



## SECTION K: Swallowing/Nutritional Status

*Sustainable change...begins with Coretactics!*

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**Sarah is the Vice President of Clinical Reimbursement / Education & Training for Coretactics™ Healthcare Consulting, Inc.** A national speaker with more than 25 years of experience in healthcare, Sarah is an expert in management and analysis of publicly reported quality measures, reimbursement, ICD 10 diagnostic criteria, appeals & insurance denials and regulatory compliance. By sharing her vast knowledge, Sarah provides guidance in MDS 3.0 accuracy, quality improvement and reimbursement practices. Her many years in long-term care provide the understanding required for effective interdisciplinary team development, sustainable program development, quality assurance, CMS publicly reported quality measures, reimbursement and MDS completion.

Having served as an Appeals Coordinator, Sarah works with facilities to address Medicare, Medicaid and insurance denials and has developed programs for billing and corporate compliance. Her passion for teaching brings a supportive approach in enabling interdisciplinary teams to improve quality and reimbursement outcomes.



Coretactics™ is dedicated to raising skilled nursing facilities (SNFs) to a new level of excellence. Through customization of evidence-based practices, process enhancement, education and side-by-side training, Coretactics' consultants will guide your interdisciplinary team to positive outcomes in quality of care, regulatory compliance and accurate reimbursement.

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1

Improve accuracy of MDS assessment impacting Section K (Swallowing and Nutritional Status).

2

Understand in detail the documentation requirements for Section K on MDS.

3

Improve the collaboration of the interdisciplinary team in communicating and capturing resident swallowing and nutritional concerns.

4

Reduce the risk of financial penalties and audit scrutiny related to Section K coding errors.

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## The Shift away from RUGs to PDPM- Improved Focus on Swallowing and Nutritional Status

As North Dakota approaches its transition from RUGs model to PDPM to support Medicaid payments, a fundamental shift in how facilities code and document resident care is anticipated.

Refining documentation and assessment strategies, with a specific focus on accurately coding Section K (Swallowing and Nutritional status) of the MDS will be part of a successful strategy.

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## Intent of Section K:

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.

- Swallowing disorders
- Height and weight
- Weight loss
- Nutritional approaches

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## K0100 – Swallowing Disorder

Signs and Symptoms of possible swallowing disorders:

- Loss of liquids/solids from mouth when eating or drinking.
- Holding food in mouth/cheeks or residual food in mouth after meals.
- Coughing or choking during meals or when swallowing medications.
- Complaints of difficulty or pain with swallowing.

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



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### K0100. Swallowing Disorder

Signs and symptoms of possible swallowing disorder

↓ Check all that apply

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

QM =   
 CAA =  PDPM =   
 SNF Quality Reporting  
 Program Measure = 

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## Steps for Assessment

- Ask the resident if they have had any difficulty swallowing during the 7 day look back period. Ask about each symptom in K0100 A through K0100 D.
- 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 disorders are exhibited.
- Interview staff members and ask if any of the four listed symptoms were evident during the 7 day look back period.
- Review the medical record for any information that may affect the residents swallowing/nutritional status.
- Check all that apply

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## Coding Tips















- Do NOT code a swallowing problem when interventions have been successful in treating the problem and therefore the signs/symptoms of the problem 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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 CAA =  PDPM =   
 SNF Quality Reporting  
 Program Measure = 

<b>K0200. Height and Weight</b> - While measuring, if the number is X.1 - X.4 round down; X.5 or greater round up <span style="float: right;">CAA </span>	
<input style="width: 100%;" type="text"/> <small>inches</small>  <input style="width: 100%;" type="text"/> <small>pounds</small>	<p><b>A. Height</b> (in inches). Record most recent height measure since the most recent admission/entry or reentry   BMI ≥ 40 <span style="float: right;">BMI (&lt;18.5000 or &gt;24.9000) = 12</span></p> <p><b>B. Weight</b> (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.)   BMI ≥ 40 <span style="float: right;">BMI (&lt;18.5 or &gt;24.9) = 12</span></p>
<b>K0300. Weight Loss</b> <span style="float: right;">CAA </span>	
Enter Code <input style="width: 100%;" type="text"/>	<p><b>Loss of 5% or more in the last month or loss of 10% or more in last 6 months</b></p> <p> 0. No or unknown</p> <p> 1. <b>Yes, on</b> physician-prescribed weight-loss regimen <span style="float: right;">12</span></p> <p> 2. <b>Yes, not on</b> physician-prescribed weight-loss regimen <span style="float: right;">12 16 </span></p>
<b>K0310. Weight Gain</b> <span style="float: right;">CAA </span>	
Enter Code <input style="width: 100%;" type="text"/>	<p><b>Gain of 5% or more in the last month or gain of 10% or more in last 6 months</b></p> <p> 0. No or unknown</p> <p> 1. <b>Yes, on</b> physician-prescribed weight-gain regimen <span style="float: right;">12</span></p> <p> 2. <b>Yes, not on</b> physician-prescribed weight-gain regimen <span style="float: right;">12</span></p>

