WHAT'S UP WITH MDS 3.0? SECTION K IMPLICATIONS ON PRACTICE

October 17th, 2023
for
Maryland Academy of Nutrition and Dietetics
Virtual Seminar

Presented by

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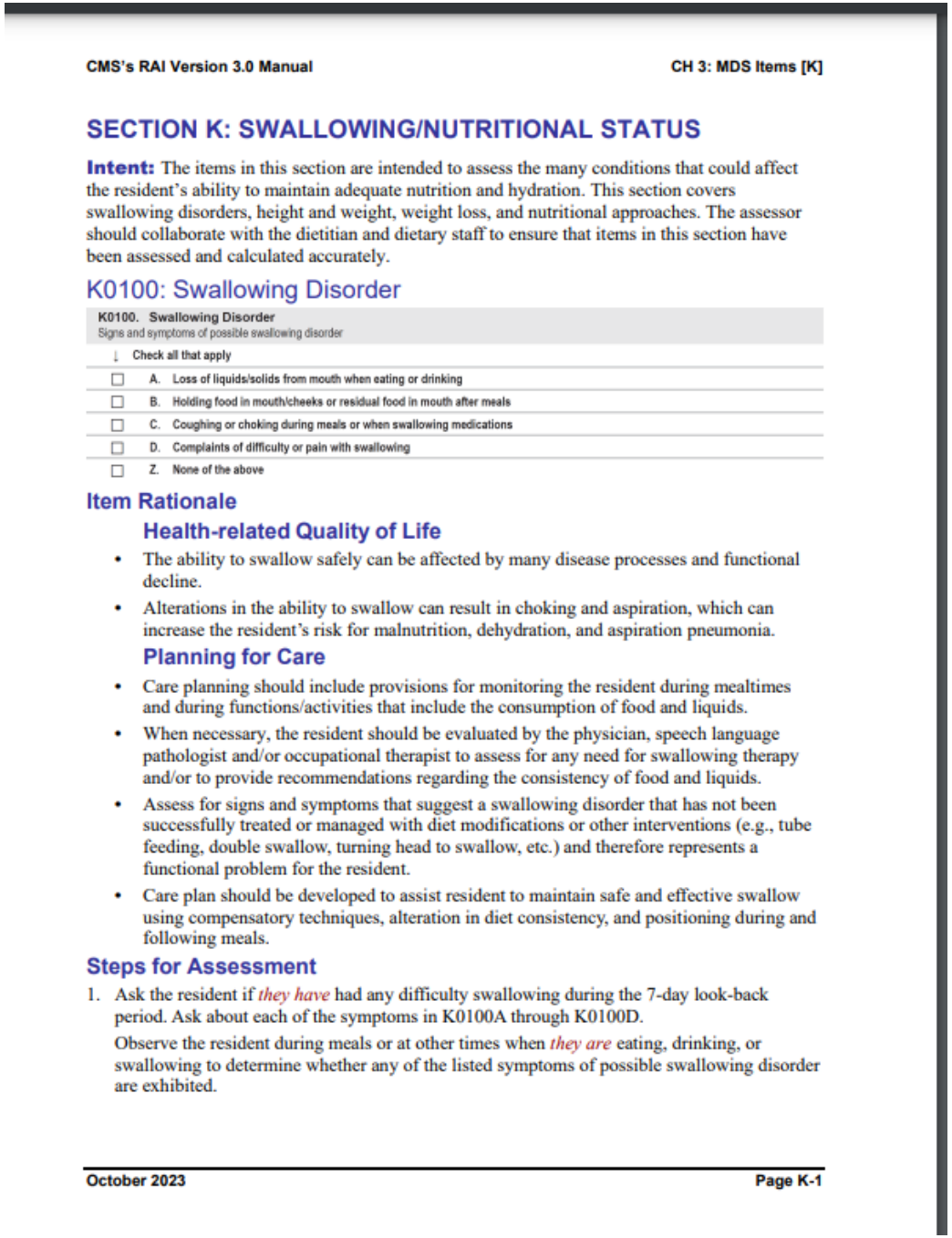
Learning Objectives

At the end of the session the participant will be able to:

1. State the purpose of the MDS.
2. State changes to coding in section K.
3. Discuss implications in clinical practice of the MDS tool and coding in section K for care and reimbursement.

Disclosures

- Honorarium provided to speaker for this presentation
- Employed by Health Technologies, INC/DiningRD
- Investor interest in DiningRD
- Secretary of DHCC DRG of the Academy of Nutrition and Dietetics



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

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

Item Rationale

Health-related Quality of Life

- 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.

Planning for Care

- 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.

