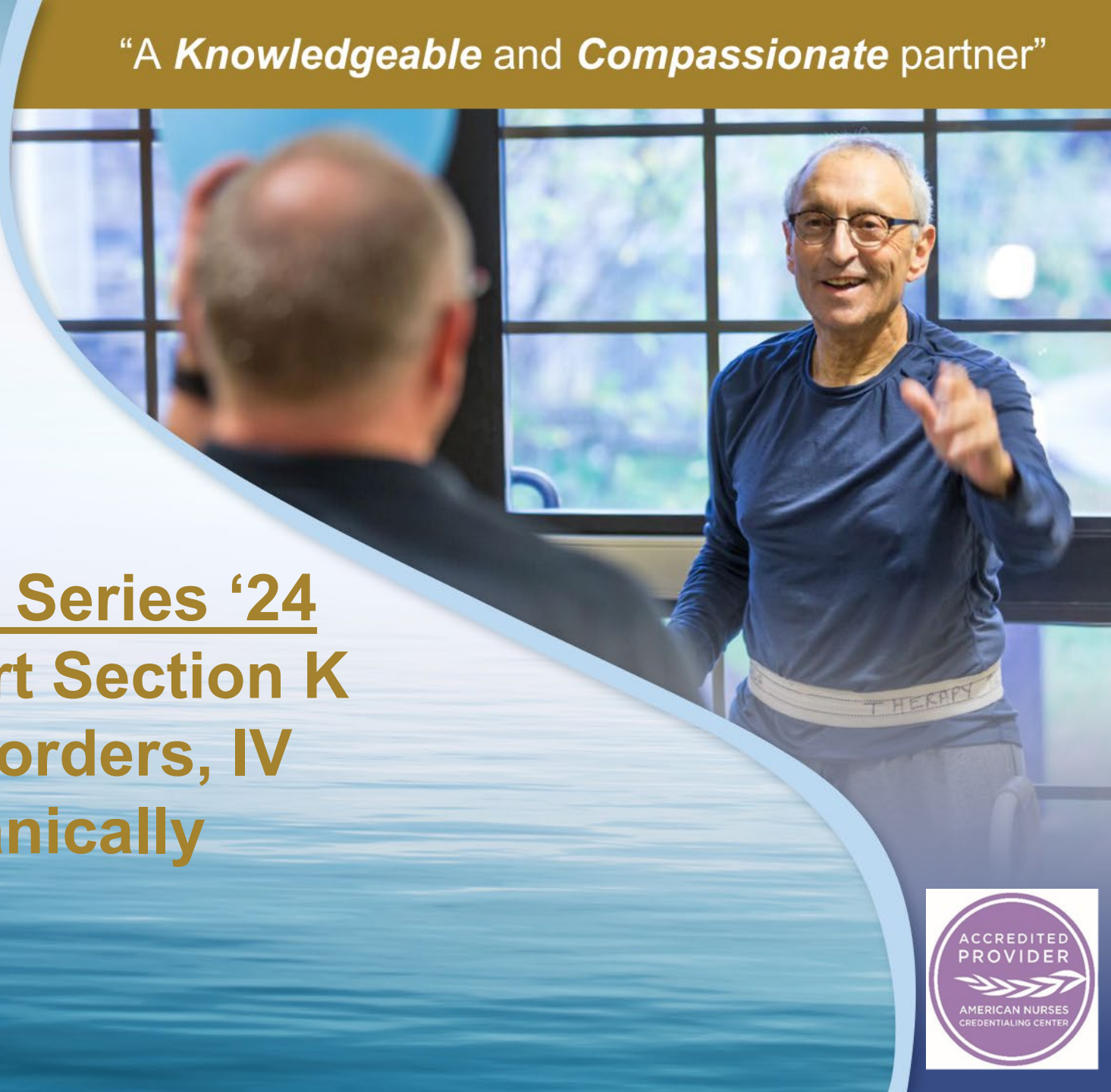


“A Knowledgeable and Compassionate partner”



BRR Insiders™ Summer Series '24
Documentation to support Section K
items – Swallowing Disorders, IV
Feedings and Mechanically
Altered Diet



APPROVAL STATEMENT DISCLOSURE

- This nursing continuing professional development activity was approved by Broad River Rehab, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- This course has been approved for 0.5 contact hours.

CONFLICT OF INTEREST DISCLOSURE

- Broad River Rehab is not charging for this educational offering and has no financial or other conflicts of interest regarding this program.

SUCCESSFUL COMPLETION REQUIREMENTS

- **Live, in-person**
 - In order to obtain nursing contact hours, you must attend the entire activity, participate in case study analysis, and complete the evaluation.
- **Live, virtual**
 - In order to obtain nursing contact hours, you must participate in the entire program, participate in audience polling and/or Q&A and complete the evaluation.
- **Web-Based/On-Demand**
 - In order to obtain nursing contact hours, you must view the entire program, and complete the evaluation.