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## K0200: Height steps for assessment

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

## K2002 Weight steps for assessment

- Base weight on the most recent measure in the last 30 days.
- Measure weight consistently over time in accordance with facility policy and procedure.
- 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 and use this weight.
- If weight is taken more than once in previous month use the most recent weight.

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## Coding Instructions - Weight

- Use mathematical rounding (i.e., If weight is X.5 pounds or more, round weight upward to the nearest whole pound. If weight is X.1 to .4 pounds round down to the nearest whole pound).
- Example: A weight of 152.5 pounds would be rounded to 153 pounds and a weight of 152.4 pounds would be rounded to 152 pounds.

If a resident cannot be weighted due to pain, immobility, or risk of pathological fractures, use the standard no information code (-) and document rationale in the resident's medical record.

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## K0300: Weight Loss Steps for Assessment

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-day preceding the current weight.
- At a point closest to 180-day preceding the current weight.

This item does NOT consider weight fluctuation outside of these two time points.

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## 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.

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## Example

Look at residents last weight-  
180 lb.

$$180 \times .95 = 171$$

If most recent weight is less than  
or equal to 171, this represents  
5% wt. loss

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## 10% Weight loss in 180 days

- Start with the resident's weight closest to 180 days ago and multiply it by .90 (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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## Example

Look at residents last weight-  
205 lb.

$$205 \times .90 = 184.5$$

If most recent weight is less than  
184.5, this represents 5% wt  
loss

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## New Admissions – Weight loss Calculation

- 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.

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## Weight loss coding instructions

- 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% in past 180 days, and the weight loss was planned and pursuant to a physician's order. In cases where weight loss is a result of any physician ordered diet plan or expected weight loss due to loss of fluid with physician orders for a diuretic medication can be coded as 1.
- Code 2 yes 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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## K310 Weight Gain steps for assessment

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

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

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

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## 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.

Mathematically round weights as described previously

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## 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 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.

Mathematically round weights as described previously.

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## New admission weight gain calculation

- 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 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.

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## Weight gain coding instructions

- Code 0, no, or unknown if the resident has not experienced weight gain of 5% or more in the past 30 days or 10% in the past 180 days or if information is not available.
- Code 1, yes 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 ordered diet plan.
- Code 2, yes 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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 SNF Quality Reporting Program Measure = 

**K0520. Nutritional Approaches** CAA

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	<input type="checkbox"/>	<input checked="" type="checkbox"/> 12 14	<input checked="" type="checkbox"/> 12 14	<input type="checkbox"/>
B. Feeding tube – (e.g., nasogastric or abdominal (PEG))	<input type="checkbox"/>	<input checked="" type="checkbox"/> 12 14	<input checked="" type="checkbox"/> 12 14	<input type="checkbox"/>
C. Mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids)	<input type="checkbox"/>		<input checked="" type="checkbox"/> 12	<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	<input type="checkbox"/>		<input type="checkbox"/> 12	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## Parenteral/IV Feeding

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



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## Parenteral/IV Feeding

This supporting documentation should be noted in the resident's medical record according to State and Federal Regulations and/or internal facility policy:

Supporting documentation  
**MUST** reflect the need for  
additional fluid intake  
specifically addressing a  
nutrition or hydration need.



