



SNF Virtual Training Program – Part 1

Section K: Swallowing/ Nutritional Status

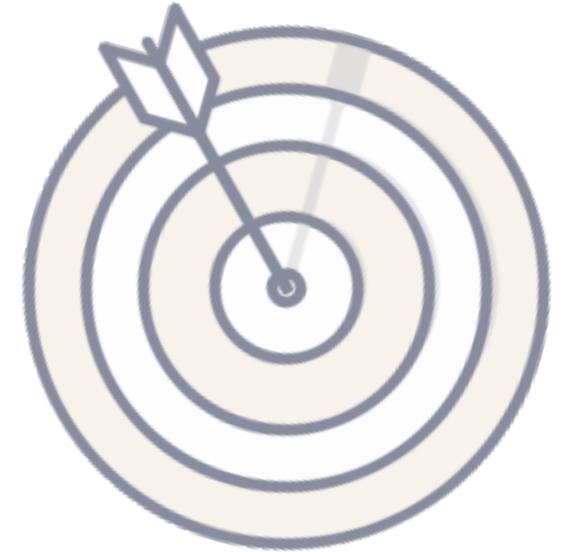
Brenda Karkos, Abt Associates

May 2023



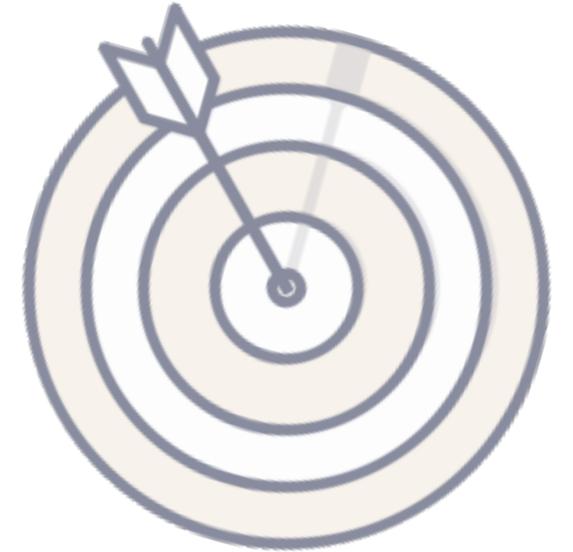
Objectives

- Describe the new data element in Section K.
- Discuss the revised coding instructions and guidance changes for this new data element K0520.
- Explain minor changes to K0710.



Overview

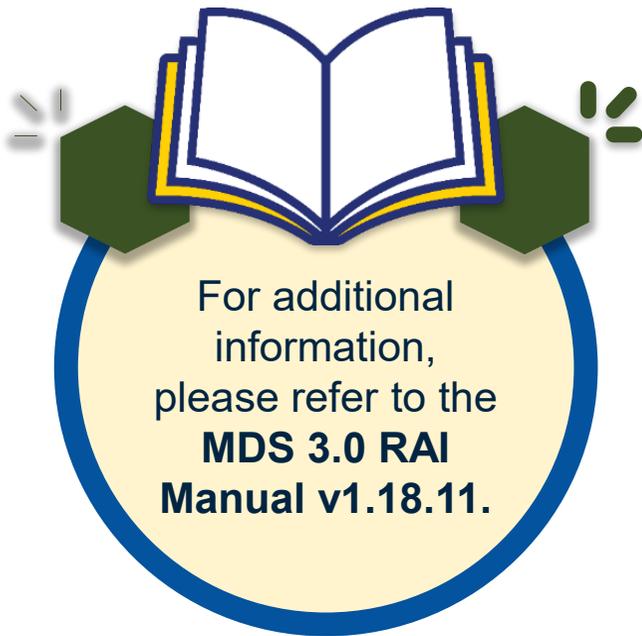
- Guidance and examples for the items in Section K now includes some minor wording changes.
- **K0510. Nutritional Approaches** has been replaced with a newer version **K0520. Nutritional Approaches**.
 - References to K0510 have been replaced by K0520.
- **K0710. Percent Intake by Artificial Route** includes minor changes to the steps for assessment and to instructions due to the new columns included in K0520.



