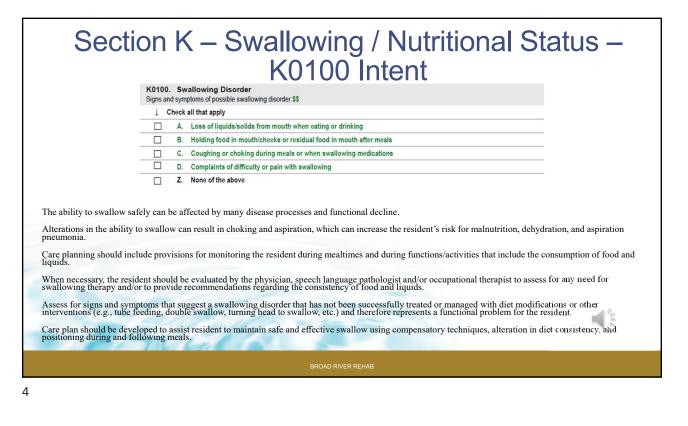


# Section K – Swallowing / Nutritional Status – Intent

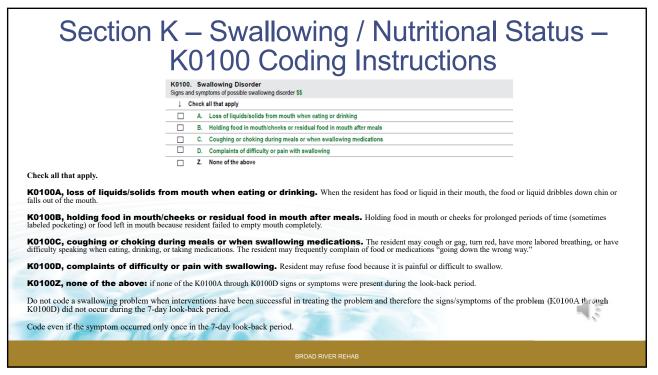
Section K - Swallowing/Nutritional Status CATs QM \$\$ QRP

**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. The assessor should collaborate with the dietitian and dietary staff to ensure that items in this section have been assessed and calculated accurately.

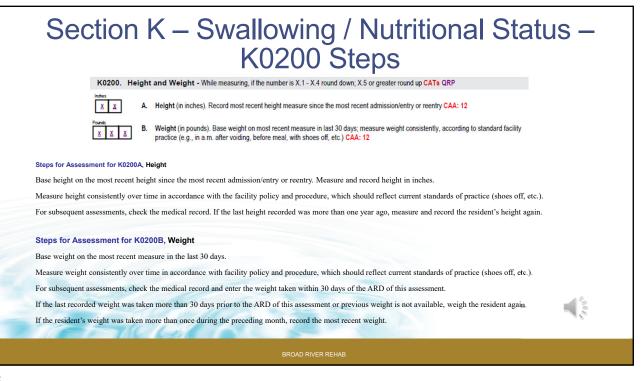
Emerald/PDPM Crimson/CATs (\*) = Single Item Trigger Royal/QMs (Italics = Associated Exclusions, Underline = Associated Covariates) (\*) = Single Item Trigger Violet/QRP (Italics = Associated Exclusions Underline = Associated Covariates (\*) = SPADEs, X = No Dash Magenta/VBP (Italics = Associated Exclusions Underline = Associated Covariates) (\*) = Single Item Triaaer