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## Provider documentation must support the need for IVF is related to nutrition/hydration

Assessment & Plan:  
Leukocytosis trending down -  
c/w clinical monitoring

PNA  
c/w with course of levofloxacin

Hyponatremia  
IVF dex-sodium chlo

dysphagia  
g-tube in place  
check g-tube placement per protocol  
speech eval prn  
g-tube feed as ordered

- CPT Code: { } 99307 {x} 99308 { } 99309 { } 99310 Other: \_\_\_\_\_

- ICD10: D72.829, J18.9, E87.1, R13.12

### Medications

**lactated Ringers infusion 1,000 mL**  
Rate: 75 mL/hr Dose: 1000 mL  
Freq: continuous Route: IV  
Last Dose: 1,000 mL (08/11/25 0315)  
Start: 08/10/25 1223 End: 08/11/25 1222

**lactated Ringers infusion 1,000 mL**  
Rate: 125 mL/hr Dose: 1000 mL  
Freq: continuous Route: IV  
Last Dose: 1,000 mL (08/07/25 2140)  
Start: 08/07/25 0356 End: 08/08/25 0355

	08/02	08/03	08/04	08/05	08/06	08/07	08/08	08/09	08/10	08/11
1307- New Bag	X	X	X	X	X	X	X	X	1307- New Bag	0316- New Bag
2003- Rate/ Dose Verify									2003- Rate/ Dose Verify	1222- D/C'd
0459- New Bag	X	X	X	X	X	0459- New Bag	0355- D/C'd	X	X	X
0529- Stoppe d						0529- Stoppe d				
1331- New Bag						1331- New Bag				

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## Parenteral/IV Feeding

The following 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.



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## 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, i.e. enteral formulas specific to residents with diabetes.

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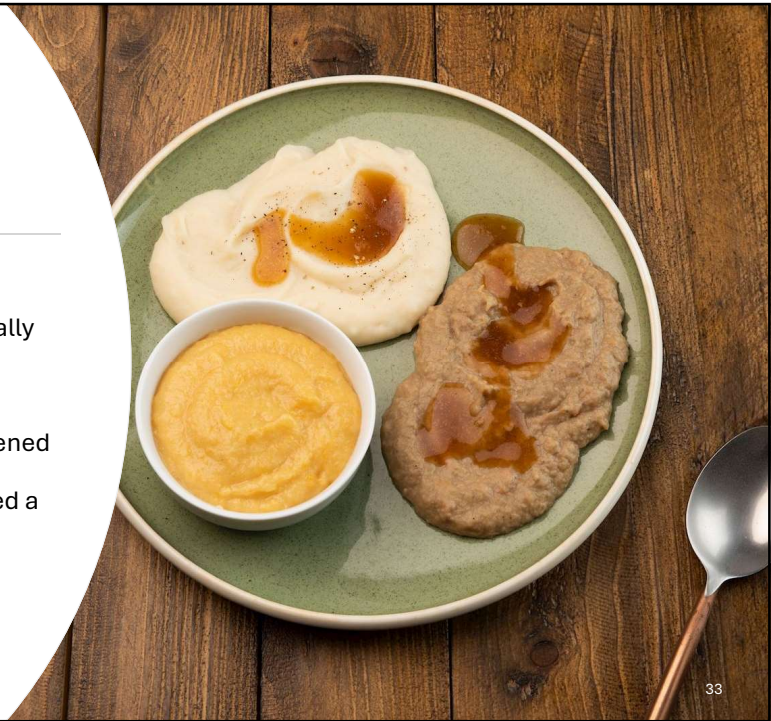
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## K0520 Nutritional Approaches

### Definitions

- Mechanically altered is 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.



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## Mechanically Altered Diet

- This is a diet specifically prepared to alter the texture or consistency of food to facilitate oral intake.
  - Soft solids
  - Pureed foods
  - Ground meat
  - Thickened liquid
- Assessors should not capture a trials of mechanically altered diet.

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## K0520 Nutritional Approaches

### Definitions

- 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 nutrients in the diet.

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## Nutritional steps for assessment

- Review the medial 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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## Nutritional approaches Coding Instructions

- K0520A – Parenteral/IV feeding.
- K0520B – Feeding tube – nasogastric or abdominal
- K0520C – Mechanically altered diet – required change in texture of food or liquids.
- K0520D-Therapeutic diet (e.g., low salt, diabetic, low cholesterol).
- K0520Z – None of the above.

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## Nutritional coding column 1

- Check all nutritional approaches performed during the first 3 days of the SNF PPS stay.
- This item is not coded on a stand lone OBRA MDS.

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## Nutritional coding 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.

