

Physician attestation

Patient name: _____ Patient DOB: _____

Functional quadriplegia screening

ICD-10 R53.2 - Functional quadriplegia

To evaluate for possible functional quadriplegia please complete this simple 6 question assessment.

- Total score must be 0 for a serious consideration of diagnosis.
- Documentation must include chronicity, cause, and statement of ADL status or other indication of maximum assist.

Functional quadriplegia is not a true paresis; it is the inability to move due to another condition (e.g., dementia, severe contractures, MS, arthritis, etc.). The patient is immobile because of severe physical disability or frailty. There is usually some underlying cause.

| Activity | Dependence (0 points each) WITH supervision, direction, personal assistance or total care | Independence (1 point each) NO supervision, direction or personal assistance | Points (0 or 1) |
|--------------|--|---|-----------------|
| Bathing | Need help with bathing more than one part of the body; getting in or out of the tub or shower. Requires total bathing. | Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disable extremity. | |
| Dressing | Needs help with dressing self or needs to be completely dressed. | Get clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes. | |
| Toileting | Needs help transferring to the toilet, cleaning self or uses bedpan or commode. | Goes to toilet, get on and off, arranges clothes, cleans genital area without help. | |
| Transferring | Needs help in moving from bed to chair or requires a complete transfer. | Moves in and out of bed or chair unassisted. Mechanical transfer aids are acceptable. | |
| Continence | Is partially or totally incontinent of bowel or bladder. | Exercises complete self-control over urination and defecation. | |
| Feeding | Needs partial or total help with feeding or requires parenteral feeding. | Gets food from plate into mouth without help. Preparation of food may be done by another person. | |
| Total score: | | | |

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Patient name: _____ Patient DOB: _____

Member ID: _____ Insurance: AARP Complete

Provider name: _____ TIN: _____

Protein calorie malnutrition assessment

ICD-10 E44.0 – Moderate protein-calorie malnutrition

ICD-10 E44.1 – Mild protein-calorie malnutrition

ICD-10 E46 – Unspecified protein-calorie malnutrition

Clinical assessment of nutritional status to evaluate for protein-calorie malnutrition (PCM)

Determine positive or negative parameters and circle the score for each.

- Indicate total of all scores at the bottom of the assessment.
- Any combination or score of two (2) or more of these parameters suggests that the patient may meet criteria for protein calorie malnutrition NOS (263.9).
- As an alternative to the assessment, or in addition to it, body mass index (BMI) is a possible indicator of PCM. Therefore, if BMI is 18.9, then positive score = 2.
- If none of these apply, then the patient does not meet diagnostic criteria for PCM.

| Parameters | Positive | Negative |
|--|----------|----------|
| 1 Unremitting involuntary weight loss – greater than 10% in the previous six months and especially in the last few weeks | 1 | 0 |
| 2 Food intake is severely curtailed | 1 | 0 |
| 3 Muscle wasting and fat loss – with present of edema or ascites on exam | 1 | 0 |
| 4 Persistent, daily gastrointestinal symptoms in the past 2 weeks, including anorexia, nausea, vomiting, diarrhea | 1 | 0 |
| 5 Marked reduction in physical activity | 1 | 0 |
| 6 Presence of metabolic stress – due to trauma, inflammation, infection | 1 | 0 |
| 7 Albumin < 3.5 | 1 | 0 |
| 8 BMI ≤ 18.9 | 2 | 0 |
| Total score: | | |

When to consider a PCM diagnosis?

Consider in patients with significant comorbid conditions such as – cancer, ESRD, advanced dementia, end-stage liver disease, advanced infectious illness, substance abuse, prolonged hospital or SNF stays.

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PHQ-9 patient health questionnaire

| Provisional diagnosis | Score total | Diagnosis codes |
|------------------------------|-------------|---|
| Minimal depressive | 1-4 | Major depressive disorder, single episode F32.0 Mild; F32.1 Moderate; F32.2 Severe w/o psychotic features; F32.3 Severe w/ psychotic features; F32.4 in partial remission; F32.5 in full remission |
| Mild depression | 5-9 | |
| Moderate depression | 10-14 | |
| Moderately severe depression | 15-19 | Major depressive disorder, recurrent episode F33.0 Mild; F33.1 Moderate; F33.2 Severe w/o psychotic features; F33.3 Severe w/ psychotic features; F33.40 recurrent, in remission, unspecified; F33.41 in partial remission; F33.42 in full remission |
| Severe depression | 20-27 | |

Over the last 2 weeks, how often have you been bothered by any of the following problems?

| | Not at all: 0 | Several days: 1 | More than half the days: 2 | Nearly every day: 3 |
|---|---------------|-----------------|----------------------------|---------------------|
| Little interest or pleasure in doing things | | | | |
| Feeling down, depressed, or hopeless | | | | |
| Trouble falling/staying asleep, sleeping too much | | | | |
| Feeling tired or having little energy | | | | |
| Poor appetite or overeating | | | | |
| Feeling bad about yourself or that you are a failure or have let yourself or your family down | | | | |
| Trouble concentrating on things, such as reading the newspaper or watching television | | | | |
| Moving or speaking so slowly that other people could have noticed. Or the opposite: being so fidgety or restless that you have been moving around a lot more than usual | | | | |
| Thoughts that you would be better off dead or of hurting yourself in some way | | | | |
| Column total | | | | |
| Total | | | | |
| Provisional diagnosis | | | | |