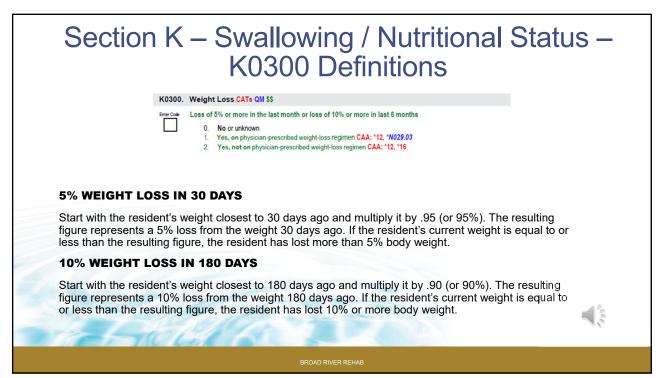
Section K – Swallowing / Nutritional St K0100 Steps	atus –			
K0100. Swallowing Disorder Signs and symptoms of possible swallowing disorder \$\$				
↓ Check all that apply				
A. Loss of liquids/solids from mouth when eating or drinking				
B. Holding food in mouth/cheeks or residual food in mouth after meals				
C. Coughing or choking during meals or when swallowing medications				
<ul> <li>D. Complaints of difficulty or pain with swallowing</li> </ul>				
Z. None of the above				
Ask the resident if they have had any difficulty swallowing during the 7-day look-back period. Ask about each K0100A through K0100D. Observe the resident during meals or at other times when they are eating, drinking, of determine whether any of the listed symptoms of possible swallowing disorder are exhibited.	or swallowing to			
the 7-day look-back period.	re evident during			
Review the medical record, including nursing, physician, dietician, and speech language pathologist notes, and information on dental history or problems. Dental problems may include poor fitting dentures, dental caries, ed sores, tumors and/or pain with food consumption.				
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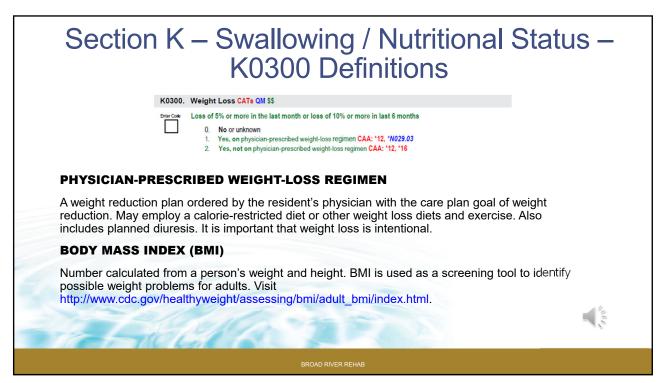


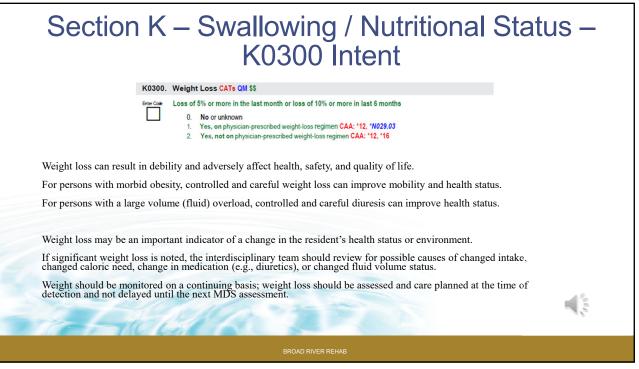
Section K – Swallowing / Nutritional Status – K0200 Intent
K0200. Height and Weight - While measuring, if the number is X.1 - X.4 round down; X.5 or greater round up CATs QRP
A. Height (in inches). Record most recent height measure since the most recent admission/entry or reentry CAA: 12
<ul> <li>B. Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, before meal, with shoes off, etc.) CAA: 12</li> </ul>
Diminished nutritional and hydration status can lead to debility that can adversely affect health and safety as well as quality of life.
Height and weight measurements assist staff with assessing the resident's nutrition and hydration status by providing a mechanism for monitoring stability of weight over a period of time. The measurement of weight is one guide for determining nutritional status.
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Section K – Swallowing / Nutritional Status – K0200 Coding Instructions		
K0200. Height and Weight - While measuring, if the number is X.1 - X.4 round down; X.5 or greater round up CATs QRP		
A. Height (in inches). Record most recent height measure since the most recent admission/entry or reentry CAA: 12		
Points           X         X         X         B.         Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, before meal, with shoes off, etc.) CAA: 12		
Coding Instructions for K0200A, Height		
Record height to the nearest whole inch.		
Use mathematical rounding (i.e., if height measurement is X.5 inches or greater, round height upward to the nearest whole inch. If height measurement number is X.1 to X.4 inches, round down to the nearest whole inch). For example, a height of 62.5 inches would be rounded to 63 inches and a height of 62.4 inches would be rounded to 62 inches.		
Coding Instructions for K0200B, Weight		
Use mathematical rounding (i.e., If weight is X.5 pounds [lbs] or more, round weight upward to the nearest whole pound. If weight is X.1 to X.4 lbs, round down to the nearest whole pound). For example, a weight of 152.5 lbs would be rounded to 153 lbs and a weight of 152.4 lbs would be rounded to 152 lbs.		
If a resident cannot be weighed, for example because of extreme pain, immobility, or risk of pathological fractures, use the standard no-information code (-) and document rationale on the resident's medical record.		
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## Section K – Swallowing / Nutritional Status – K0300 Steps

K0300. Weight Loss CATs OM \$\$

Loss of 5% or more in the last month or loss of 10% or more in last 6 months No or unknown

This item compares the resident's weight in the current observation period with their weight at two snapshots in time.