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## Nutritional coding column 3

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

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## Nutritional coding column 4

- Check all nutritional approaches performed during the last 3 days of the SNF PPS stay ending on A2400C.
- This item is not part of a stand along OBRA MDS.

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## Section K Contributions to PDPM

### SLP Component

Presence of: • Acute Neurologic Condition, • SLP-Related Comorbidity*, or • Cognitive Impairment**		Presence of: • Swallowing Disorder (K0100A-D), OR • Mechanically Altered Diet (K0520C3)	SLP Case-Mix Group	SLP Case Mix Index
None	Neither		SA	0.64
	Either		SB	1.72
	Both		SC	2.52
Any One	Neither		SD	1.38
	Either		SE	2.21
	Both		SF	2.82
Any Two	Neither		SG	1.93
	Either		SH	2.70
	Both		SI	3.34
All Three	Neither		SJ	2.83
	Either		SK	3.50
	Both		SL	3.98

### K0100 Swallowing Disorder

- Code even if only happened once during 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

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## Section K Contributions to PDPM

### SLP Component

Presence of: • Acute Neurologic Condition, • SLP-Related Comorbidity*, or • Cognitive Impairment**	Presence of: • Swallowing Disorder (K0100A-D), OR • Mechanically Altered Diet (K0520C3)	SLP Case-Mix Group	SLP Case Mix Index
None	Neither	SA	0.64
	Either	SB	1.72
	Both	SC	2.52
Any One	Neither	SD	1.38
	Either	SE	2.21
	Both	SF	2.82
Any Two	Neither	SG	1.93
	Either	SH	2.70
	Both	SI	3.34
All Three	Neither	SJ	2.83
	Either	SK	3.50
	Both	SL	3.98

### K0100 Mechanically Altered Diet

- Code when diet is 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.

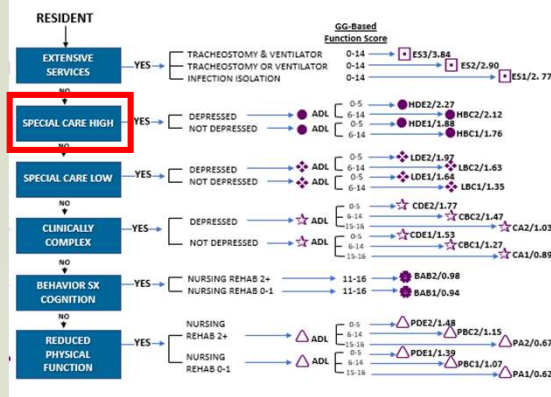
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## Section K Contributions to PDPM

### Nursing Component



### Special Care High

- Weight loss and presence of fever
- Feeding Tube and fever, TF must provide 51% or more of the total calories
- Feeding Tube and fever with 26 to 50% of the total calories AND 501 cc or more per day of fluids in the past 7 days

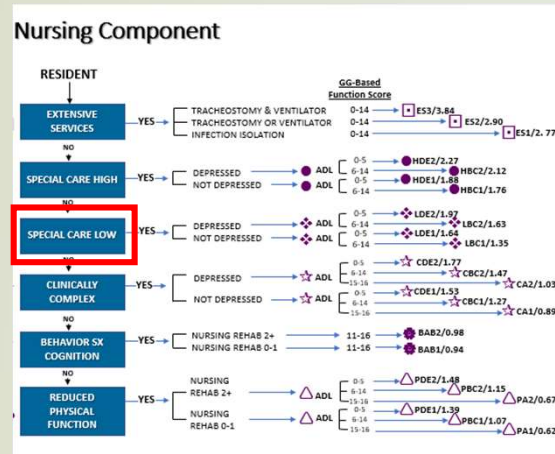
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## Section K Contributions to PDPM



### Special Care Low

- Feeding Tube, must provide 51% or more of the total calories
- Feeding Tube with 26 to 50% of the total calories AND 501 cc or more per day of fluids in the past 7 days

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## Section K Contributions to PDPM