DISCLOSURE OF THE EXPIRATION DATE FOR AWARDING CONTACT HOURS FOR ENDURING PROGRAMS

- Contact hours for this program will not be awarded after 30 days



Learning Objectives

Documentation to support Swallowing Disorder, IV Feedings, & Mechanically Altered Diet

- Name Section K items that impact PDPM calculation
- Know the timeframes necessary for accurate and supporting documentation
- Recognize when documentation is acceptable

Section K items that impact PDPM calculation

SECTION K: SWALLOWING/NUTRITIONAL STATUS Intent:

The items in this section are intended to assess the many conditions that could affect the resident's ability to maintain adequate nutrition and hydration. This section covers swallowing disorders, height and weight, weight loss, and nutritional approaches.

K0100 Swallowing Disorders

K0100: Swallowing Disorder

K0100. Swallowing Disorder

Signs and symptoms of possible swallowing disorder

↓ Check all that apply

- A. Loss of liquids/solids from mouth when eating or drinking
- B. Holding food in mouth/cheeks or residual food in mouth after meals
- C. Coughing or choking during meals or when swallowing medications
- D. Complaints of difficulty or pain with swallowing
- Z. None of the above

K0100 Swallowing Disorders

K0100A, loss of liquids/solids from mouth when eating or drinking. When the resident has food or liquid in their mouth, the food or liquid dribbles down chin or falls out of the mouth.

K0100B, holding food in mouth/cheeks or residual food in mouth after meals. Holding food in mouth or cheeks for prolonged periods of time (sometimes labeled pocketing) or food left in mouth because resident failed to empty mouth completely.

K0100C, coughing or choking during meals or when swallowing medications. The resident may cough or gag, turn red, have more labored breathing, or have difficulty speaking when eating, drinking, or taking medications. The resident may frequently complain of food or medications “going down the wrong way.”

K0100D, complaints of difficulty or pain with swallowing. Resident may refuse food because it is painful or difficult to swallow.

K0100 Swallowing Disorders

- Steps for Assessment
- 1. Ask the resident if they have had any difficulty swallowing during the 7-day look-back period. Ask about each of the symptoms in K0100A through K0100D. Observe the resident during meals or at other times when they are eating, drinking, or swallowing to determine whether any of the listed symptoms of possible swallowing disorder are exhibited.
- 2. Interview staff members on all shifts who work with the resident and ask if any of the four listed symptoms were evident during the 7-day look-back period.
- 3. Review the medical record, including nursing, physician, dietician, and speech language pathologist notes, and any available information on dental history or problems. Dental problems may include poor fitting dentures, dental caries, edentulous, mouth sores, tumors and/or pain with food consumption.
- Do not code a swallowing problem when interventions have been successful in treating the problem and therefore the signs/symptoms of the problem (K0100A through K0100D) did not occur during the 7-day look-back period.
- Code even if the symptom occurred only once in the 7-day look-back period.

K0100 Swallowing Disorders Documentation

- Note should fully describe at least one occurrence of K0100 swallowing disorder symptom that happened
- Note should be appropriately documented during the 7-day look back period
- When possible, note should include what contributing factors occurred as well as what was done to assist with immediate alleviation of the symptom
- Further assessment and evaluation of interventions should follow the note indicating the symptom occurred

K0520 Nutritional Approaches

K0520. Nutritional Approaches				
Check all of the following nutritional approaches that apply				
1. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B 2. While Not a Resident Performed <i>while NOT a resident</i> of this facility and within the <i>last 7 days</i> . Only check column 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 2 blank. 3. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i> 4. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C	1. On Admission	2. While Not a Resident	3. While a Resident	4. At Discharge
		↓	↓	↓
A. Parenteral/IV feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeding tube (e.g., nasogastric or abdominal (PEG))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K0520A

- K0520A, parenteral/IV feeding.
- Coding Instructions for Column 1 (ON ADMISSION) • Check all nutritional approaches performed during the first 3 days of the SNF PPS Stay.
- Coding Instructions for Column 2 (WHILE NOT A RESIDENT) • Check all nutritional approaches performed prior to admission/entry or reentry to the facility and within the 7-day look-back period. Leave Column 2 blank if the resident was admitted/entered or reentered the facility more than 7 days ago.
- Coding Instructions for Column 3 (WHILE A RESIDENT) • Check all nutritional approaches performed after admission/entry or reentry to the facility and within the 7-day look-back period

K0520A

- K0520A includes any and all nutrition and hydration received by the nursing home resident during the observation period either at the nursing home, at the hospital as an outpatient or an inpatient, provided they were administered for nutrition or hydration.
- Parenteral/IV feeding: The following fluids may be included when there is supporting documentation that reflects the need for additional fluid intake specifically addressing a nutrition or hydration need. This supporting documentation should be noted in the resident's medical record according to State and Federal Regulations and/or internal facility policy:
 - IV fluids or hyperalimentation, including total parenteral nutrition (TPN), administered continuously or intermittently
 - IV fluids running at KVO (Keep Vein Open)
 - IV fluids contained in IV Piggybacks
 - Hypodermoclysis and subcutaneous ports in hydration therapy
 - IV fluids can be coded in K0520A if needed to prevent dehydration if the additional fluid intake is specifically needed for nutrition and hydration. Prevention of dehydration should be clinically indicated and supporting documentation should be provided in the medical record.

