

# Inpatient Rehabilitation Facilities Quality Reporting Program Provider Training



**INPATIENT  
REHABILITATION  
FACILITIES**

**POST-ACUTE CARE  
PROGRAM**

## **Section K:** **Swallowing/Nutritional Status**

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# Today's Presenter



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# Section K: Objectives

- Illustrate a working knowledge of Section K: Swallowing/Nutritional Status.
- Articulate the intent of Section K.
- Interpret the coding options for the new item (K0110) and when they would be applied.
- Apply coding instructions in order to accurately code practice scenario.

# Section K: New Items

- Section K is **new**.
  - **K0110**, Swallowing/Nutritional Status.
- Section K is assessed on admission.

# Section K: Intent

Assess the patient's swallowing/nutritional status.

# K0110

## Swallowing/Nutritional Status

# K0110 Item Rationale

- Diminished nutritional and hydration status can lead to debility that can:
  - Adversely affect wound healing.
  - Increase risk for the development of pressure ulcers.
- The ability to swallow safely can be affected by many disease processes.

# K0110 Item Rationale (cont.)

- Alterations in the ability to swallow can result in:
  - Choking and aspiration.
  - Increased patient risk for malnutrition, dehydration, and aspiration pneumonia.



# K0110 Steps for Assessment

1. Ask the patient if he or she has had any difficulty swallowing during the 3-day assessment period.
  - Speak with family members or significant others if the patient is not able to report on swallowing status.
  - Observe the patient during meals or at other times when he or she is eating, drinking, or swallowing.

# K0110 Steps for Assessment (cont.)

## 2. Review the medical record:

- Nursing, physician, dietician, and speech-language pathologist notes.
- Information about swallowing status.
- Dental history or problems.

# K0110 Coding Instructions

- Check **all** that apply.

K0110. Swallowing/Nutritional Status (3-c)	
↓	Check all that apply
<input type="checkbox"/>	<b>A. Regular food</b> - Solids and liquids swallowed safely without supervision or modified food or liquid consistency.
<input type="checkbox"/>	<b>B. Modified food consistency/supervision</b> - Patient requires modified food or liquid consistency and/or needs supervision during eating for safety.
<input type="checkbox"/>	<b>C. Tube/parenteral feeding</b> - Tube/parenteral feeding used wholly or partially as a means of sustenance.

**A. Regular food** - Solids and liquids swallowed

**B. Modified food consistency/supervision** - Patient requires modified food or liquid consistency and/or needs supervision during eating for safety.

**C. Tube/parenteral feeding** - Tube/parenteral feeding used wholly or partially as a means of sustenance.

# Item #27

- Item #27, Swallowing Status, on the IRF-PAI asks the same question.
- Item #27 is answered on both admission and discharge.
- Item K0110 is assessed only on admission.

# Item #27 (cont.)

Medical Information*		
27. Swallowing Status	<u>Admission</u>	<u>Discharge</u>
3- <u>Regular Food</u> : solids and liquids swallowed safely without supervision or modified food consistency		
2- <u>Modified Food Consistency/Supervision</u> : subject requires modified food consistency and/or needs supervision for safety		
1- <u>Tube/Parenteral Feeding</u> : tube/parenteral feeding used wholly or partially as a means of sustenance		

# K0110 Practice Coding Scenario

- Mr. L has significant dysphagia.
- He only takes in about 25% of a pureed diet with pudding thick liquids.
- He receives nocturnal tube feeds to meet his caloric needs.

# Section K: Summary

- Section K is new.
- Section K is completed on admission.
- More than one box can be checked.
- Item #27 on the IRF-PAI asks the same question but must be answered on admission and discharge.

# Section K: Action Plan

- Evaluate your current process for obtaining diet information.
- Evaluate current documentation to ensure terminology aligns with items in the IRF-PAI v1.4.
- Practice coding a variety of scenarios with staff.







# Questions?