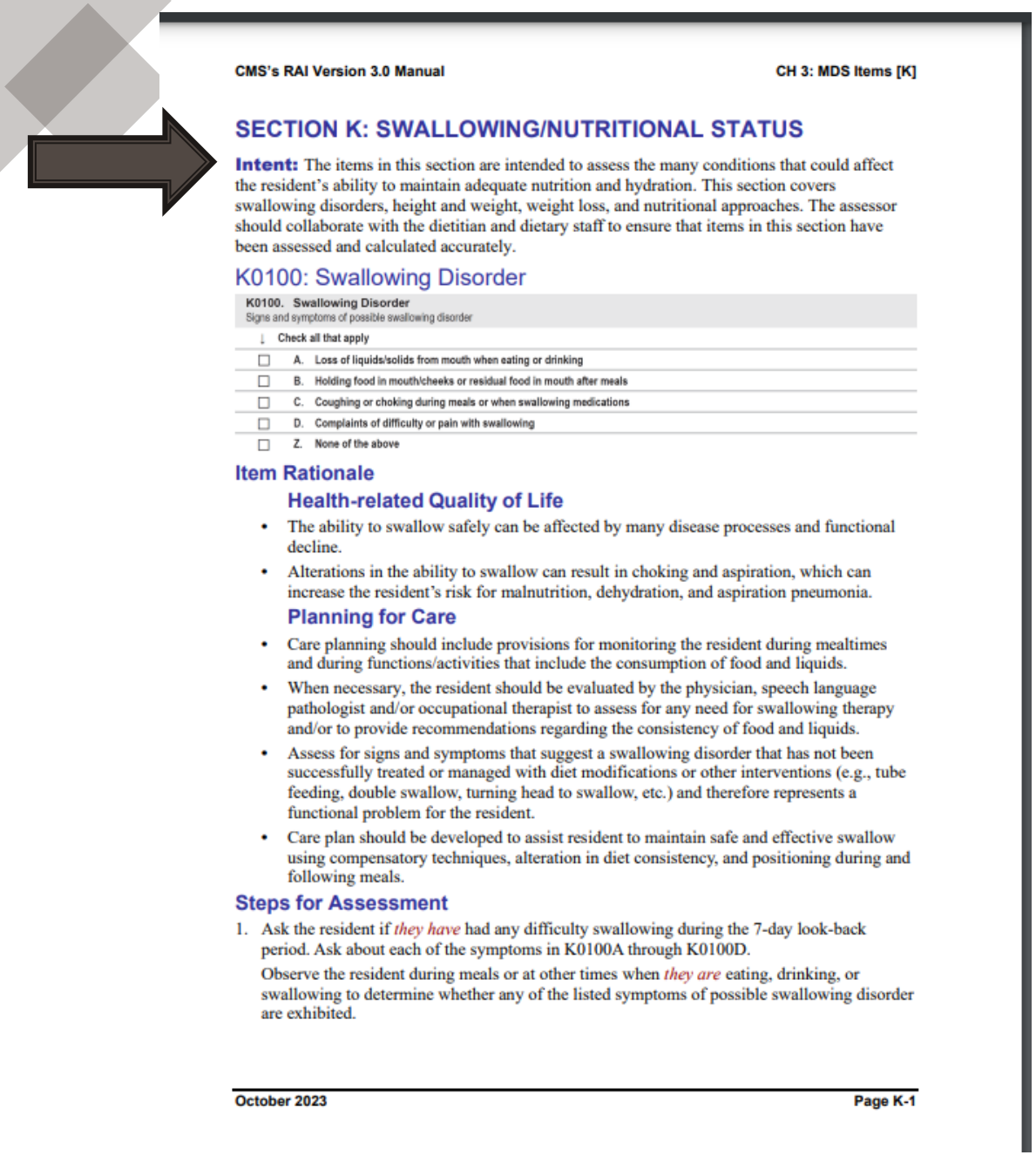
Steps for Assessment

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.

MDS is a federally mandated tool for all admissions under Medicare

The intent is to find potential or existing areas that need to be addressed when triggered through the care area assessments (CAA) to help residents achieve their highest practical state of health and well being.



CMS's RAI Version 3.0 Manual CH 3: MDS Items [K]

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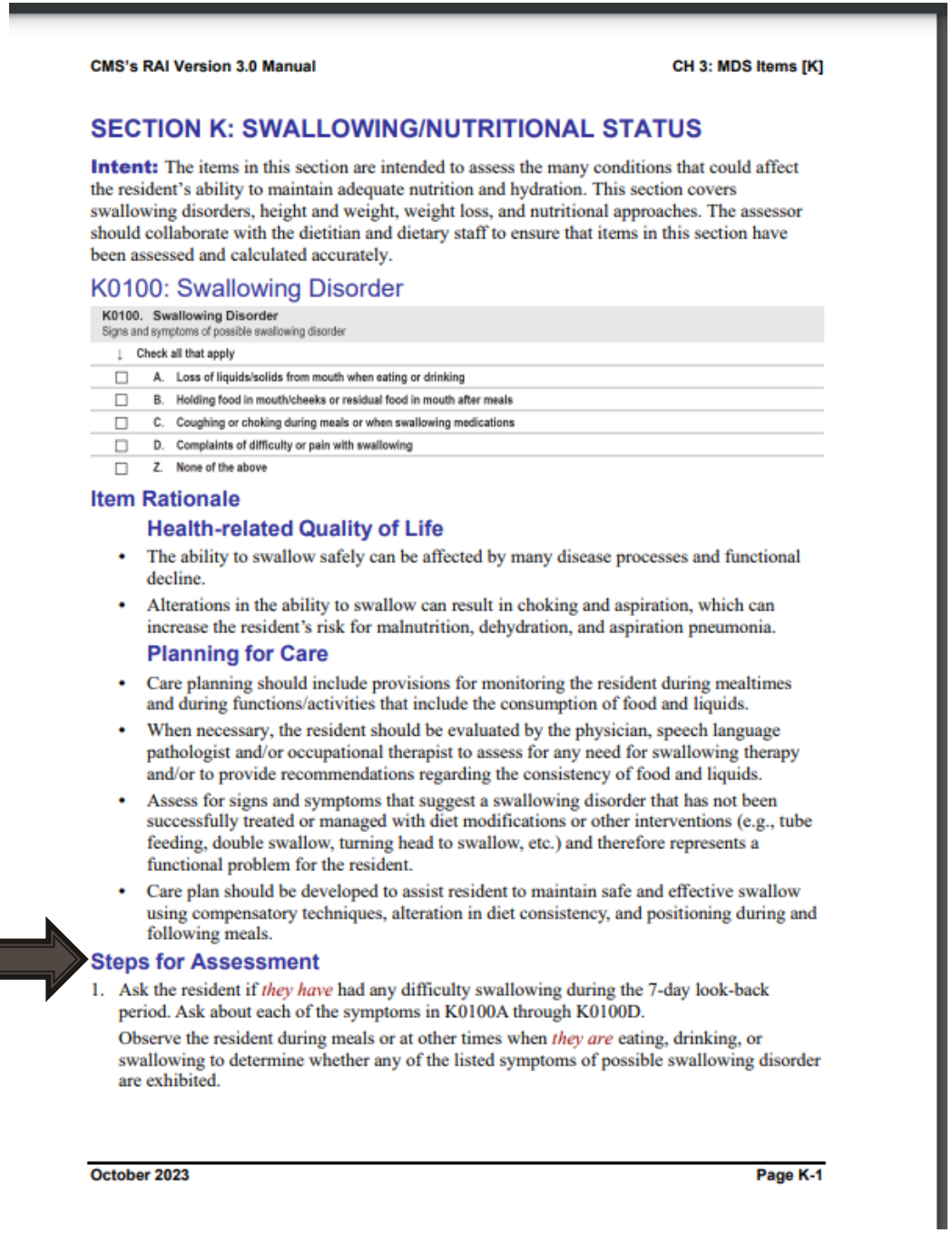
Each section to be coded has specific instructions to follow.

For the tool to be reliable and valid each coder must strictly adhere to the instructions.

Each section will have the intent or purpose of the codes in that section;

Example Section K intent is 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.



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The exact steps to code all item codes will be listed under Steps for Assessment

These steps should be reviewed carefully and followed to "the letter"

It might be temping to try and interpret or use "logic". Like a IRS Tax Form following the instructions is key to an accurate MDS assessment

Example:
Know the ARD date
Know the look back period
Know where to gather the information

What's Up with MDS 3.0 Section K?

- Most sections remained unchanged
- The expansion of timeframes for recording answers related to nutritional approaches, including:
  - On Admission;
  - While Not a Resident;
  - While a Resident; and
  - At Discharge.
  - Affects all PPS 5 day Assessments
- Five-Day PPS Assessment: The Five-day Assessment is usually conducted between days one to eight after the resident enters the facility. Medicare payments cover up to 100 days or until the resident is discharged if the time spent in a facility is less than 100 days.

Terms to know!

- Admission – The date an individual enters the facility and admits as a resident. A day begins at 12:00 a.m. and ends at 11:59 p.m.
- Assessment Indicator (AI) – A code used on a Medicare claim to indicate the type of assessment billed on the claim.
- Assessment Reference Date (ARD) – The last day of the observation period the assessment covers.
- ARD Window – The defined days when you must set the ARD. This does not include grace days. Grace Days – The date range when you may set the ARD without penalty. Grace days apply only for scheduled assessments.
- Assessment Window – The defined days when you may set the ARD. This includes grace days as applicable.

