



"A Knowledgeable and Compassionate partner"



Build Your Own MDS Coordinator
Section K – Swallowing / Nutritional
Status




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Section K – Swallowing and Nutritional Status

Learning Objectives

1. Understand definitions of swallowing disorder symptoms
2. Understand differences between nutritional approaches
3. Understand specific timing requirements of nutritional approaches coding



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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
Gold/5-Star
Violet/QRP (Italics = Associated Exclusions, Underline = Associated Covariates
(*) = SPADEs, X = No Dash
Magenta/VBP (Italics = Associated Exclusions, Underline = Associated Covariates) (*) = Single Item Trigger

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Section K – Swallowing / Nutritional Status – K0100 Intent

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

The ability to swallow safely can be affected by many disease processes and functional decline.

Alterations in the ability to swallow can result in choking and aspiration, which can increase the resident's risk for malnutrition, dehydration, and aspiration pneumonia.

Care planning should include provisions for monitoring the resident during mealtimes and during functions/activities that include the consumption of food and liquids.

When necessary, the resident should be evaluated by the physician, speech language pathologist and/or occupational therapist to assess for any need for swallowing therapy and/or to provide recommendations regarding the consistency of food and liquids.

Assess for signs and symptoms that suggest a swallowing disorder that has not been successfully treated or managed with diet modifications or other interventions (e.g., tube feeding, double swallow, turning head to swallow, etc.) and therefore represents a functional problem for the resident.

Care plan should be developed to assist resident to maintain safe and effective swallow using compensatory techniques, alteration in diet consistency, and positioning during and following meals.

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Section K – Swallowing / Nutritional Status – K0100 Steps

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

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.

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.

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.

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Section K – Swallowing / Nutritional Status – K0100 Coding Instructions

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

Check all that apply.

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.

K0100Z, none of the above: if none of the K0100A through K0100D signs or symptoms were present during the look-back period.

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.

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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**

Inches
X X

A. Height (in inches). Record most recent height measure since the most recent admission/entry or reentry **CAA: 12**

Pounds
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**

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 Steps

K0200. Height and Weight - While measuring, if the number is X.1 - X.4 round down; X.5 or greater round up **CATs QRP**

Inches
X X

A. Height (in inches). Record most recent height measure since the most recent admission/entry or reentry **CAA: 12**

Pounds
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**

Steps for Assessment for K0200A, Height

Base height on the most recent height since the most recent admission/entry or reentry. Measure and record height in inches.

Measure height consistently over time in accordance with the facility policy and procedure, which should reflect current standards of practice (shoes off, etc.).

For subsequent assessments, check the medical record. If the last height recorded was more than one year ago, measure and record the resident's height again.

Steps for Assessment for K0200B, Weight

Base weight on the most recent measure in the last 30 days.

Measure weight consistently over time in accordance with facility policy and procedure, which should reflect current standards of practice (shoes off, etc.).

For subsequent assessments, check the medical record and enter the weight taken within 30 days of the ARD of this assessment.

If the last recorded weight was taken more than 30 days prior to the ARD of this assessment or previous weight is not available, weigh the resident again.

If the resident's weight was taken more than once during the preceding month, record the most recent weight.



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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**

Inches
X X

A. Height (in inches). Record most recent height measure since the most recent admission/entry or reentry **CAA: 12**

Pounds
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 Definitions

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

Enter Code
☐

Loss of 5% or more in the last month or loss of 10% or more in last 6 months

0. No or unknown
1. Yes, on physician-prescribed weight-loss regimen **CAA: *12, *N029.03**
2. Yes, not on physician-prescribed weight-loss regimen **CAA: *12, *16**

5% WEIGHT LOSS IN 30 DAYS

Start with the resident's weight closest to 30 days ago and multiply it by .95 (or 95%). The resulting figure represents a 5% loss from the weight 30 days ago. If the resident's current weight is equal to or less than the resulting figure, the resident has lost more than 5% body weight.

10% WEIGHT LOSS IN 180 DAYS

Start with the resident's weight closest to 180 days ago and multiply it by .90 (or 90%). The resulting figure represents a 10% loss from the weight 180 days ago. If the resident's current weight is equal to or less than the resulting figure, the resident has lost 10% or more body weight.



