Documentation and Coding:
Protein-Calorie Malnutrition (PCM)
or Protein-Energy Malnutrition (PEM)

healthfirst®
Health Insurance for New Yorkers

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At Healthfirst, we're committed to helping providers accurately document and code their patients' health records.

To accurately code a patient as Protein-Calorie Malnutrition or Protein-Energy Malnutrition, the coder must document the diagnosis. Severity ranges from subclinical deficiencies to obvious wasting (with edema, hair loss, and skin atrophy) to starvation. Multiple organs are often impaired.

Malnutrition
- Cachexia - R64
- Kwashiorkor - E40
- Nutritional marasmus - E41
- Sequelae of PCM - E64.0
- Marasmic kwashiorkor - E42
- Unspecified PCM - E46
- Unspecified severe PCM - E43
- Retarded development following PCM - E45
- Mild PCM - E44.1
- Moderate PCM - E44.0
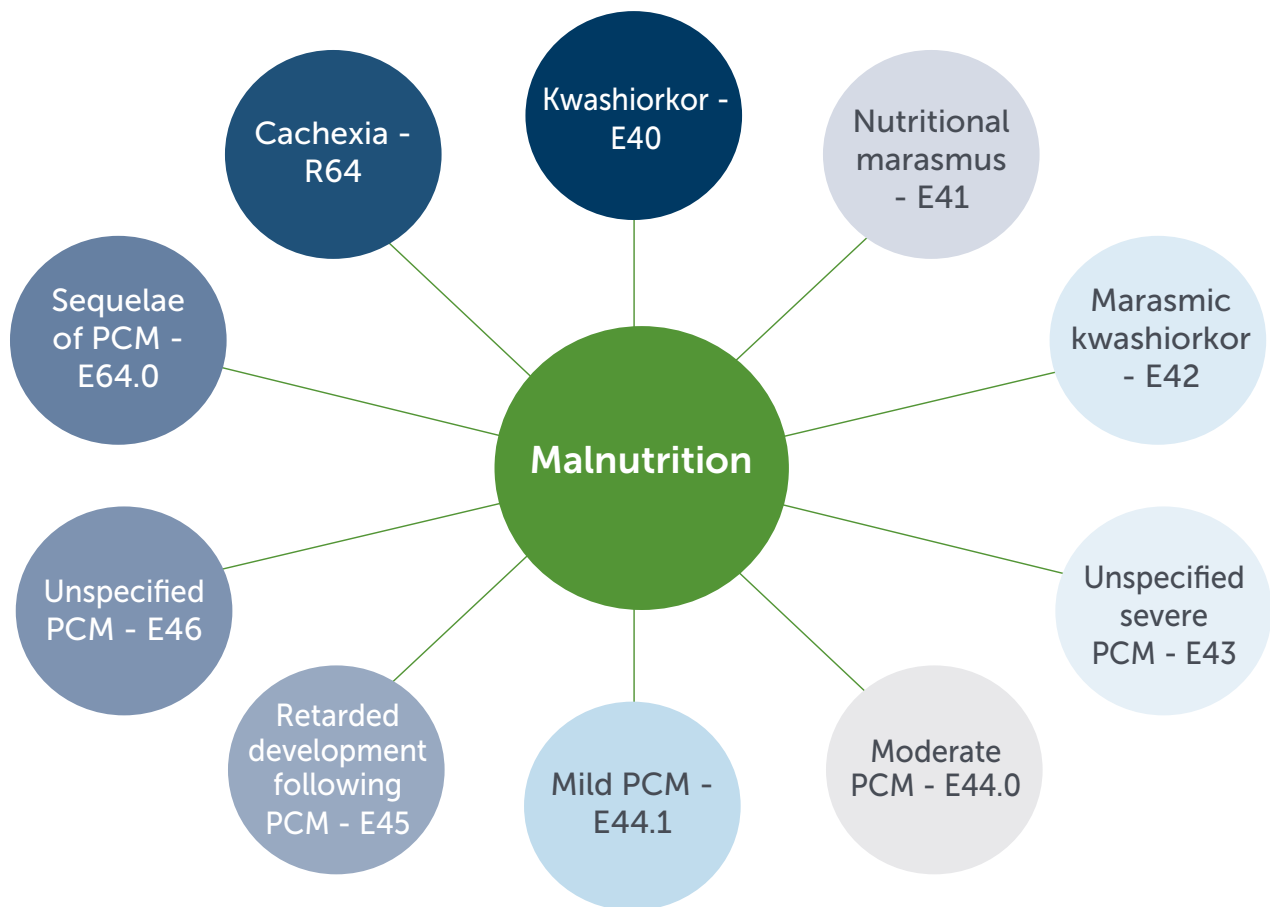
Clinical documentation should include:

- updated nutritional status (e.g., stable, improved, or worsening);

- diagnostic testing (e.g., Serum albumin);

- any complications (e.g., cancer, chronic kidney disease, inflammatory bowel disorders, etc.);

- treatment (e.g., correcting fluid and electrolyte deficits with IV solutions, gradually replenishing nutrients orally, etc.); and

- anthropometric data (e.g., weight-loss history, characteristics of skin folds, circumference, and other body composition metrics).

Questions?

Contact us at **#Risk_Adjustments_and_clinical_Documentation@healthfirst.org**.

References: **EncoderPro.com**; **CodingClinic.com**; **SuperCoder.com**; **AAPC**.

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