At a point closest to 30-days preceding the current weight. AND At a point closest to 180-days preceding the current weight.

This item does **not** consider weight fluctuation outside of these two time points, although the resident's weight should be monitored on a continual basis and weight loss assessed and addressed on the care plan as necessary.

For a New Admission : Ask the resident, family, or significant other about weight loss over the past 30 and 180 days.

Consult the resident's physician, review transfer documentation, and compare with admission weight.

If the admission weight is less than the previous weight, calculate the percentage of weight loss.

Complete the same process to determine and calculate weight loss comparing the admission weight to the weight 30 and 180 days ago.

For Subsequent Assessments : From the medical record, compare the resident's weight in the current observation period to their weight in the observation period 30 days ago.

If the current weight is less than the weight in the observation period 30 days ago, calculate the percentage of weight loss.

From the medical record, compare the resident's weight in the current observation period to their weight in the observation period 180 days ago.

If the current weight is less than the weight in the observation period 180 days ago, calculate the percentage of weight loss.



### K0300. Weight Loss CATs QM \$\$

Loss of 5% or more in the last month or loss of 10% or more in last 6 months 0 No or unknown

Yes, on physician-prescribed weight-loss regimen CAA: \*12, \*N029.03 2.

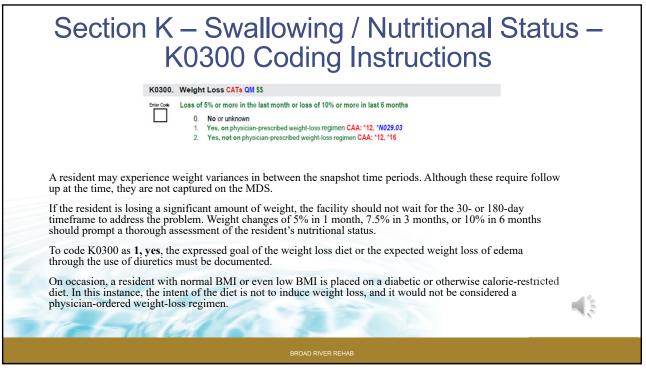
Yes, not on physician-prescribed weight-loss regimen CAA: \*12, \*16

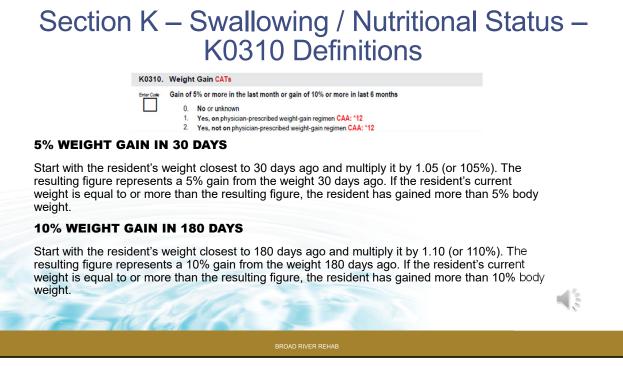
Mathematically round weights as described in Section K0200B before completing the weight loss calculation

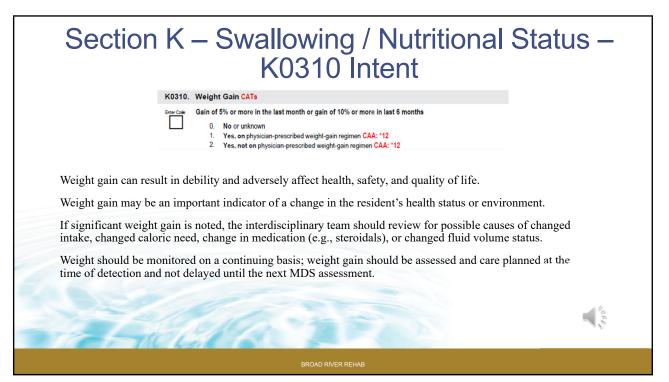
Code 0, no or unknown: if the resident has not experienced weight loss of 5% or more in the past 30 days or 10% or more in the last 180 days or if information about prior weight is not available.