Now let's look at the specific Oct 2023 changes

- Utube CMS video highlights the changes to Nutritional Approaches K0520
- We now have 4 columns instead of just 2
  - On Admission (look back 3 days)
  - While a resident (look back 7 days)
  - While not a resident (look back 7 days)
  - At Discharge (look back 3 days)

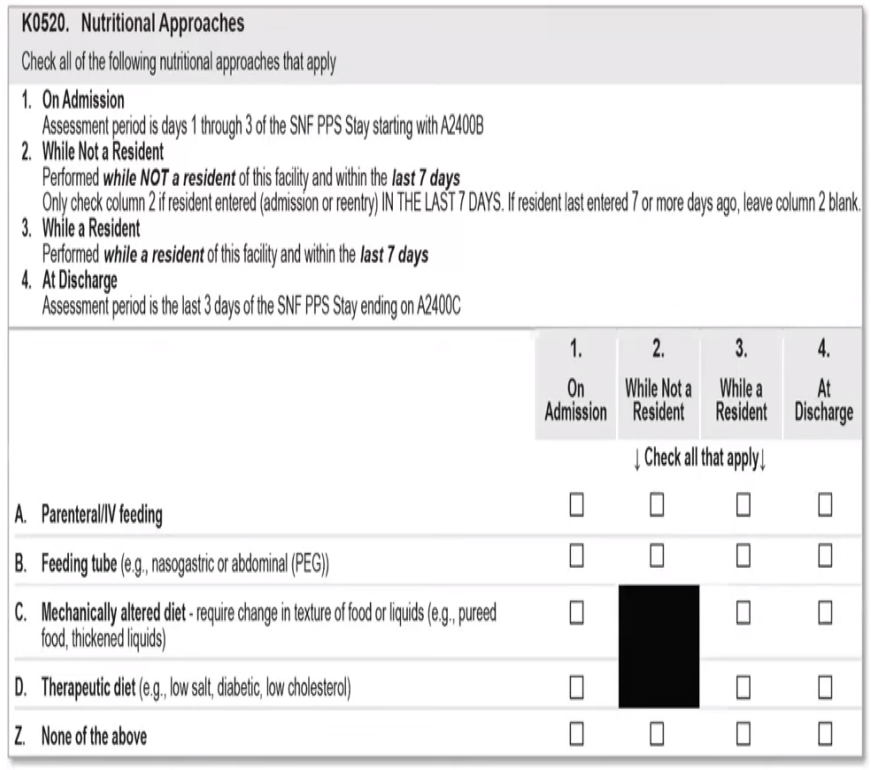
https://www.youtube.com/watch?v=eWJKN86DxZU&list=PLaV7m2-zFKphoXW6cc3NwUfxra0A1LYDi&index=16

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 ***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**	☐	☐	☐	☐
B. **Feeding tube** (e.g., nasogastric or abdominal (PEG))	☐	☐	☐	☐
C. **Mechanically altered diet** - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	☐	[redacted]	☐	☐
D. **Therapeutic diet** (e.g., low salt, diabetic, low cholesterol)	☐		☐	☐
Z. **None of the above**	☐	☐	☐	☐



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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 ↓			
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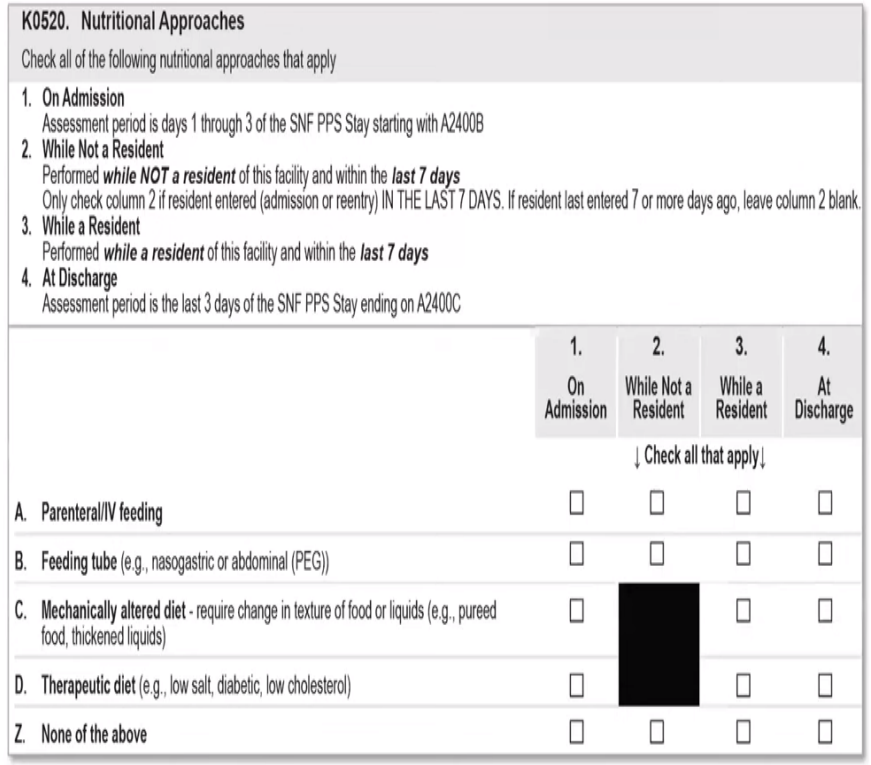
B. **Feeding tube** (e.g., nasogastric or abdominal (PEG))	☐	☐	☐	☐
C. **Mechanically altered diet** - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	☐	[redacted]	☐	☐
D. **Therapeutic diet** (e.g., low salt, diabetic, low cholesterol)	☐		☐	☐
Z. **None of the above**	☐	☐	☐	☐

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

Coding Instructions Check all that apply.
If none apply, check K0520Z, None of the above ·

K0520A, parenteral/IV feeding.
K0520B, feeding tube – nasogastric or abdominal (PEG).
K0520C, mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids).
K0520D, therapeutic diet (e.g., low salt, diabetic, low cholesterol).
K0520Z, none of the above.



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   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**
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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**	☐	☐	☐	☐
B. **Feeding tube** (e.g., nasogastric or abdominal (PEG))	☐	☐	☐	☐
C. **Mechanically altered diet** - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	☐		☐	☐
D. **Therapeutic diet** (e.g., low salt, diabetic, low cholesterol)	☐		☐	☐
Z. **None of the above**	☐	☐	☐	☐

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

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
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   Performed ***while NOT a resident*** of this facility and within the ***last 7 days***
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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