### Non-Therapy Ancillary (NTA) Component

Condition/Extensive Service	Source	Points
HIV/AIDS	SNF Claim	8
Parenteral IV Feeding: Level High	MDS Item K0520A3, K0710A2	7
Special Treatments/Programs: Intravenous Medication Post-admit Code	MDS Item O0110H1b	5
Special Treatments/Programs: Invasive Mechanical Ventilator or Respirator Post-admit Code	MDS Item O0110F1b	4
Parenteral IV Feeding: Level Low	MDS Item K0520A3, K0710A2, K0710B2	3
Lung transplant Status	MDS Item I8000	3
Special Treatments/Programs: Transfusion Post-admit Code	MDS Item O0110I1b	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
Narcolepsy and Cataplexy	MDS Item I8000	1
Cystic Fibrosis	MDS Item I8000	1
Special Treatments/Programs: Tracheostomy Care Post-admit Code	MDS Item O0110E1b	1
Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code	MDS Item I1700	1
Special treatments/Programs: Isolation Post-admit Code	MDS Item O0110M1b	1
Specified Hereditary Metabolic/Immune Disorders	MDS Item I8000	1
Morbid Obesity	MDS Item I8000	1

### NTA Points

- Parenteral/IV Feeding level high- 51% or > , 7 points
- Parenteral/IV Feeding level low- 26 to 50% AND 501 cc/day or more, 3 points
- Morbid Obesity-Dx of morbid obesity, or dx of obesity AND BMI 40 or > , 1 point

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## Section K Contributions to PDPM

### Non-Therapy Ancillary (NTA) Component, Cont.

Condition/Extensive Service	Source	Points
Special Treatments/Programs: Radiation Post-admit Code	MDS Item O0110B1b	1
Highest Stage of Unhealed Pressure Ulcer—Stage 4	MDS Item M030001	1
Psoriatic Arthropathy and Systemic Sclerosis	MDS Item I8000	1
Chronic Pancreatitis	MDS Item I8000	1
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	MDS Item I8000	1
Other Foot Skin Problems: Foot Infection Code, Diabetic Foot Ulcer Code, Other Open Lesion on Foot 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 O0110D1b	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 K0520B3	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: RxC097: 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

#### NTA Points

- Feeding Tube while a resident, 1 point
- Active Dx malnutrition, or risk of malnutrition, 1 point

## Data Gathering Starts with the Admission Process

**Nutritional Comprehensive Assessment**

Resident: \_\_\_\_\_ Unit/Room/Bed: \_\_\_\_\_  
 DOB: \_\_\_\_\_ System/Facility ID: \_\_\_\_\_

Section I

Source(s) of Information  
☐ Resident ☐ Family ☐ Transfer Data  
☐ AD ☐ OT

Current Nutritional Regimen  
 P.O. Diet  
☐ Regular  
☐ Therapeutic  
 Specify Low Cholesterol  
 Reason: No Added Salt  
 Consistency  
☐ Regular  
☐ Modified  
 Nutritional Supplement  
☐ Nutritional Supplement  
 (Specify: Amount, Schedule, Date Taken)

**Mini Nutritional Assessment**  
**MNA®** Nestlé Nutrition Institute

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Weight, kg: \_\_\_\_\_ Height, cm: \_\_\_\_\_ Date: \_\_\_\_\_

Complete the screen by filling in the boxes with the appropriate numbers. Total the numbers for the final screening score.

**Screening**

**A** Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?  
 0 = severe decrease in food intake  
 1 = moderate decrease in food intake  
 2 = no decrease in food intake

**B** Weight loss during the last 3 months  
 0 = weight loss greater than 3 kg (6.6 lb)  
 1 = does not know  
 2 = weight loss between 1 and 3 kg (2.2 and 6.6 lb)  
 3 = no weight loss

**C** Mobility  
 0 = bed or chair bound  
 1 = able to get out of bed / chair but does not go out  
 2 = goes out

**D** Has suffered psychological stress or acute disease in the past 3 months?  
 0 = yes  
 2 = no



# Assess: High Risk Triggers

- Difficulty eating- conduct meal rounds
- Diet texture modification for residents with dysphagia
- Residents with hx of enteral/parenteral nutrition
- Dx of malnutrition
- Hx of weight loss
- Reduced intake
- Hx of eating disorder, or other high risk dx.