Code 1, yes on physician-prescribed weight-loss regimen: if the resident has experienced a weight loss of 5% or more in the past 30 days or 10% or more in the last 180 days, and the weight loss was planned and pursuant to a physician's order. In cases where a resident has a weight loss of 5% or more in 30 days or 10% or more in 180 days as a result of any physician ordered diet plan or expected weight loss due to loss of fluid with physician orders for diuretics, K0300 can be coded as 1.

Code 2, yes, not on physician-prescribed weight-loss regimen: if the resident has experienced a weight loss of 5% or more in the past 30 days or 10% or more in the last 180 days, and the weight loss was not planned and prescribed by a physician.







Section K – Swallowing / Nutritional Status – K0310 Steps					
K0310. Weight Gain CATs					
Gain of 5% or more in the last month or gain of 10% or more in last 6 months O. No or unknown 1. Yes, on physician-prescribed weight-gain regimen CAA: '12 2. Yes, not on physician-prescribed weight-gain regimen CAA: '12					
This item compares the resident's weight in the current observation period with their weight at two snapshots in time:					
At a point closest to 30-days preceding the current weight. AND At a point closest to 180-days preceding the current weight.					
This item does not consider weight fluctuation outside of these two time points, although the resident's weight should be monitored on a continual basis and weight gain assessed and addressed on the care plan as necessary.					
For a New Admission : Ask the resident, family, or significant other about weight gain over the past 30 and 180 days.					
Consult the resident's physician, review transfer documentation, and compare with admission weight.					
If the admission weight is more than the previous weight, calculate the percentage of weight gain.					
Complete the same process to determine and calculate weight gain comparing the admission weight to the weight 30 and 180 days ago.					
For Subsequent Assessments : From the medical record, compare the resident's weight in the current observation period to their weight in the observation period 30 days ago.					
If the current weight is more than the weight in the observation period 30 days ago, calculate the percentage of weight gain.					
From the medical record, compare the resident's weight in the current observation period to their weight in the observation period 180 days ago.					
If the current weight is more than the weight in the observation period 180 days ago, calculate the percentage of weight gain.					
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# Section K – Swallowing / Nutritional Status – K0310 Coding Instructions

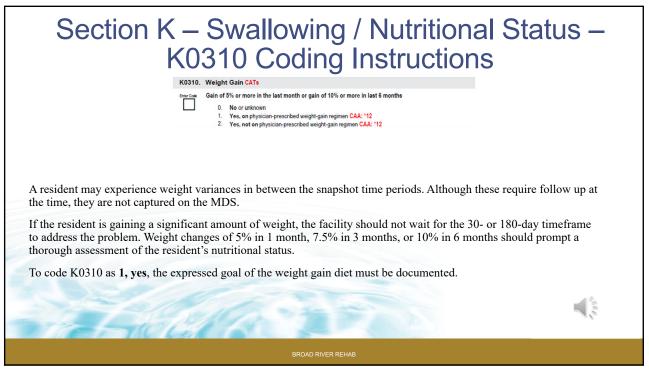


Mathematically round weights as described in Section K0200B before completing the weight gain calculation.

**Code 0, no or unknown:** if the resident has not experienced weight gain of 5% or more in the past 30 days or 10% or more in the last 180 days or if information about prior weight is not available.

**Code 1, yes on physician-prescribed weight-gain regimen:** if the resident has experienced a weight gain of 5% or more in the past 30 days or 10% or more in the last 180 days, and the weight gain was planned and pursuant to a physician's order. In cases where a resident has a weight gain of 5% or more in 30 days or 10% or more in 180 days as a result of any physician ordered diet plan, K0310 can be coded as 1.

**Code 2, yes, not on physician-prescribed weight-gain regimen:** if the resident has experienced a weight gain of 5% or more in the past 30 days or 10% or more in the last 180 days, and the weight gain was not planned and prescribed by a physician.



