FOCUS ON: PROTEIN-CALORIE MALNUTRITION

Body Mass Index (BMI) is a HEDIS/STAR healthcare quality measurement. Therefore, in order to determine which patients are at a healthy weight, their height and weight should be recorded with BMI calculated and documented within the physician’s own note at least once a year.

Clinical Classifications
As shown in the following table and by using a number of different criteria, Protein-Calorie Malnutrition or Undernutrition can be classified as mild, moderate, and severe. The patient’s BMI provides effective and reproducible documentation of the patient's nutritional status.

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Normal</th>
<th>Mild Malnutrition</th>
<th>Moderate Malnutrition</th>
<th>Severe Malnutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Normal Weight</td>
<td>90-100</td>
<td>85-90</td>
<td>75-85</td>
<td>&lt;75</td>
</tr>
<tr>
<td>BMI</td>
<td>19-24*</td>
<td>18-18.9</td>
<td>16-17.9</td>
<td>&lt;16</td>
</tr>
<tr>
<td>Serum Albumin</td>
<td>3.5-5.0</td>
<td>3.1-3.4</td>
<td>2.4-3.0</td>
<td>&lt;2.4</td>
</tr>
<tr>
<td>Serum Transferrin</td>
<td>220-400</td>
<td>201-219</td>
<td>150-200</td>
<td>&lt;150</td>
</tr>
<tr>
<td>Total Lymphocyte Count</td>
<td>2000-3500</td>
<td>1501-1999</td>
<td>800-1500</td>
<td>&lt;800</td>
</tr>
</tbody>
</table>

*M in the elderly, BMI < 21 associated with increased mortality risk

Mortality
Among the elderly, significant mortality also is associated when the BMI is less than 21. The prevalence of protein-calorie malnutrition varies depending on the clinical setting. For example, protein-calorie malnutrition is estimated at 4% in the community; 29% among those in subacute care facilities; 27% and 38% among the hospitalized elderly aged 60-79 and aged 80 and older, respectively; and 30-40% among those aged 70 years and older who have been hospitalized for over 2 weeks.

ALWAYS REMEMBER...
Protein-Calorie malnutrition may accompany illnesses such as:
- Cancer
- Pancreatitis
- Alcohol Abuse
- Drug Abuse
- Liver Disease
- Anemia
- Chronic Kidney Disease
- End Stage Renal Disease

If documenting the following, consider Protein-Calorie Malnutrition:
- Abnormal Weight Loss 783.21
- Loss of Appetite 783.0
- Underweight 783.22
- Anorexia 783.0
- Adult Failure to Thrive 783.7

DOCUMENTATION AND CODING TIPS
The ICD-9-CM separates malnutrition into several specific code categories to capture the degree and specific types of malnutrition. Clinical documentation used to describe malnutrition needs to be specific. The diagnosis “protein-calorie” malnutrition indexes to ICD-9-CM code 263.9, Unspecified Protein-Calorie Malnutrition.

Coding Highlights

<table>
<thead>
<tr>
<th>ICD-9-CM Code</th>
<th>Code Description</th>
<th>Diagnostic Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>263.0</td>
<td>Malnutrition of Moderate Degree</td>
<td>“Second Degree” Characterized by superimposed biochemical changes in electrolytes, lipids, blood plasma.</td>
</tr>
<tr>
<td>263.1</td>
<td>Malnutrition of Mild degree</td>
<td>“First Degree” Characterized by tissue wasting in an adult, but few or no biochemical changes</td>
</tr>
<tr>
<td>263.8</td>
<td>Other Protein-Calorie Malnutrition</td>
<td>Not elsewhere specified</td>
</tr>
<tr>
<td>263.9</td>
<td>Unspecified Protein-Calorie Malnutrition</td>
<td>Dystrophy due to malnutrition (calorie) NOS</td>
</tr>
<tr>
<td>799.4</td>
<td>Cachexia</td>
<td>Wasting disease; general ill health and poor nutrition. Code first underlying condition if known</td>
</tr>
</tbody>
</table>


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