K0520

Nutritional Approaches

K0520: Implications



- Data element **K0520. Nutritional Approaches** has been revised from the original K0510.
- **The content for K0520 and the Item Rationale is unchanged.**
- Changes include:
 - New columns for assessment **on admission and at discharge.**
 - New and updated examples.

Definitions: Therapeutic Diet



Therapeutic Diet



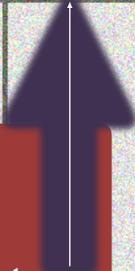
A therapeutic diet is a diet intervention prescribed by a physician or other authorized non-physician practitioner that provides food or nutrients via oral, enteral, and/or parenteral routes as part of treatment of disease or clinical condition to modify, eliminate, decrease, or increase identified micro- and macro-nutrients in the diet.

(Academy of Nutrition and Dietetics, 2020)

K0510. Nutritional Approaches – OLD ITEM

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	1. While NOT a Resident	2. While a Resident
2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>	↓ 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"/>

OLD Item **K0510** had just two columns: While NOT a Resident and While a Resident



K0520. Nutritional Approaches – Assessment Periods



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 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

At Discharge for PPS stays ONLY

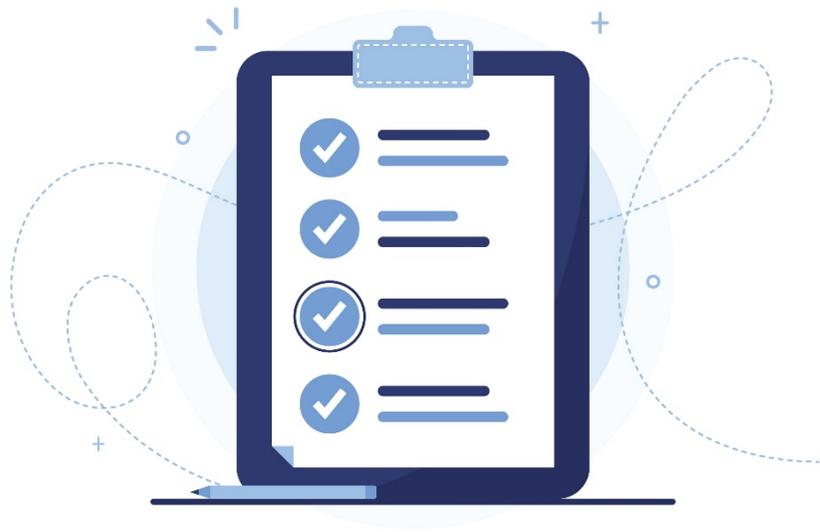
On Admission for PPS stays ONLY

	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeding tube (e.g., nasogastric or abdominal (PEG))	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K0520

Coding Guidance

K0520: Steps for Assessment

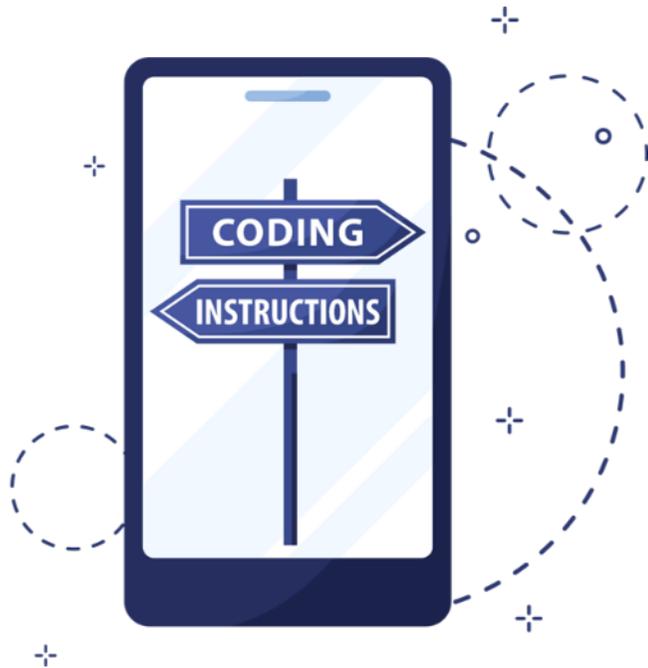


1. Review the medical record to determine if any of the listed nutritional approaches were performed during the 7-day look-back period.
2. If none apply, check K0520Z. None of the above.