K0520. Nutritional Approaches CATs \$\$ QRP				
<ol> <li>Check all of the following nutritional approaches that apply</li> <li>On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B</li> <li>While Not a Resident Performed while NOT a resident 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. I</li> <li>While a Resident</li> </ol>	resident last entere	ed 7 or more day	vs ago, leave c	olumn 2 blank.
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.	2.	3.	4
	0n Admission	2. While Not a Resident	з. While a Resident	4. At Discharge
		↓ Check all	that apply↓	
A. Parenteral/IV feeding(2,3), CAA: *12(2,3), *14(2,3), (1,4)	X			X
B. Feeding tube (e.g., nasogastric or abdominal (PEG)) (2,3), CAA: *13(2,3), *14(2,3), (4,1)	X			x
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids) (a), CAA: *12(a), ♠(r, e)	X			à
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol) CAA:*12(3), A(1,4)	X			X
	x			x

## Section K – Swallowing / Nutritional Status – K0520 Definitions

### PARENTERAL/IV FEEDING

Introduction of a nutritive substance into the body by means other than the intestinal tract (e.g., subcutaneous, intravenous).

### FEEDING TUBE

Presence of any type of tube that can deliver food/ nutritional substances/ fluids directly into the gastrointestinal system. Examples include, but are not limited to, nasogastric tubes, gastrostomy tubes, jejunostomy tubes, percutaneous endoscopic gastrostomy (PEG) tubes.

### **MECHANICALLY ALTERED DIET**

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. A mechanically altered diet should not automatically be considered a therapeutic diet.

### THERAPEUTIC DIET

A therapeutic diet is a diet intervention prescribed by a physician or other authorized nonphysician practitioner that provides food or nutrients via oral, enteral, and parenteral routes as part of treatment of disease or clinical condition, to modify, eliminate, decrease, or increase identified micro- and macro-nutrients in the diet (Academy of Nutrition and Dietetics, 2020).

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# Section K – Swallowing / Nutritional Status – K0520 Intent

Nutritional approaches that vary from the normal (e.g., mechanically altered food) or that rely on alternative methods (e.g., parenteral/IV or feeding tubes) can diminish an individual's sense of dignity and self-worth as well as diminish pleasure from eating.

The resident's clinical condition may potentially benefit from the various nutritional approaches included here. It is important to work with the resident and family members to establish nutritional support goals that balance the resident's preferences and overall clinical goals.

Alternative nutritional approaches should be monitored to validate effectiveness.

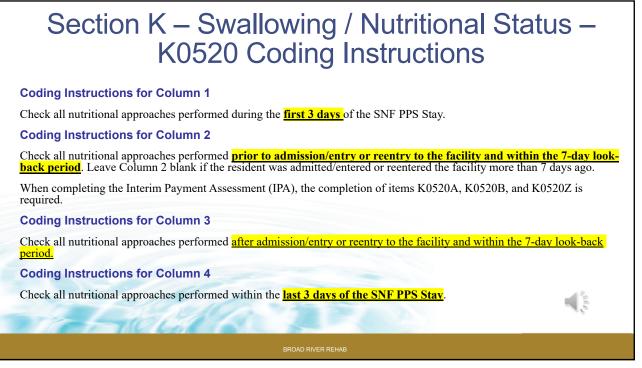
Care planning should include periodic reevaluation of the appropriateness of the approach.

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Review the medical record to determine if any of the listed nutritional approaches were performed during the look-back period.

If none apply, check K0520Z. None of the above.



# Section K – Swallowing / Nutritional Status – K0520 Coding Instructions

## Coding Tips for 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/*or* hydration. Prevention of dehydration should be clinically indicated and supporting documentation should be provided in the medical record.

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# Section K – Swallowing / Nutritional Status – K0520 Coding Instructions

### Coding Tips for K0520A

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.

Enteral feeding formulas: Should not be coded as a mechanically altered diet.

Should only be coded as **K0520D**, **Therapeutic Diet** when the enteral formula is altered to manage problematic health conditions, e.g. enteral formulas specific to residents with diabetes.

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# Section K – Swallowing / Nutritional Status – K0520 Coding Instructions

## Coding Tip for K0520B

Only feeding tubes that are used to deliver nutritive substances and/or hydration during the assessment period are coded in K0520B.

### Coding Tips for K0520C

Assessors should not capture a trial of a mechanically altered diet (e.g., pureed food, thickened liquids) during the observation period in K0520C, mechanically altered diet.