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Section K – Swallowing / Nutritional Status – K0300 Definitions

K0300. Weight Loss CATs QM \$\$

- Enter Code ☐ Loss of 5% or more in the last month or loss of 10% or more in last 6 months
0. No or unknown
 1. Yes, on physician-prescribed weight-loss regimen CAA: *12, *N029.03
 2. Yes, not on physician-prescribed weight-loss regimen CAA: *12, *16

PHYSICIAN-PRESCRIBED WEIGHT-LOSS REGIMEN

A weight reduction plan ordered by the resident's physician with the care plan goal of weight reduction. May employ a calorie-restricted diet or other weight loss diets and exercise. Also includes planned diuresis. It is important that weight loss is intentional.

BODY MASS INDEX (BMI)

Number calculated from a person's weight and height. BMI is used as a screening tool to identify possible weight problems for adults. Visit

http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html.



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Section K – Swallowing / Nutritional Status – K0300 Intent

K0300. Weight Loss CATs QM \$\$

- Enter Code ☐ Loss of 5% or more in the last month or loss of 10% or more in last 6 months
0. No or unknown
 1. Yes, on physician-prescribed weight-loss regimen CAA: *12, *N029.03
 2. Yes, not on physician-prescribed weight-loss regimen CAA: *12, *16

Weight loss can result in debility and adversely affect health, safety, and quality of life.

For persons with morbid obesity, controlled and careful weight loss can improve mobility and health status.

For persons with a large volume (fluid) overload, controlled and careful diuresis can improve health status.

Weight loss may be an important indicator of a change in the resident's health status or environment.

If significant weight loss is noted, the interdisciplinary team should review for possible causes of changed intake, changed caloric need, change in medication (e.g., diuretics), or changed fluid volume status.

Weight should be monitored on a continuing basis; weight loss should be assessed and care planned at the time of detection and not delayed until the next MDS assessment.



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Section K – Swallowing / Nutritional Status – K0300 Steps

K0300. Weight Loss CATs QM SS

Enter Code ☐ Loss of 5% or more in the last month or loss of 10% or more in last 6 months

0. No or unknown
1. Yes, on physician-prescribed weight-loss regimen CAA: *12, *N029.03
2. Yes, not on physician-prescribed weight-loss regimen CAA: *12, *16

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.

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Section K – Swallowing / Nutritional Status – K0300 Coding Instructions

K0300. Weight Loss CATs QM SS

Enter Code ☐ Loss of 5% or more in the last month or loss of 10% or more in last 6 months

0. No or unknown
1. 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 past 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.

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Section K – Swallowing / Nutritional Status – K0300 Coding Instructions

K0300. Weight Loss CATs QM SS

- Enter Code ☐ Loss of 5% or more in the last month or loss of 10% or more in last 6 months
0. No or unknown
 1. Yes, on physician-prescribed weight-loss regimen CAA: *12, *N029.03
 2. Yes, not on physician-prescribed weight-loss regimen CAA: *12, *16

A resident may experience weight variances in between the snapshot time periods. Although these require follow up at the time, they are not captured on the MDS.

If the resident is losing a significant amount of weight, the facility should not wait for the 30- or 180-day timeframe to address the problem. Weight changes of 5% in 1 month, 7.5% in 3 months, or 10% in 6 months should prompt a thorough assessment of the resident's nutritional status.

To code K0300 as **1, yes**, the expressed goal of the weight loss diet or the expected weight loss of edema through the use of diuretics must be documented.

On occasion, a resident with normal BMI or even low BMI is placed on a diabetic or otherwise calorie-restricted diet. In this instance, the intent of the diet is not to induce weight loss, and it would not be considered a physician-ordered weight-loss regimen.