K0520: General Coding Instructions

Check all nutritional approaches that apply.

- **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** (if none apply).

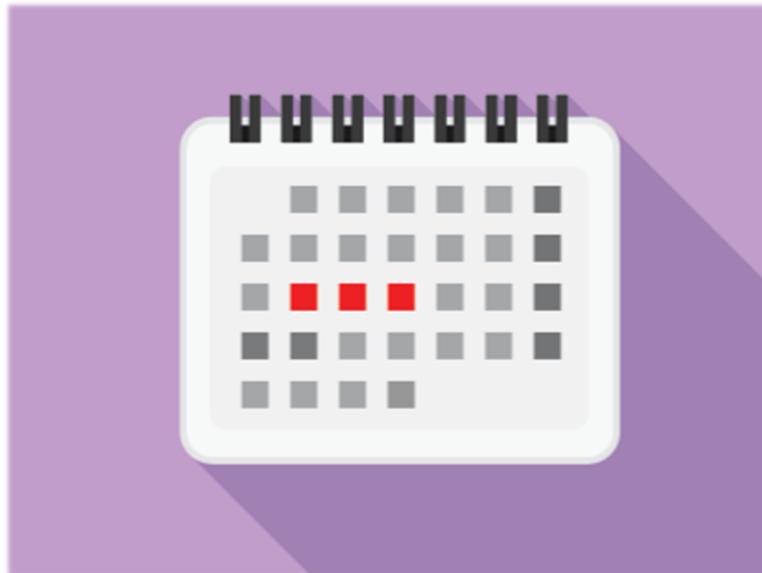


K0520: Coding Instructions – Column 1



Column 1, On Admission

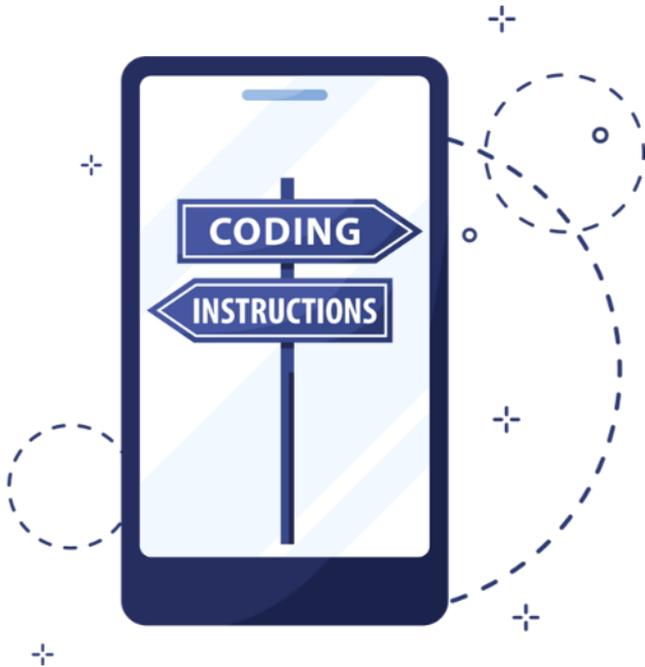
- Check all nutritional approaches performed during the first 3 days of the Skilled Nursing Facility (SNF) PPS Stay.



K0520: Coding Instructions – Column 2

Column 2, While Not a Resident.

- 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.



K0520: Coding Instructions – Column 3

Column 3, While a Resident.

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

Note: If A0310B (PPS Assessment = **01**, 5-day scheduled assessment)

AND

A0310A = **99**, None of the above, K0520D.

Therapeutic Diet is not a required item.

K0520: Coding Instructions – Column 4



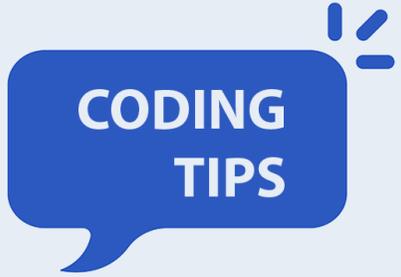
Column 4, At Discharge.