# Section K – Swallowing / Nutritional Status – K0520 Coding Instructions

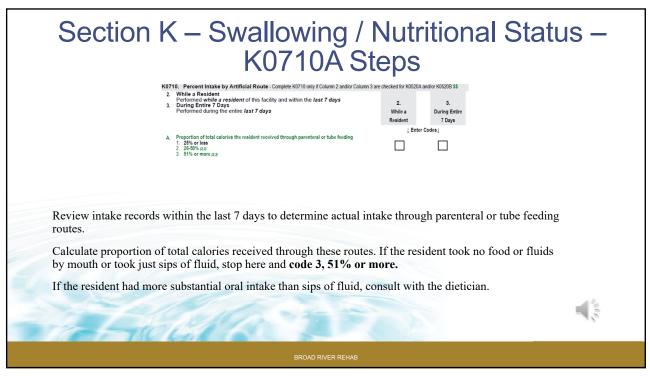
## Coding Tips for K0520D

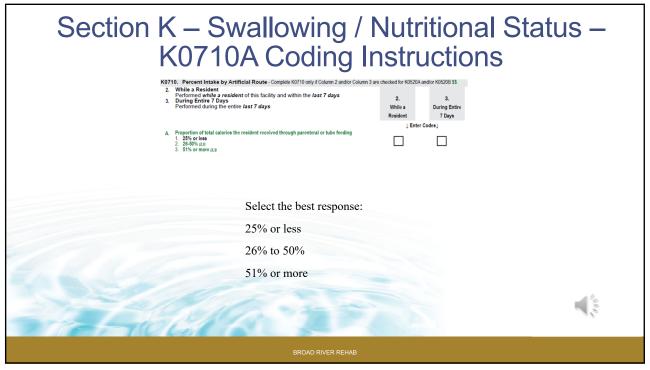
Therapeutic diets are not defined by the content of what is provided or when it is served, but *why* the diet is required. Therapeutic diets provide the corresponding treatment that addresses a particular disease or clinical condition which is manifesting an altered nutritional status by providing the specific nutritional requirements to remedy the alteration.

A nutritional supplement (house supplement or packaged) given as part of the treatment for a disease or clinical condition manifesting an altered nutrition status, does not constitute a therapeutic diet, but may be *part* of a therapeutic diet. Therefore, supplements (whether given with, in-between, or instead of meals) are only coded in K0520D, Therapeutic Diet, when they are being administered as part of a therapeutic diet to manage problematic health conditions (e.g. supplement for protein-calorie malnutrition).

Food elimination diets related to food allergies (e.g. peanut allergy) can be coded as a therapeutic diet.

	K – Swallowing Kutritonal Status % KO710011 Section K - Swallowing/Nutritional Status % Mile a Resident Performed while a resident of this facility and within the last 7 days During Enter & Days Performed during the enter last 7 days	are checked for K0520A 2. While a	and/or K0520B \$\$ 3. During Entire	onal Stat	us —
		Resident ↓ Enter	7 Days Codes↓		
	A_ Proportion of total calories the resident received through parenteral or tube feeding     25% or less     2. 25-50% g,p     3. 51% or more g,p				
	<ul> <li>Average fluid intake per day by IV or tube feeding</li> <li>500 cciday or ress</li> <li>501 cciday or more <i>p</i>.<sup>30</sup></li> </ul>				
individual's sense o	hes that vary from the normal, such as pare f dignity and self-worth as well as diminish	pleasure f	rom eatin	lg.	1
	alories received through artificial routes sho ure adequate nutrition and hydration.	ould be mo	nitored w	with periodic	
Periodic reassessment is necessary to facilitate transition to increased oral intake as indicated by the resident's condition.					
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Section K – Swallowing / N K0710B Ste	eps		atus –	
<ol> <li>While a Resident Performed while a resident of this facility and within the last 7 days</li> <li>During Entire 7 Days Performed during the entire last 7 days</li> </ol>	2. While a Resident	3. During Entire 7 Days		
<ul> <li>B. Average fluid intake per day by IV or tube feeding</li> <li>1. 500 cc/day or less</li> <li>4. 501 cc/day or more (2.3)</li> </ul>				
Review intake records from the last 7 days.				
Add up the total amount of fluid received each day by IV and/or tube	e feedings only.			
Divide the week's total fluid intake by 7 to calculate the average of fl	luid intake per da	ay.		
Divide by 7 even if the resident did not receive IV fluids and/or tube	feeding on each	of the 7 days.		
Station and a state	2		And Contraction	
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