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Section K – Swallowing / Nutritional Status – K0310 Definitions

K0310. Weight Gain CATs

- Enter Code ☐ Gain of 5% or more in the last month or gain of 10% or more in last 6 months
0. No or unknown
 1. Yes, on physician-prescribed weight-gain regimen CAA: *12
 2. Yes, not on physician-prescribed weight-gain regimen CAA: *12

5% WEIGHT GAIN IN 30 DAYS

Start with the resident's weight closest to 30 days ago and multiply it by 1.05 (or 105%). The resulting figure represents a 5% gain from the weight 30 days ago. If the resident's current weight is equal to or more than the resulting figure, the resident has gained more than 5% body weight.

10% WEIGHT GAIN IN 180 DAYS

Start with the resident's weight closest to 180 days ago and multiply it by 1.10 (or 110%). The resulting figure represents a 10% gain from the weight 180 days ago. If the resident's current weight is equal to or more than the resulting figure, the resident has gained more than 10% body weight.



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Section K – Swallowing / Nutritional Status – K0310 Intent

K0310. Weight Gain CATs

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Gain of 5% or more in the last month or gain of 10% or more in last 6 months

0. No or unknown
1. Yes, on physician-prescribed weight-gain regimen CAA: *12
2. Yes, not on physician-prescribed weight-gain regimen CAA: *12

Weight gain can result in debility and adversely affect health, safety, and quality of life.

Weight gain may be an important indicator of a change in the resident's health status or environment.

If significant weight gain is noted, the interdisciplinary team should review for possible causes of changed intake, changed caloric need, change in medication (e.g., steroidal), or changed fluid volume status.

Weight should be monitored on a continuing basis; weight gain should be assessed and care planned at the time of detection and not delayed until the next MDS assessment.



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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

0. 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


K0310. Weight Gain CATs

Enter Code	Gain of 5% or more in the last month or gain of 10% or more in last 6 months
<input type="checkbox"/>	0. No or unknown
	1. Yes, on physician-prescribed weight-gain regimen CAA: *12
	2. Yes, not on physician-prescribed weight-gain regimen CAA: *12

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. 

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Section K – Swallowing / Nutritional Status – K0310 Coding Instructions

K0310. Weight Gain CATs

Enter Code	Gain of 5% or more in the last month or gain of 10% or more in last 6 months
<input type="checkbox"/>	0. No or unknown
	1. Yes, on physician-prescribed weight-gain regimen CAA: *12
	2. Yes, not on physician-prescribed weight-gain regimen CAA: *12

A resident may experience weight variances in between the snapshot time periods. Although these require follow up at the time, they are not captured on the MDS.

If the resident is gaining a significant amount of weight, the facility should not wait for the 30- or 180-day timeframe to address the problem. Weight changes of 5% in 1 month, 7.5% in 3 months, or 10% in 6 months should prompt a thorough assessment of the resident's nutritional status.

To code K0310 as **1, yes**, the expressed goal of the weight gain diet must be documented.



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Section K – Swallowing / Nutritional Status – K0520

K0520. Nutritional Approaches CATa \$QRP

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 **while NOT a resident** of this facility and within the **last 7 days**
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 **while a resident** of this facility and within the **last 7 days**
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
	↓ Check all that apply ↓			
A. Parenteral/IV feeding(z,3, CAA: *12(z,3), *14(z,3), ♣ (1,4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Feeding tube (e.g., nasogastric or abdominal (PEG)) (z,3, CAA: *13(z,3), *14(z,3), ♣ (1,4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids) (z,3, CAA: *12(z,3), ♣ (1,4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol) CAA: *12(z,3), ♣ (1,4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Z. None of the above ♣ (1,4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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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, pureed 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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Section K – Swallowing / Nutritional Status – K0520 Steps

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.



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Section K – Swallowing / Nutritional Status – K0520 Coding Instructions

Coding Instructions for Column 1

Check all nutritional approaches performed during the **first 3 days** of the SNF PPS Stay.

Coding Instructions for Column 2

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.

When completing the Interim Payment Assessment (IPA), the completion of items K0520A, K0520B, and K0520Z is required.

Coding Instructions for Column 3

Check all nutritional approaches performed **after admission/entry or reentry to the facility and within the 7-day look-back period**.

Coding Instructions for Column 4

Check all nutritional approaches performed within the **last 3 days of the SNF PPS Stay**.



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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.



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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.