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



K0520A. Parenteral / IV Feeding

– Coding Tips



- K0520A includes any and all nutrition and hydration received by the nursing home resident **during the observation period** either at the nursing home or at the hospital as an outpatient or an inpatient, provided they were administered for nutrition or hydration.
- Supporting documentation should be noted in the resident's medical record as defined by the facility policy and/or according to State **and Federal regulations**.

K0520B. Feeding Tube – Coding Tip



CODING TIPS

Only feeding tubes that are used to deliver nutritive substances and/or hydration during the assessment period are coded in K0520B.



K0520C. Mechanically Altered Diet – Coding Tip



CODING TIPS

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.



K0710

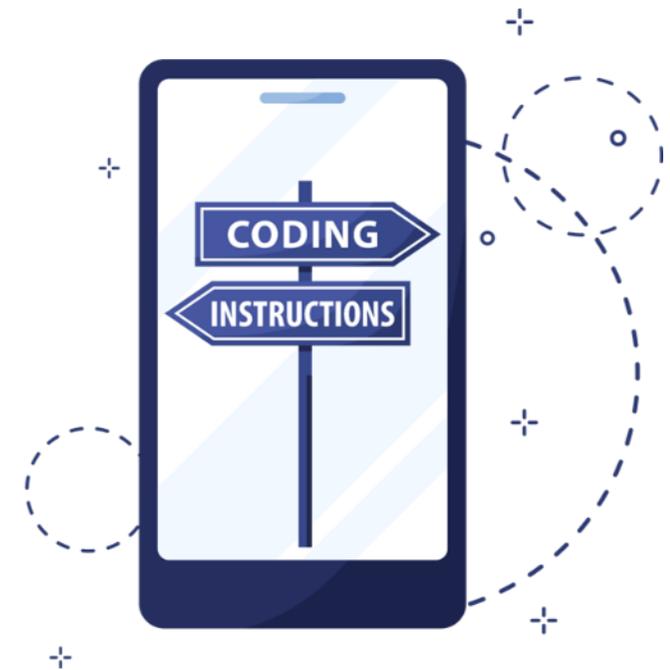
Percent Intake by Artificial Route

K0710. Percent Intake by Artificial Route

Minor change to completion instructions due to the new columns included in K0520.

- Complete K0710 *only* if Column 2 (While Not a Resident) and/or Column 3 (While a Resident) are checked for K0520A. Parenteral/IV feeding and/or K0520B. Feeding tube.

K0710. Percent Intake by Artificial Route - Complete K0710 only if Column 2 and/or Column 3 are checked for K0520A and/or K0520B		
	2. While a Resident	3. During Entire 7 Days
2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>		
3. During Entire 7 Days Performed during the entire <i>last 7 days</i>		
	↓ Enter Codes ↓	
A. Proportion of total calories the resident received through parenteral or tube feeding		
1. 25% or less	<input type="checkbox"/>	<input type="checkbox"/>
2. 26-50%	<input type="checkbox"/>	<input type="checkbox"/>
3. 51% or more	<input type="checkbox"/>	<input type="checkbox"/>
B. Average fluid intake per day by IV or tube feeding		
1. 500 cc/day or less	<input type="checkbox"/>	<input type="checkbox"/>
2. 501 cc/day or more	<input type="checkbox"/>	<input type="checkbox"/>



K0710A: Steps for Assessment



1. Review intake records **within the last 7 days** to determine actual intake through parenteral or tube feeding routes.
2. Calculate proportion of total calories received through these routes.
 - If the resident took no food or fluids by mouth or took just sips of fluid, stop here and **code 3, 51% or more.**
 - If the resident had more substantial oral intake than **sips of fluid**, consult with the dietician.

Summary



A new data element, K0520, has replaced the K0510 item in Section K.

- New columns for this item capture data **on admission** and again **at discharge**.

Slight revisions to steps for assessment for **K0710. Percent Intake by Artificial Route**.

Submitting Questions

If you have questions about this presentation, please submit them to PACTraining@Econometricalnc.com by June 2, 2023.

Select questions will be answered in Q&A sessions offered during the June 2023 virtual live event.