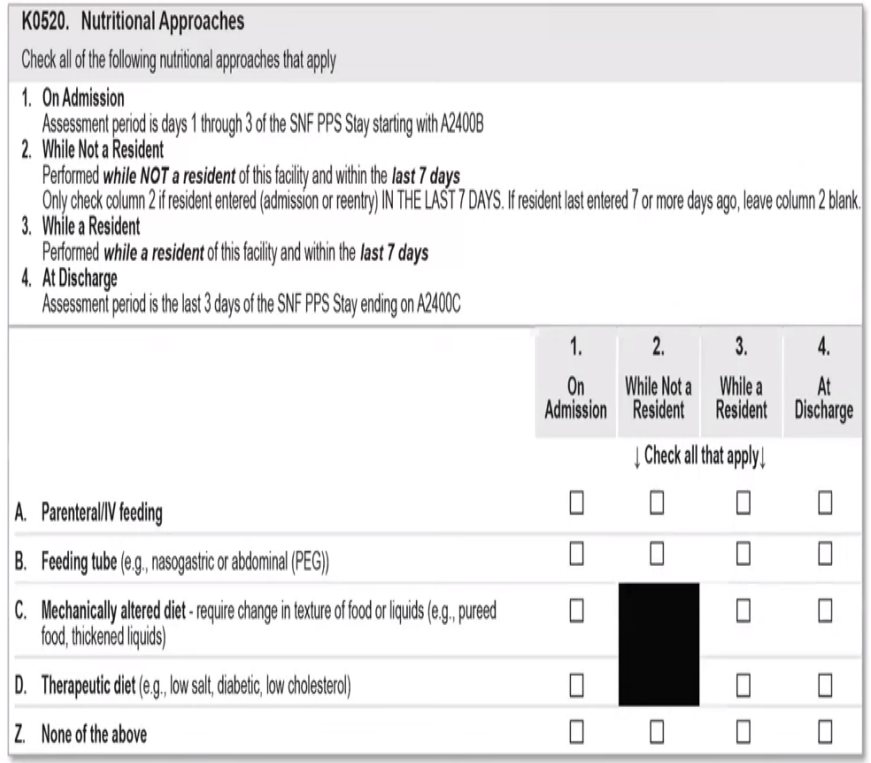
	1. On Admission	2. While Not a Resident	3. While a Resident	4. At Discharge
	↓ Check all that apply ↓			
A. **Parenteral/IV feeding**	☐	☐	☐	☐
B. **Feeding tube** (e.g., nasogastric or abdominal (PEG))	☐	☐	☐	☐
C. **Mechanically altered diet** - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	☐	[redacted]	☐	☐
D. **Therapeutic diet** (e.g., low salt, diabetic, low cholesterol)	☐		☐	☐
Z. **None of the above**	☐	☐	☐	☐

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.

DEFINITIONS 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.



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B. **Feeding tube** (e.g., nasogastric or abdominal (PEG))	☐	☐	☐	☐
C. **Mechanically altered diet** - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	☐	[redacted]	☐	☐
D. **Therapeutic diet** (e.g., low salt, diabetic, low cholesterol)	☐		☐	☐
Z. **None of the above**	☐	☐	☐	☐

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 macronutrients in the diet (Academy of Nutrition and Dietetics, 2020).

Coding Instructions for Column 4 ·

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

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.

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

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.

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.
- 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.

Examples

1. *Resident* H *was diagnosed in the acute hospital with a soft tissue infection. A treatment regime was initiated in the acute hospital, including IV antibiotics received every 8 hours within the last 7 days. Because the resident was assessed in the acute hospital with* inadequate *oral* fluid intake *demonstrating* signs and symptoms of dehydration, *the acute care physician ordered that the antibiotic be reconstituted with 250 cc of normal saline rather than 100 cc, which is the minimum amount required for reconstitution. This IV antibiotic and fluid regimen continues for 7 additional days following admission to the SNF due to continued infection and decreased oral intake.*

   Coding: K0520A*1, K0520A2, and K0520A3* would **be checked.** The IV medication would be coded at **IV Medications** item (O01*1*0H).

   Rationale: The resident's *physician in the acute care hospital ordered additional volume of dilutant for the IV medication reconstitution to address Resident H's inadequate oral fluid intake. The treatment regime continues upon admission to the SNF to address hydration needs. T*here is supporting documentation that reflected an identified need for additional fluid intake for hydration.

2. *Resident* J is receiving an antibiotic in 100 cc of normal saline via IV. *They have* a UTI, no fever, and documented adequate fluid intake. *They are* placed on the nursing home's hydration plan to ensure adequate hydration.

   Coding: K0520A*1* would **NOT be checked.** The IV medication would be coded at **IV Medications** item (O01*1*0H).

   Rationale: Although the resident received the additional fluid, there is no documentation to support a need for additional fluid intake.

K0520: Practice Scenario 1

A resident was admitted to the SNF for rehabilitation following a recent stroke.

On Day 5 they were placed on a low sodium diet (therapeutic diet) due to high blood pressure, which was exacerbated following news of a family tragedy.

Upon discharge to home on Day 13, the dietitian recommended continuing the low sodium diet.

On Day 7 of this PPS stay, the resident was temporarily placed on a mechanical soft diet due to a singular choking episode. Because the resident had no further choking episodes and requested a regular diet, the mechanical soft diet was discontinued two days prior to discharge.

The high blood pressure improved with the low sodium diet and was continued throughout the stay. The low sodium diet was also ordered upon discharge to home.

Q1 How would you code K0520 for this resident On Admission and While Not a Resident?

K0520. Nutritional Approaches

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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
		↓ Check all that apply ↓	
A.	**Parenteral/IV feeding**	☐	☐
B.	**Feeding tube** (e.g., nasogastric or abdominal (PEG))	☐	☐
C.	**Mechanically altered diet** - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	☐	
D.	**Therapeutic diet** (e.g., low salt, diabetic, low cholesterol)	☐	
Z.	**None of the above**	☐	☐

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		1. On Admission	2. While Not a Resident
		↓ Check all that apply ↓	
A.	**Parenteral/IV feeding**	☐	☐
B.	**Feeding tube** (e.g., nasogastric or abdominal (PEG))	☐	☐
C.	**Mechanically altered diet** - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	☐	[redacted]
D.	**Therapeutic diet** (e.g., low salt, diabetic, low cholesterol)	☐	
Z.	**None of the above**	☑	☑

K0520: Practice Scenario 1 – Admission Rationale

The resident was placed on a low sodium diet on Day 5 after the admission to help manage high blood pressure. The mechanically altered diet began on Day 7.

- **Column 1. On Admission:** No new nutritional approaches were performed during the first 3 days of the SNF PPS Stay. Therefore, check **K0520Z. None of the above**.
- **Column 2. While Not a Resident:** The resident was on a regular diet when admitted to the facility, therefore While Not a Resident is **K0520Z. None of the above**.

Q2 How would you code K0520 While a Resident and At Discharge?

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   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

		3. While a Resident	4. At Discharge
		↓ Check all that apply ↓	
A.	**Parenteral/IV feeding**	☐	☐
B.	**Feeding tube** (e.g., nasogastric or abdominal (PEG))	☐	☐
C.	**Mechanically altered diet** - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	☐	☐
D.	**Therapeutic diet** (e.g., low salt, diabetic, low cholesterol)	☐	☐
Z.	**None of the above**	☐	☐

Q2 How would you code K0520 While a Resident and At Discharge?

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 ***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

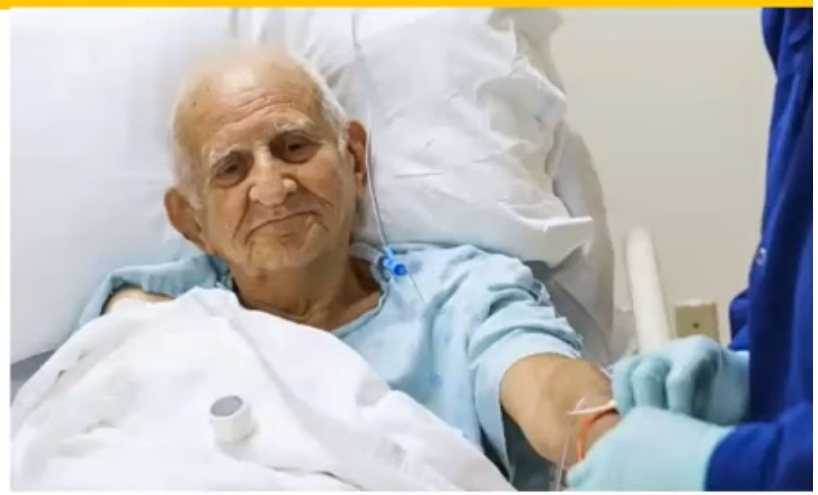
		3. While a Resident	4. At Discharge
		↓ Check all that apply ↓	
A.	**Parenteral/IV feeding**	☐	☐
B.	**Feeding tube** (e.g., nasogastric or abdominal (PEG))	☐	☐
C.	**Mechanically altered diet** - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	☑	☑
D.	**Therapeutic diet** (e.g., low salt, diabetic, low cholesterol)	☑	☑
Z.	**None of the above**	☐	☐

K0520: Practice Scenario 1 – Discharge Rationale

They were placed on the low sodium diet and then the mechanically altered diet while a resident.