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# Review of Denials

EXTENSION REQUEST GRANTED - NEW DUE DATE 4/19/2025  
 55S22 THE DOCUMENTATION SUBMITTED DOES NOT SUPPORT THE LEVEL OF SERVICE  
 AS SHOWN ON THE CLAIM. THE HIPPS WAS RECODED TO REFLECT MDS CHANGES SUPPORTED  
 BY THE DOCUMENTATION SUBMITTED. NO PHQ ASSESSMENT SUBMITTED TO VALIDATE CODING  
 ON MDS. NO DOCUMENTATION SUBMITTED TO VALIDATE CODING FOR K0100B.SWALLOW  
 DISORDER: HOLDS FOOD IN MOUTH/CHEEKS OR K0520D3.NUTRITIONAL APPROACHES (7-DAY)  
 THERAPEUTIC. OF NOTE, NO DOCUMENTATION SUBMITTED TO SUPPORT R62.7 AND Z20.822  
 AS ACTIVE DIAGNOSES DURING THE 7-DAY LOOKBACK.M1040E.OTHER SKIN PROBS:  
 SURGICAL WOUND(S) WAS NOT CODED ON THE MDS BUT SUPPORTED IN THE DOCUMENTATION  
 SUBMITTED. THE CLAIM WAS RECODED FROM EDE1 TO EDE1.REFER TO -CONTINUED

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## Review of Denials

### REMARKS

EXTENSION REQUEST GRANTED - NEW DUE DATE IS 5/23/2025  
 55S22 THE DOCUMENTATION SUBMITTED DOES NOT SUPPORT THE LEVEL OF SERVICE AS SHOWN ON THE CLAIM. THE HIPPS WAS RECODED FROM IHDE1 TO IGUE1 REFLECT MDS CHANGES SUPPORTED BY THE DOCUMENTATION SUBMITTED. NO PHQ ASSESSMENT SUBMITTED TO VALIDATE CODING ON MDS. NO DOCUMENTATION WAS SUBMITTED TO VALIDATE CODING FOR K0100B.SWALLOW DISORDER: HOLDS FOOD IN MOUTH/CHEEKS. ALL ASSESSMENTS NOTED NO DIFFICULTY WITH CHEWING OR SWALLOWING. THE HIPPS NURSING COMPONENT IS RECODED AS THE RECORD DID NOT SUPPORT THE MEDICAL NECESSITY OF RESPIRATORY THERAPY X 7 DAYS (MDS ITEM 00400D2). THE BENEFICIARY DID NOT EXPERIENCE A RESPIRATORY CONDITION OR SYMPTOMS. RESPIRATORY THERAPY SERVICES ARE CONTINUED

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## Review of Denials

### REMARKS

EXTENSION REQUEST GRANTED - NEW DUE DATE 4/19/2025  
 THIS CLAIM IS PARTIALLY DENIED. DATES OF SERVICE 1/15/25-1/31/25 ARE DENIED 55S09. THERE ARE INSUFFICIENT DAYS OF COVERAGE FOR ALL OR PART OF THE SKILLED NURSING FACILITY STAY DUE TO BENEFIT EXHAUSTION.DATES OF SERVICE 1/1/25-1/14/25 ARE PAID BUT RECODED FROM MLDD1 TO MIED1. THERE WAS NO PHQ ASSESSMENT TO VALIDATE CODING ON MDS, THE DOCUMENTATION SUBMITTED FROM SPEECH THERAPY INDICATED THE DYSPHAGIA DIAGNOSIS IS R13.12 INSTEAD OF I69.891. OF NOTE, THERE WAS NO DOCUMENTATION OF K0100: SWALLOWING DISORDER LOSS OF LIQUIDS/SOLIDS FROM MOUTH WHEN EATING OR DRINKING, AND NO DOCUMENTATION OF AN UNSTAGEABLE WOUND DURING THE LOOKBACK PERIOD; HOWEVER,REMOVING DOES NOT RECODE THE -CONTINUED

40. THERAPY

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## Keys for Success:

MDS coding requires good data

Team communication is paramount

Involve the medical staff for active dx clarification

Every point matters in PDPM score

Timing is crucial, stay tuned to ARD and specific look back periods.

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## Questions?

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on how we can help you reach your goals!*

- Mock Surveys / Directed POCs
- Regulatory Compliance
- Policy / Competency
- Quality Outcomes
  - VBP/QRP/5 Star/ QMs/State Initiatives
  - MDS/CAAS/Care Planning
- PDPM & CMI Utilization
- Corporate Compliance
- Claims Appeals & Denials
- Medicare / Medicaid Audits
- Pre-Billing Audits
- MDS Accuracy

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# Thank You for Joining us Today!

## Any Questions?

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