement a plan to address identified nutrition deficits. Monitor the identified characteristics frequently.

The American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) standardized the approach to screening for malnutrition to support an evidence-based nutrition diagnosis that characterizes severity. Minimally, the patient must meet two or more of the following 6 characteristics<sup>2</sup>:

- Insufficient energy intake
- Weight loss
- Loss of muscle mass
- Loss of subcutaneous fat
- Localized or generalized edema, that may mask weight loss
- Diminished functional status as measured by handgrip strength

### Malnutrition

ICD-10-CM Code	Description
E43	Unspecified <b>severe</b> protein-calorie malnutrition
E44.0	<b>Moderate</b> protein-calorie malnutrition
E44.1	<b>Mild</b> protein-calorie malnutrition
E46	Unspecified protein-calorie malnutrition
R64	Cachexia

Severe malnutrition requires a focused and extensive treatment plan. Document the diagnosis and a consistent treatment plan addressing the patient's nutritional status and underlying condition.

## Common Documentation Errors

Signs and symptoms are often reported when the patient may be experiencing malnutrition. It is appropriate to document signs and symptoms when a definitive diagnosis has not been made; however, when malnutrition has been diagnosed reporting these signs and symptoms does not support the patient's severity of illness:

- Abnormal weight loss,
- Loss of appetite,
- Underweight,
- Adult failure to thrive.

## DOCUMENTATION AND REPORTING EXAMPLE

Patient with Alzheimer's dementia with moderate malnutrition. Patient has lost 15 lbs. in the last six months. Patient is unable to speak, has difficulty swallowing, shows no interest in food. Handgrip strength is significantly diminished. Continue pureed foods and Ensure.

E44.0 Moderate protein-calorie malnutrition

G63 Alzheimer's disease

F02.80 Dementia in other diseases classified elsewhere without behavioral disturbance



**HEDIS:** Detailed information about the measure related to body mass index (BMI) is available through your Passport/Molina Quality Representative.

According to the ICD-10-CM Official Guidelines for Coding and Reporting FY2022: "A dash (-) at the end of an alphabetic index entry indicates that additional characters are required." Refer to the tabular list to identify the appropriate character(s) that will complete the diagnosis code.

1. ICD-10-CM Official Guidelines for Coding and Reporting FY2022. 1 Oct. 2021, [www.cms.gov/files/document/fy-2022-icd-10-cm-coding-guidelines.pdf](http://www.cms.gov/files/document/fy-2022-icd-10-cm-coding-guidelines.pdf). Accessed 30 Nov. 2021.
2. White, Jane, Guenter, Peggi, Gordon Jensen, et al. "Consensus Statement of the Academy of Nutrition and Dietetics/American Society for Parenteral and Enteral Nutrition: Recommended for the Identification and Documentation of Adult Malnutrition (Undernutrition)." *Journal of Enteral and Parenteral Nutrition*, 2012, Volume 112, Issue 5, <https://doi.org/10.1016/j.jand.2012.03.012>