- **Column 3. While a Resident:** Both **K0520C. Mechanically altered diet** and **K0520D. Therapeutic diet** would be checked for Column 3, since for this assessment period, you would check all nutritional approaches performed after admission/entry or reentry to the facility and within the 7-day look-back period. The mechanically altered diet was discontinued 2 days prior to discharge.
- **Column 4. At Discharge:** The resident was still on a mechanically altered diet during the last 3 days of the SNF PPS Stay.

K0520: Practice Scenario 2 – Admission



A resident was admitted for a SNF PPS stay with a feeding tube after a long hospitalization.

They had been receiving tube feedings daily while receiving therapy to improve swallowing and progress to intake by mouth. The tube feedings were ordered to continue on admission.

The resident received 2 days of intravenous (IV) medication and fluids in the hospital and arrived with a peripheral line and orders to continue both for 5 more days. Upon reviewing the resident's transfer documentation, there is no supporting documentation indicating a need for additional fluid intake to support a need for hydration.

Q3 How would you code K0520 for this resident On Admission and While Not a Resident?

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 ***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
		↓ Check all that apply ↓	
A.	**Parenteral/IV feeding**	☐	☐
B.	**Feeding tube** (e.g., nasogastric or abdominal (PEG))	☐	☐
C.	**Mechanically altered diet** - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	☐	
D.	**Therapeutic diet** (e.g., low salt, diabetic, low cholesterol)	☐	
Z.	**None of the above**	☐	☐

K0520: Practice Scenario 2 – Admission Rationale

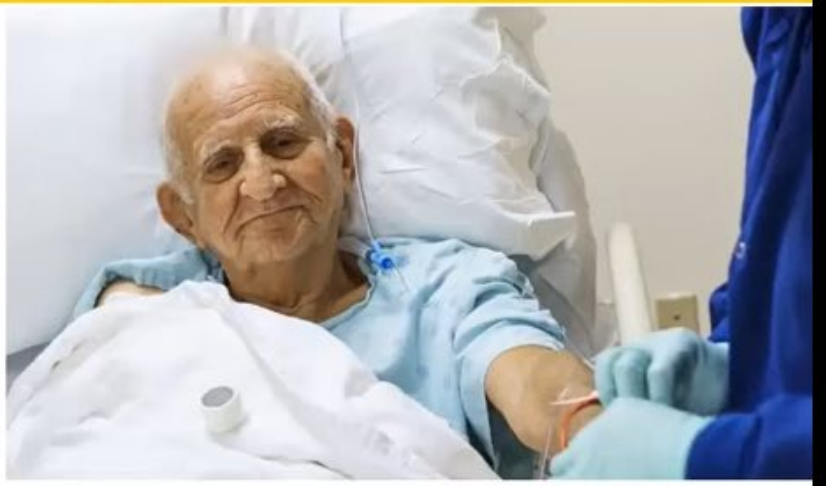
- **Column 1. On Admission:** The resident was ordered to continue tube feedings when they were admitted to the facility.
- **Column 2. While Not a Resident:** During their hospitalization, the resident had been receiving tube feedings daily.

NOTE: Although the IV medications and fluids were continued on admission, there was no supporting documentation that the IV fluids were to support nutrition/hydration. This would not be coded in K0520.

K0520: Practice Scenario 2 – Discharge

Over the 3-week stay (21 days), the resident slowly progressed on a mechanically altered diet and was placed on a regular diet on Day 10.

Their oral intake was nutritionally sufficient by the last week of the stay, so a decision was made to stop the tube feedings and remove the tube on Day 17, 4 days before discharge.



Q4 How would you code K0520 While a Resident and At Discharge?

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 ***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

		3. While a Resident	4. At Discharge
		↓ Check all that apply ↓	
A.	**Parenteral/IV feeding**	☐	☐
B.	**Feeding tube** (e.g., nasogastric or abdominal (PEG))	☑	☐
C.	**Mechanically altered diet** - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	☐	☐
D.	**Therapeutic diet** (e.g., low salt, diabetic, low cholesterol)	☐	☐
Z.	**None of the above**	☐	☑

Key Insights to Coding Section K

For **K0520. Nutritional Approaches**, two new assessment periods have been added to the data element which replaced the original K0510.

- On Admission is now in Column 1 to record all nutritional approaches performed *during the first 3 days of the SNF PPS Stay*.
- At Discharge is now in Column 4 to record all nutritional approaches performed *within the last 3 days of the SNF PPS Stay.*
- While a Resident and While Not a Resident have been shifted to Columns 2 and 3, but the instructions are unchanged.

New changes may affect PDPM coding

- Be aware of new time frames
- Monitor MDS when doing Nutritional Assessments
- Time frame affects if coded...for example it might be coded for a mech altered diet but it was d/c'ed before you started your assessment. The reason why is important to note in the assessment.
- If your assessment is before the ARD date; be aware that coding for the MDS will occur on or after the ARD date. It is important to note time frames for data you are referencing in your assessment.
- In some cases, your nutritional assessment will be a comprehensive assessment completed as an additional task due to triggered nutritional risk or as a part of routine care. Note that MDS has very specific coding instructions for weights, nutritional approaches and TF calculations. These may or may not match your assessment data so put your source of all information you cite and dates to avoid confusion!
- Example: you document in your assessment a "weight loss" but the MDS is not coded for weight loss because it did not meet the % guidelines in the look back period.