The following items are NOT to be coded in K0520A:

- IV Medications—Code these when appropriate in O0110H, IV Medications.
- IV fluids used to reconstitute and/or dilute medications for IV administration.
- IV fluids administered as a routine part of an operative or diagnostic procedure or recovery room stay.
- IV fluids administered solely as flushes.
- Parenteral/IV fluids administered in conjunction with chemotherapy or dialysis.

K0520A

- K0520A – IV Feeding Documentation Tips
 - Parenteral solutions or fluids that are given for Nutrition or Hydration purposes will need to have the following clearly indicated in documentation:
 - Actual Administration – this is usually accomplished by having the Administration Record (MAR, TAR, etc) with the DATE/TIME of administration and the PERSON administering the Specific Substance CLEARLY identified
 - Substance needs to be clearly ordered by physician / physician extender – indicating specific substance that is to be administered via the IV route
 - Substance needs to have clearly indicated Nutritional or Hydration purpose from the physician or physician extender
 - Best Practice is to have the order written that indicates What is ordered and Why it is ordered – i.e. “Normal Saline at 75ml/hour for hydration assistance” or “D5W at 25ml/hour for assistance with consistent fluid and calorie intake”

K0520C

- K0520C, mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids).
- Coding Instructions for Column 1 (ON ADMISSION) • Check all nutritional approaches performed during the first 3 days of the SNF PPS Stay.
- Coding Instructions for Column 2 (WHILE NOT A RESIDENT) • (This column is NOT APPLICABLE to this particular MDS item)
- Coding Instructions for Column 3 (WHILE A RESIDENT) • Check all nutritional approaches performed after admission/entry or reentry to the facility and within the 7-day look-back period

K0520C

- K0520C, mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids).
- MECHANICALLY ALTERED DIET is defined as:

“A diet specifically prepared to alter the texture or consistency of food to facilitate oral intake. Examples include soft solids, puréed foods, ground meat, and thickened liquids.”

K0520C – Documentation Tips

- K0520C, mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids).
 - Actual Administration – this is usually accomplished by having the actual Diet Alteration clearly ordered by physician / physician extender – indicating specific level of alteration – this needs to be dated during the appropriate look-back period of the column being answered (i.e. first 3 days or 7 day look back period)
 - Best Practice will also include a note indicating resident’s response to the diet alteration – i.e. “Resident is able to swallow nectar thickened liquids without any signs of difficulty swallowing” or “Resident is able to chew and swallow ground meats without any issues displayed with lunch meal today”

- **Impact areas example**

- **Reimbursement (Nursing Category Grouper) – Special Care High**

- The classification groups in this category are based on certain resident conditions or services. Use the following instructions:

- **STEP #1** Determine whether the resident is coded for one of the following conditions or services:

- B0100, Section GG items Comatose and completely dependent or activity did not occur at admission (GG0130A1, GG0130C1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, and GG0170F1 all equal 01, 09, or 88)
- I2100 Septicemia
- I2900, N0350A, B Diabetes with both of the following: Insulin injections (N0350A) for all 7 days Insulin order changes on 2 or more days (N0350B)
- I5100, Nursing Function Score Quadriplegia with Nursing Function Score ≤ 11
- I6200, J1100C Chronic obstructive pulmonary disease and shortness of breath when lying flat
- J1550A, others Fever and one of the following: I2000 Pneumonia J1550B Vomiting K0300 Weight loss (1 or 2) K0520B2 or K0520B3 Feeding tube*
- **K0520A2 or K0520A3 Parenteral/IV feedings**
- O0400D2 Respiratory therapy for all 7 days

- **Impact areas example**

- **Reimbursement (Speech Therapy Category Grouping)**

Table 15: SLP Case-Mix Groups

Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Case-Mix Group
None	Neither	SA
None	Either	SB
None	Both	SC
Any one	Neither	SD
Any one	Either	SE
Any one	Both	SF
Any two	Neither	SG
Any two	Either	SH
Any two	Both	SI
All three	Neither	SJ
All three	Either	SK
All three	Both	SL

Questions?



Don't Forget!

BRR Insiders™ Summer Series

June 21 12:00 - 12:30 – Documentation to support section GG. (Gwen Pointer)

July 12 12:00 - 12:30 - Documentation to Support the Primary DX. (Shannon Hayes)

July 19 12:00 - 12:30 – Documentation to support Swallowing disorder, IV feedings and mechanically altered diet. (Amy Garrison)

August 2 12:00 - 12:30 – Documentation to support Shortness of Breath while lying flat, Isolation. (Cathy Wuest)

August 16 12:00 - 12:30 – Documentation to support not using the dash related to SNF QRP. (Joel VanEaton)