

Track Changes
from Chapter 3 Section K V1.07
to Chapter 3 Section K V1.08

Chapter	Section	Page	Change
3	-	K-1	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. Nurse assessors The assessor should collaborate with the dietitian and dietary staff to ensure that items in this section have been assessed and calculated accurately.
3	K0200	K-2	Replaced screen shot. <div> <div>OLD</div> <div> <div> <div> <div>K0200. Height and Weight - While measuring, if the number is X.1 - X.4 round down; X.5 or greater round up</div> <div> <div> <div><input type="text"/></div><div><input type="text"/></div> <div>inches</div> </div> <div> <div>A. Height (in inches). Record most recent height measure since admission</div> </div> </div> <div> <div> <div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div> <div>pounds</div> </div> <div> <div>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.)</div> </div> </div> </div> </div> <div> <div>NEW</div> <div> <div> <div>K0200. Height and Weight - While measuring, if the number is X.1 - X.4 round down; X.5 or greater round up</div> <div> <div> <div><input type="text"/></div><div><input type="text"/></div> <div>inches</div> </div> <div> <div>A. Height (in inches). Record most recent height measure since the most recent admission/entry or reentry</div> </div> </div> <div> <div> <div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div> <div>pounds</div> </div> <div> <div>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.)</div> </div> </div> </div> </div> </div></div></div>
3	K0200	K-3	Steps for Assessment for K0200A, Height 1. Base height on the most recent height since the most recent On admission/entry or reentry, Measure and record height in inches.
3	K0200	K-3	Steps for Assessment for K0200B, Weight 1. Base weight on the most recent measure in the last 30 days On admission, weigh the resident and record results.
3	K0200	K-5	<i>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 or loss assessed and addressed on the care plan as necessary.</i>
3	K0200	K-5	<ul style="list-style-type: none"> 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

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			physician orders for diuretics, K0300 can be coded as 1 .										
3	K0200	K-6	<div>Coding Tips</div> <ul style="list-style-type: none">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. <p>If the resident is losing/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.</p>										
3	K0310	K-8 through K-10	<div>K0310: Weight Gain</div> <div><table><tr><td colspan="2">K0310. Weight Gain</td></tr><tr><td>Enter Code</td><td>Gain of 5% or more in the last month or gain of 10% or more in last 6 months</td></tr><tr><td><input type="checkbox"/></td><td>0. No or unknown</td></tr><tr><td></td><td>1. Yes, on physician-prescribed weight-gain regimen</td></tr><tr><td></td><td>2. Yes, not on physician-prescribed weight-gain regimen</td></tr></table></div> <div>Item Rationale</div> <div>Health-related Quality of Life</div> <ul style="list-style-type: none">Weight gain can result in debility and adversely affect health, safety, and quality of life. <div>Planning for Care</div> <ul style="list-style-type: none">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., steroids), or changed fluid volume status.Weight gain 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. <div>Steps for Assessment</div> <p><i>This item compares the resident’s weight in the current observation period with his or her weight at two snapshots in time:</i></p>	K0310. Weight Gain		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		2. Yes, not on physician-prescribed weight-gain regimen
K0310. Weight Gain													
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												
	2. Yes, not on physician-prescribed weight-gain regimen												

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			<ul style="list-style-type: none"> At a point closest to 30-days preceding the current weight. At a point closest to 180-days preceding the current weight. <p><i>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.</i></p> <p>For a New Admission</p> <ol style="list-style-type: none"> 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. <p>For Subsequent Assessments</p> <ol style="list-style-type: none"> From the medical record, compare the resident's weight in the current observation period to his or her 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 his or her 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. <p>Coding Instructions</p> <p><i>Mathematically round weights as described in Section K0200B before completing the weight gain calculation.</i></p> <ul style="list-style-type: none"> 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.

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			<ul style="list-style-type: none">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. <p>Coding Tips</p> <ul style="list-style-type: none">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.
3	K0510	K-10	K05010: Nutritional Approaches
3	K0510	K-10	Replaced screen shot.