Speech Component

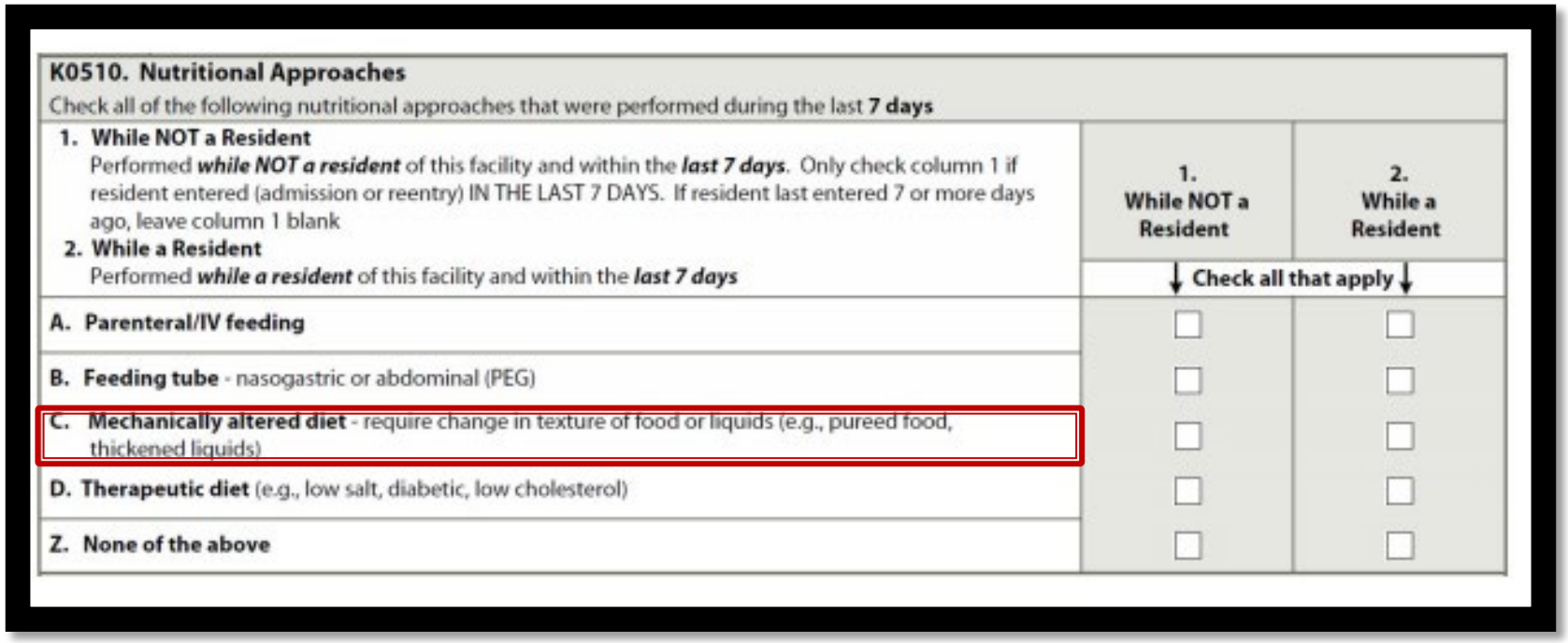
- Acute neurologic clinical classifications
- Cognitive impairment (intact, mildly, moderately, or severely impaired)
- Other speech related comorbidities
- Use of mechanically-altered diet
- Presence of swallowing disorder

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

- Code even if only once during the 7 day look back
- Interview resident, staff, family
- Observe at mealtime
- Review the medical record
- Do not code if interventions are successful – no symptoms during the look back period

K0100: Mechanically Altered Diet



K0510. Nutritional Approaches

Check all of the following nutritional approaches that were performed during the last **7 days**

1. **While NOT a Resident**
   Performed ***while NOT a resident*** of this facility and within the ***last 7 days***. Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank
2. **While a Resident**
   Performed ***while a resident*** of this facility and within the ***last 7 days***

	1. While NOT a Resident	2. While a Resident
	↓ Check all that apply ↓	
A. **Parenteral/IV feeding**	☐	☐
B. **Feeding tube** - nasogastric or abdominal (PEG)	☐	☐
C. **Mechanically altered diet** - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	☐	☐
D. **Therapeutic diet** (e.g., low salt, diabetic, low cholesterol)	☐	☐
Z. **None of the above**	☐	☐

- Diet specifically prepared to alter texture or consistency of food to facilitate oral intake
- Examples: pureed, dental soft, mechanical ground/chopped, soft/bite size, minced/moist

Nursing Component

Nutrition related conditions and services contribute to resident classification in the:

- Special care high category
  - Weight loss as identified in Section K **PLUS presence of Fever**
  - Feeding Tube as identified in Section K **PLUS presence or Fever** – TF must provide 51% or more of the total calories
  - OR
  - provide 26 to 50% of the total calories (K0710A3) AND provide 501 cc or more per day of fluids in the past 7 days
  - Parenteral/IV fluids
- Special care low category
  - Feeding Tube as identified in Section K must provide 51% or more of the total calories
  - OR
  - provide 26 to 50% of the total calories (K0710A3) AND provide 501 cc or more per day of fluids in the past 7 days

Condition/Extensive Service	Source	Points
HIV/AIDS	SNF Claim	8
Parenteral IV Feeding: Level High	MDS Item K0510A2, K0710A2	7
Special Treatments/Programs: Intravenous Medication Post-admit Code	MDS Item O0100H2	5
Special Treatments/Programs: Ventilator or Respirator Post-admit Code	MDS Item O0100F2	4
Parenteral IV feeding: Level Low	MDS Item K0510A2, K0710A2, K0710B2	3
Lung Transplant Status	MDS Item I8000	3
Special Treatments/Programs: Transfusion Post-admit Code	MDS Item O0100I2	2
Major Organ Transplant Status, Except Lung	MDS Item I8000	2
Active Diagnoses: Multiple Sclerosis Code	MDS Item I5200	2
Opportunistic Infections	MDS Item I8000	2
Active Diagnoses: Asthma COPD Chronic Lung Disease Code	MDS Item I6200	2
Bone/Joint/Muscle Infections/Necrosis - Except Aseptic Necrosis of Bone	MDS Item I8000	2
Chronic Myeloid Leukemia	MDS Item I8000	2
Wound Infection Code	MDS Item I2500	2
Active Diagnoses: Diabetes Mellitus (DM) Code	MDS Item I2900	2
Endocarditis	MDS Item I8000	1
Immune Disorders	MDS Item I8000	1
End-Stage Liver Disease	MDS Item I8000	1
Other Foot Skin Problems: Diabetic Foot Ulcer Code	MDS Item M1040B	1
Narcolepsy and Cataplexy	MDS Item I8000	1
Cystic Fibrosis	MDS Item I8000	1
Special Treatments/Programs: Tracheostomy Care Post-admit Code	MDS Item O0100E2	1
Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code	MDS Item I1700	1
Special Treatments/Programs: Isolation Post-admit Code	MDS Item O0100M2	1
Specified Hereditary Metabolic/Immune Disorders	MDS Item I8000	1
Morbid Obesity	MDS Item I8000	1
Special Treatments/Programs: Radiation Post-admit Code	MDS Item O0100B2	1
Highest Stage of Unhealed Pressure Ulcer - Stage 4	MDS Item M0300D1	1
Psoriatic Arthropathy and Systemic Sclerosis	MDS Item I8000	1

Condition/Extensive Service	Source	Points
Chronic Pancreatitis	MDS Item I8000	1
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	MDS Item I8000	1
Other Foot Skin Problems: Foot Infection Code, Other Open Lesion on Foot Code, Except Diabetic Foot Ulcer Code	MDS Item M1040A, M1040B, M1040C	1
Complications of Specified Implanted Device or Graft	MDS Item I8000	1
Bladder and Bowel Appliances: Intermittent Catheterization	MDS Item H0100D	1
Inflammatory Bowel Disease	MDS Item I1300	1
Aseptic Necrosis of Bone	MDS Item I8000	1
Special Treatments/Programs: Suctioning Post-admit Code	MDS Item O0100D2	1
Cardio-Respiratory Failure and Shock	MDS Item I8000	1
Myelodysplastic Syndromes and Myelofibrosis	MDS Item I8000	1
Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	MDS Item I8000	1
Diabetic Retinopathy - Except Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	MDS Item I8000	1
Nutritional Approaches While a Resident: Feeding Tube	MDS Item K0510B2	1
Severe Skin Burn or Condition	MDS Item I8000	1
Intractable Epilepsy	MDS Item I8000	1
Active Diagnoses: Malnutrition Code	MDS Item I5600	1
Disorders of Immunity - Except : RxCC97: Immune Disorders	MDS Item I8000	1
Cirrhosis of Liver	MDS Item I8000	1
Bladder and Bowel Appliances: Ostomy	MDS Item H0100C	1
Respiratory Arrest	MDS Item I8000	1
Pulmonary Fibrosis and Other Chronic Lung Disorders	MDS Item I8000	1