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Section K – Swallowing / Nutritional Status – K0710 Intent

Section K - Swallowing/Nutritional Status \$\$		
K0710. Percent Intake by Artificial Route - Complete K0710 only if Column 2 and/or Column 3 are checked for K0520A and/or K0520B \$\$		
	2. While a Resident	3. During Entire 7 Days
1. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>		
2. During Entire 7 Days Performed during the entire <i>last 7 days</i>		
[Enter Codes]		
A. Proportion of total calories the resident received through parenteral or tube feeding		
1. 25% or less	<input type="checkbox"/>	<input type="checkbox"/>
2. 25-50% (2,3)		
3. 51% or more (2,3)		
B. Average fluid intake per day by IV or tube feeding		
1. 500 cc/day or less	<input type="checkbox"/>	<input type="checkbox"/>
4. 501 cc/day or more (2,3)		

Nutritional approaches that vary from the normal, such as parenteral/IV or feeding tubes, can diminish an individual's sense of dignity and self-worth as well as diminish pleasure from eating.

The proportion of calories received through artificial routes should be monitored with periodic reassessment to ensure adequate nutrition and hydration.

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 / Nutritional Status – K0710A Steps

K0710. Percent Intake by Artificial Route - Complete K0710 only if Column 2 and/or Column 3 are checked for K0520A and/or K0520B §§

2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>	3. During Entire 7 Days Performed during the entire <i>last 7 days</i>
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A. Proportion of total calories the resident received through parenteral or tube feeding

1. 25% or less	2. 26-50% (2,3)	3. 51% or more (2,3)
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[Enter Codes]

☐ ☐

Review intake records within the last 7 days to determine actual intake through parenteral or tube feeding routes.

Calculate proportion of total calories received through these routes. If the resident took no food or fluids by mouth or took just sips of fluid, stop here and **code 3, 51% or more**.

If the resident had more substantial oral intake than sips of fluid, consult with the dietician.



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Section K – Swallowing / Nutritional Status – K0710A Coding Instructions

K0710. Percent Intake by Artificial Route - Complete K0710 only if Column 2 and/or Column 3 are checked for K0520A and/or K0520B §§

2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>	3. During Entire 7 Days Performed during the entire <i>last 7 days</i>
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A. Proportion of total calories the resident received through parenteral or tube feeding

1. 25% or less	2. 26-50% (2,3)	3. 51% or more (2,3)
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[Enter Codes]

☐ ☐

Select the best response:

25% or less

26% to 50%

51% or more



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Section K – Swallowing / Nutritional Status – K0710B Steps

K0710. Percent Intake by Artificial Route - Complete K0710 only if Column 2 and/or Column 3 are checked for K0520A and/or K0520B \$\$

2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i> 3. During Entire 7 Days Performed during the entire <i>last 7 days</i>	2. While a Resident	3. During Entire 7 Days
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↓ Enter Codes ↓

B. Average fluid intake per day by IV or tube feeding

1. 500 cc/day or less 4. 501 cc/day or more (2,3)	<input type="checkbox"/>	<input type="checkbox"/>
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Review intake records from the last 7 days.

Add up the total amount of fluid received each day by IV and/or tube feedings only.

Divide the week's total fluid intake by 7 to calculate the average of fluid intake per day.

Divide by 7 even if the resident did not receive IV fluids and/or tube feeding on each of the 7 days.



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Section K – Swallowing / Nutritional Status – K0710B Coding Instructions

K0710. Percent Intake by Artificial Route - Complete K0710 only if Column 2 and/or Column 3 are checked for K0520A and/or K0520B \$\$

2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i> 3. During Entire 7 Days Performed during the entire <i>last 7 days</i>	2. While a Resident	3. During Entire 7 Days
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↓ Enter Codes ↓

B. Average fluid intake per day by IV or tube feeding

1. 500 cc/day or less 4. 501 cc/day or more (2,3)	<input type="checkbox"/>	<input type="checkbox"/>
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Code for the average number of cc per day of fluid the resident received via IV or tube feeding. Record what was actually received by the resident, not what was ordered.

Code 1: 500 cc/day or less

Code 2: 501 cc/day or more



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