OLD

K0500. Nutritional Approaches	
↓ Check all that apply	
<input type="checkbox"/>	A. Parenteral/IV feeding
<input type="checkbox"/>	B. Feeding tube - nasogastric or abdominal (PEG)
<input type="checkbox"/>	C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)
<input type="checkbox"/>	D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)
<input type="checkbox"/>	Z. None of the above

NEW

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K0510. Nutritional Approaches Check all of the following nutritional approaches that were performed during the last 7 days			
1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the <i>last 7 days</i> . Only check column 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 <i>while a resident</i> of this facility and within the <i>last 7 days</i>		1. While NOT a Resident	2. While a Resident
		↓ Check all that apply ↓	
A. Parenteral/IV feeding		<input type="checkbox"/>	<input type="checkbox"/>
B. Feeding tube - nasogastric or abdominal (PEG)		<input type="checkbox"/>	<input type="checkbox"/>
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)		<input type="checkbox"/>	<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)		<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above		<input type="checkbox"/>	<input type="checkbox"/>
3	K0510	K-11	<p>Steps for Assessment</p> <ul style="list-style-type: none"> Review the medical record to determine if any of the listed nutritional approaches were received performed by the resident during the 7-day look-back period. <p>Coding Instructions for Column 1</p> <p>Check all nutritional approaches performed prior to admission/entry or reentry to the facility and within the 7-day look-back period. Leave Column 1 blank if the resident was admitted/entered or reentered the facility more than 7 days ago.</p> <p>Coding Instructions for Column 2</p> <p>Check all nutritional approaches performed after admission/entry or reentry to the facility and within the 7-day look-back period.</p> <p><i>Check all that apply. If none apply, check K05100Z, None of the above.</i></p> <ul style="list-style-type: none"> K05010A, parenteral/IV feeding K05010B, feeding tube – nasogastric or abdominal (PEG) K05010C, mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids) K05010D, therapeutic diet (e.g., low salt, diabetic, low cholesterol) K05010Z, none of the above

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			<p>Coding Tips for K0510A</p> <p><i>K0510A includes any and all nutrition and hydration received by the nursing home resident in the last 7 days either at the nursing home, at the hospital as an outpatient or an inpatient, provided they were administered for nutrition or hydration.</i></p>
3	K0510	K-12	<p>— IV fluids can be coded in K0510A 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.</p> <ul style="list-style-type: none"> • The following items are NOT to be coded in K0510A:
3	K0510	K-12	<ul style="list-style-type: none"> • Guidelines on basic fluid and electrolyte replacement can be found online at http://www.merck.com/mmpe/sec19/ch276/ch276b.htm + http://guidelines.gov/content.aspx?id=15590&search=fluid+and+electrolyte+replacement+amda. • Enteral feeding formulas: <ul style="list-style-type: none"> — Should not be coded as a mechanically altered diet. — Should only be coded as K0510D, Therapeutic Diet when the enteral formula is altered to manage problematic health conditions, e.g. enteral formulas specific to diabetics.
3	K0510	K-12	<p>Coding Tips for K0510D</p> <ul style="list-style-type: none"> • 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 <u>part</u> of a therapeutic diet. Therefore, supplements (whether given with, in-between, or instead of meals) are only coded in K0510D, 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).
3	K0510	K-13	Example #1

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			<p>Coding: K05010A would be checked. The IV medication would be coded at IV Medications item (O0100H).</p> <p>Example #2</p> <p>Coding: K05010A would NOT be checked. The IV medication would be coded at IV Medications item (O0100H).</p>
3	K0700	K-13	<i>Complete K0700 only if Column 1 K0500A and/or Column 2 K0500B is are checked for K0510A and/or K0510B. Skip to Section L, Oral/Dental Status, if neither is checked.</i>
3	K0700	K-13	Replaced screen shot.

OLD

K0700. Percent Intake by Artificial Route - Complete K0700 only if K0500A or K0500B is checked	
Enter Code <input type="checkbox"/>	A. Proportion of total calories the resident received through parenteral or tube feeding 1. 25% or less 2. 26-50% 3. 51% or more
Enter Code <input type="checkbox"/>	B. Average fluid intake per day by IV or tube feeding 1. 500 cc/day or less 2. 501 cc/day or more

NEW

K0700. Percent Intake by Artificial Route - Complete K0700 only if Column 1 and/or Column 2 are checked for K0510A and/or K0510B	
Enter Code <input type="checkbox"/>	A. Proportion of total calories the resident received through parenteral or tube feeding 1. 25% or less 2. 26-50% 3. 51% or more
Enter Code <input type="checkbox"/>	B. Average fluid intake per day by IV or tube feeding 1. 500 cc/day or less 2. 501 cc/day or more

3	K0700	K-14	Page length change.
3	K0700	K-15	Page length change.
3	K0700	K-16	Page length change.