Conditions and Extensive Services Used for Non-Therapy Ancillary (NTA) Classifications

- Comorbidities Present

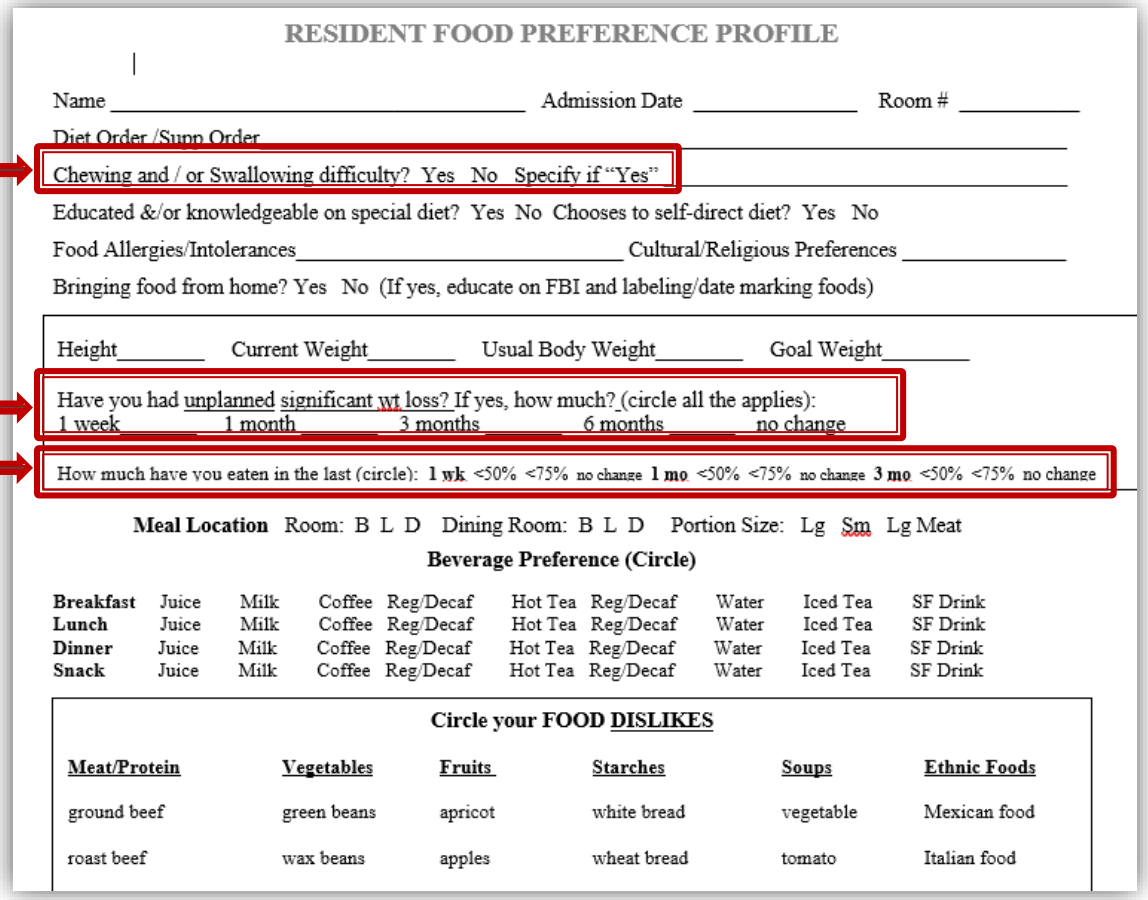
MDS Assessment Schedule

Medicare MDS Assessment Type	Assessment Reference Date	Applicable Standard Medicare Payment Days
Five-day Scheduled PPS Assessment	Days 1-8	All covered Part A days until Part A discharge (unless an IPA is completed)
Interim Payment Assessment (IPA)	Optional Assessment	ARD of the assessment through Part A discharge (unless another IPA assessment is completed)
PPS Discharge Assessment	PPS Discharge: Equal to the End Date of the Most Recent Medicare Stay (A2400C) or End Date	N/A

Data Gathering; Starts with Admission Interview

Resident interview

- Chewing or swallowing difficulty
- Decreased intakes
- Unplanned wt loss
- Visual inspection



RESIDENT FOOD PREFERENCE PROFILE

Name _____ Admission Date _____ Room # _____

Diet Order /Supp Order _____

Chewing and / or Swallowing difficulty? Yes No Specify if "Yes" _____

Educated &/or knowledgeable on special diet? Yes No Chooses to self-direct diet? Yes No

Food Allergies/Intolerances_____ Cultural/Religious Preferences _____

Bringing food from home? Yes No (If yes, educate on FBI and labeling/date marking foods)

Height_____ Current Weight_____ Usual Body Weight_____ Goal Weight_____

Have you had unplanned significant wt loss? If yes, how much? (circle all the applies):
1 week_____ 1 month_____ 3 months_____ 6 months_____ no change

How much have you eaten in the last (circle): **1 wk** <50% <75% no change **1 mo** <50% <75% no change **3 mo** <50% <75% no change

Meal Location Room: B L D Dining Room: B L D Portion Size: Lg Sm Lg Meat

Beverage Preference (Circle)

