

Risk Coding Tips and Tools Protein-Calorie Malnutrition

Patients must meet **two** or more of the following criteria from the ASPEN scale:

1. Weight Loss
2. Insufficient Energy Intake
3. Loss of Muscle Mass
4. Subcutaneous Fat Loss
5. Local or General Fluid Accumulation
6. Diminishing Functional Status

Documentation Specifics:

- **Identification:** Capture specific timeline and content indicating the patient's declining body mass index and characteristics that indicate a diagnosis of malnutrition
- **Severity:** Mild (1st degree), Moderate (2nd degree), or Severe (3rd degree)
- **Associated Conditions:** Anemia, cancer, pancreatitis, congestive heart failure, cirrhosis, alcoholic hepatitis, etc.



Coding Tip: Documentation should be a specific severity and not a range such as, "moderate to severe".

Physician Documentation Example

Follow-up visit for mild protein-calorie malnutrition.
The patient has **no appetite (2)** and **has lost 10lbs in the last month (1)**. Anemia is stable.

Vitals:

Ht. 5'4ft, Wt. 103 lbs., BP 120/70, Oxygen sat 96%, BMI-17.7

Exam:

General Appearance: Pleasant and very alert. LUNG: Clear to auscultation, no wheezing.
EXTREMITIES: Normal strength and tone. ABDOMEN: Soft, normal bowel sounds.

Assessment and Plan:

Mild Protein-calorie malnutrition: Continue to eat foods that are rich in proteins such as eggs, seafood, beans, lean meat, nuts, and seeds.

Anemia: Continue taking iron supplements, and green leafy vegetables.

Reference:

WellCare. (2019). Protein-calorie malnutrition. ICD-10-CM Documentation and coding best practices.

You can find this resource and others like it in the OHN Risk Coding Corner at
www.OrlandoHealth.com/Network/Resources.

You can also contact us at RiskCoding@OrlandoHealth.com for additional questions or support needs.