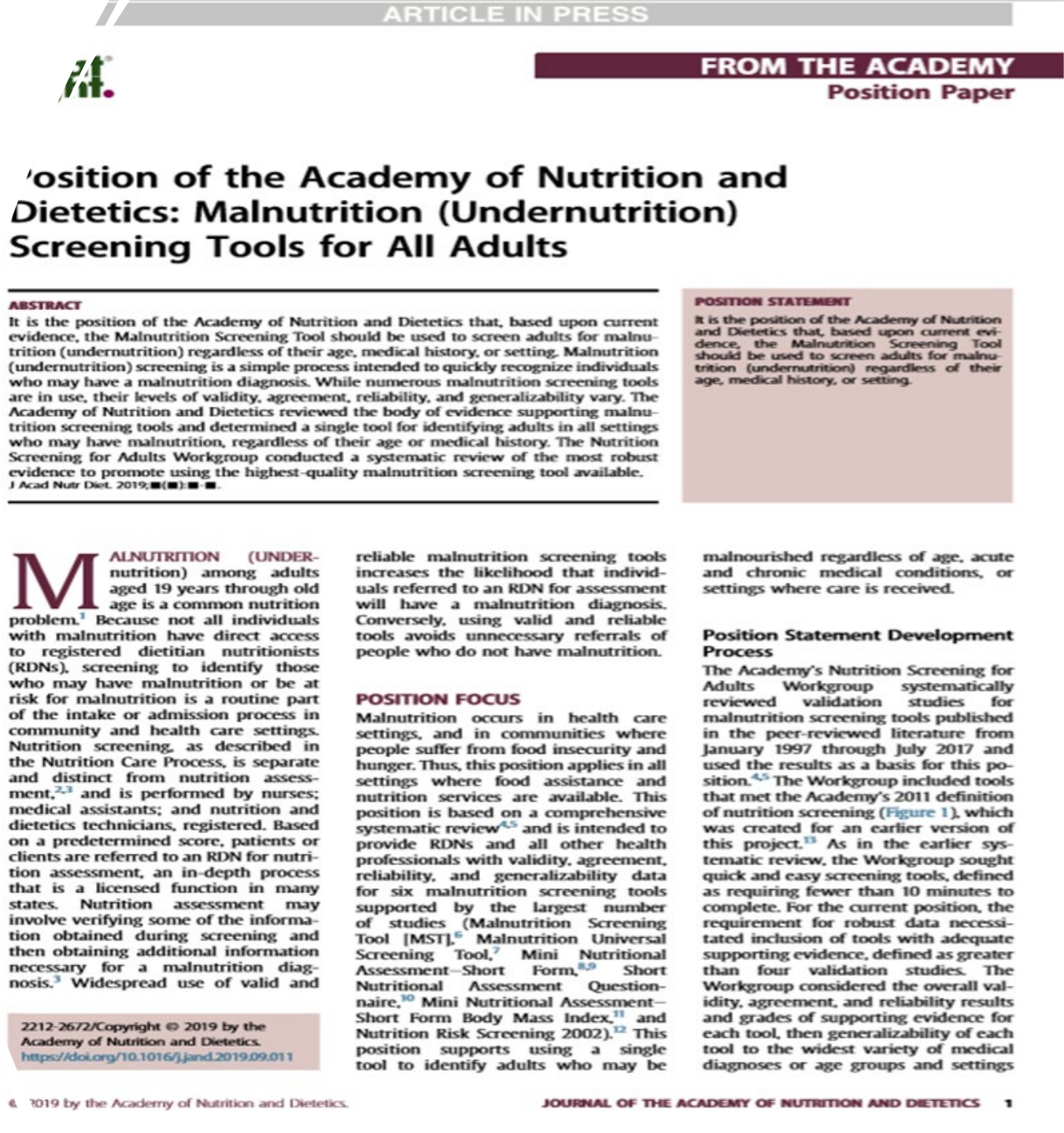
Breakfast	Juice	Milk	Coffee	Reg/Decaf	Hot Tea	Reg/Decaf	Water	Iced Tea	SF Drink
Lunch	Juice	Milk	Coffee	Reg/Decaf	Hot Tea	Reg/Decaf	Water	Iced Tea	SF Drink
Dinner	Juice	Milk	Coffee	Reg/Decaf	Hot Tea	Reg/Decaf	Water	Iced Tea	SF Drink
Snack	Juice	Milk	Coffee	Reg/Decaf	Hot Tea	Reg/Decaf	Water	Iced Tea	SF Drink

Circle your FOOD DISLIKES

Meat/Protein	Vegetables	Fruits	Starches	Soups	Ethnic Foods
ground beef	green beans	apricot	white bread	vegetable	Mexican food
roast beef	wax beans	apples	wheat bread	tomato	Italian food

ASSESS: High Risk Triggers

- Difficulty eating – meal observation
- Diet texture modification, dysphagia
- History of enteral/parenteral nutrition
- Nutritional diagnosis of malnutrition
- Documented hx of weight loss
- Decreased intakes compared to prior admission
- Edema or bony prominences
- History of homelessness, eating disorder, or other high risk dx



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FROM THE ACADEMY
Position Paper

osition of the Academy of Nutrition and Dietetics: Malnutrition (Undernutrition) Screening Tools for All Adults

ABSTRACT

It is the position of the Academy of Nutrition and Dietetics that, based upon current evidence, the Malnutrition Screening Tool should be used to screen adults for malnutrition (undernutrition) regardless of their age, medical history, or setting. Malnutrition (undernutrition) screening is a simple process intended to quickly recognize individuals who may have a malnutrition diagnosis. While numerous malnutrition screening tools are in use, their levels of validity, agreement, reliability, and generalizability vary. The Academy of Nutrition and Dietetics reviewed the body of evidence supporting malnutrition screening tools and determined a single tool for identifying adults in all settings who may have malnutrition, regardless of their age or medical history. The Nutrition Screening for Adults Workgroup conducted a systematic review of the most robust evidence to promote using the highest-quality malnutrition screening tool available.

J Acad Nutr Diet. 2019;■(■):■-■.

POSITION STATEMENT

It is the position of the Academy of Nutrition and Dietetics that, based upon current evidence, the Malnutrition Screening Tool should be used to screen adults for malnutrition (undernutrition) regardless of their age, medical history, or setting.

MALNUTRITION (UNDERnutrition) among adults aged 19 years through old age is a common nutrition problem.[1] Because not all individuals with malnutrition have direct access to registered dietitian nutritionists (RDNs), screening to identify those who may have malnutrition or be at risk for malnutrition is a routine part of the intake or admission process in community and health care settings. Nutrition screening, as described in the Nutrition Care Process, is separate and distinct from nutrition assessment,[2,3] and is performed by nurses; medical assistants; and nutrition and dietetics technicians, registered. Based on a predetermined score, patients or clients are referred to an RDN for nutrition assessment, an in-depth process that is a licensed function in many states. Nutrition assessment may involve verifying some of the information obtained during screening and then obtaining additional information necessary for a malnutrition diagnosis.[3] Widespread use of valid and reliable malnutrition screening tools increases the likelihood that individuals referred to an RDN for assessment will have a malnutrition diagnosis. Conversely, using valid and reliable tools avoids unnecessary referrals of people who do not have malnutrition.

https://doi.org/10.1016/j.jand.2019.09.011

POSITION FOCUS

Malnutrition occurs in health care settings, and in communities where people suffer from food insecurity and hunger. Thus, this position applies in all settings where food assistance and nutrition services are available. This position is based on a comprehensive systematic review[4,5] and is intended to provide RDNs and all other health professionals with validity, agreement, reliability, and generalizability data for six malnutrition screening tools supported by the largest number of studies (Malnutrition Screening Tool [MST],[6] Malnutrition Universal Screening Tool,[7] Mini Nutritional Assessment–Short Form,[8,9] Short Nutritional Assessment Questionnaire,[10] Mini Nutritional Assessment–Short Form Body Mass Index,[11] and Nutrition Risk Screening 2002).[12] This position supports using a single tool to identify adults who may be malnourished regardless of age, acute and chronic medical conditions, or settings where care is received.

Position Statement Development Process

The Academy's Nutrition Screening for Adults Workgroup systematically reviewed validation studies for malnutrition screening tools published in the peer-reviewed literature from January 1997 through July 2017 and used the results as a basis for this position.[4,5] The Workgroup included tools that met the Academy's 2011 definition of nutrition screening (Figure 1), which was created for an earlier version of this project.[13] As in the earlier systematic review, the Workgroup sought quick and easy screening tools, defined as requiring fewer than 10 minutes to complete. For the current position, the requirement for robust data necessitated inclusion of tools with adequate supporting evidence, defined as greater than four validation studies. The Workgroup considered the overall validity, agreement, and reliability results and grades of supporting evidence for each tool, then generalizability of each tool to the widest variety of medical diagnoses or age groups and settings

Key Takeaways

- MDS coding requires good data
- Team communication
- Involve the MD for active dx
- Every point matters
- Timing is everything

QUESTIONS?