



# IRF and LTCH Virtual Training Program – Part 1

**Section K: Swallowing/Nutritional Status**

**Section H: Bowel and Bladder**

Brenda Karkos, Abt Associates

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# Objectives

- Describe the new and revised data elements in Section K.
- Discuss the intent, coding instructions, and definitions for the Section K items.
- Explain the changes to coding instructions for Section H items related to bowel and bladder continence.



**K0520**

# Nutritional Approaches

# K0520: Implications

- The data elements in this section are new to the inpatient rehabilitation facility (IRF) and long-term care hospital (LTCH) assessment instruments on admission and discharge:
  - Parenteral/intravenous (IV) feeding.
  - Feeding tube.
  - Mechanically altered diet.
  - Therapeutic diet.
- **K0110. Swallowing/Nutritional Status** has been removed from the IRF Patient Assessment Instrument (IRF-PAI).



# K0520: Intent

- The items in this section are intended to assess the many conditions that could affect the patient's ability to maintain adequate nutrition and hydration. This section covers nutritional approaches.



# K0520: Item Rationale

- Nutritional approaches such as mechanically altered food or those that rely on alternative methods (e.g., parenteral/IV or feeding tubes) can:
  - Diminish an individual's sense of dignity and self-worth.
  - Diminish pleasure from eating.
- The patient's clinical condition may potentially benefit from the various nutritional approaches included in this section.

# K0520: Definitions

## Parenteral / IV Feeding

Introduction of a nutritive substance into the body by means other than the intestinal tract (e.g., subcutaneous, IV).

## Feeding Tube

Presence of any type of tube that can deliver food/nutritional substances/fluids/medications directly into the gastrointestinal system. Examples include, but are not limited to, nasogastric tubes, gastrostomy tubes, jejunostomy tubes, and percutaneous endoscopic gastrostomy (PEG) tubes.

# K0520: Definitions (cont.)

## 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 parenteral routes as part of treatment of disease or clinical conditions to modify, eliminate, decrease, or increase identified micro- and macro-nutrients in the diet. (Academy of Nutrition and Dietetics, 2021).

## 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.



# K0520. Nutritional Approaches – Admission



## K0520. Nutritional Approaches

Check all of the following nutritional approaches that apply on admission.

|  | 1.<br>On Admission       |
|--|--------------------------|
|  | Check all that apply     |
|  | ↓                        |
| A. Parenteral/IV feeding   | <input type="checkbox"/> |
| B. Feeding tube (e.g., 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   | <input type="checkbox"/> |

# K0520. Nutritional Approaches – Discharge



| K0520. Nutritional Approaches  |                           |                           |
|--|---------------------------|---------------------------|
|  | 4.<br>Last 7 Days         | 5.<br>At Discharge        |
| 4. Last 7 Days<br>Check all of the nutritional approaches that were received in the last 7 days                    | Check all that apply<br>↓ | Check all that apply<br>↓ |
| 5. At Discharge<br>Check all of the nutritional approaches that were being received at discharge                   |                           |                           |
| A. Parenteral/IV feeding   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| B. Feeding tube (e.g., 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"/>  |

**K0520**

# Coding Guidance

# K0520: Data Sources

## Medical Record

- Review the paper and/or electronic health record (EHR) from where the patient received care.

## Other Available Documentation

- Including pharmacy, nursing, physician (or physician-designee), and other applicable clinical notes.

## Discussions

- Including with the acute care hospital, other staff and clinicians, patients, family, and/or caregivers.

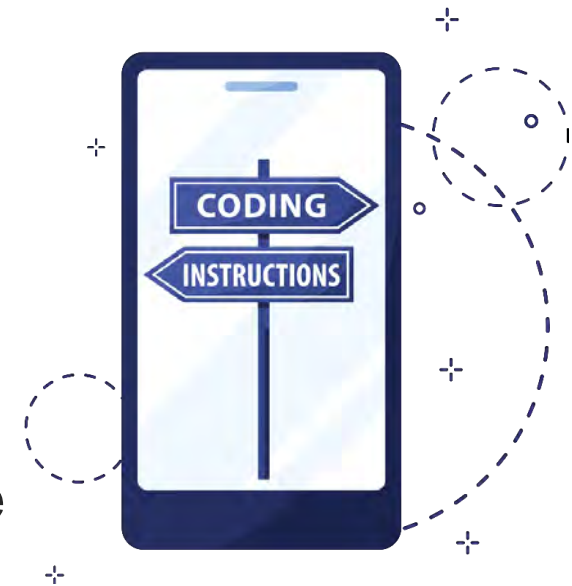
# K0520: Steps for Assessment



- 1. Admission:** Review the medical record or available documentation to determine if any of the nutritional approaches apply.
- 2. Discharge:** Review the medical record or available documentation to determine if any nutritional approaches were received in the last 7 days (Column 1) and at discharge (Column 2).

# K0520: Coding Instructions – Admission

- Check all nutritional approaches that apply on admission.
- For the LTCH Continuity Assessment Record and Evaluation (CARE) Data Set (LCDS), complete only if: A0250 = 01 Admission.
  - **Code A. Parental/IV feeding.**
  - **Code B. Feeding tube** (e.g., nasogastric or abdominal PEG).
  - **Code C. Mechanically altered diet** – require change in texture of food or liquids (e.g., pureed food, thickened liquids).
  - **Code D. Therapeutic diet** (e.g., low salt, diabetic, low cholesterol).
  - **Code Z. None of the above** (if none apply).





# K0520: Coding Instructions – Discharge

- Check all nutritional approaches that were received in the last 7 days and at discharge.
- For LCDS, complete only if: A0250 = 10 Planned Discharge or A0250 = 11 Unplanned Discharge.
  - **Code A. Parental/IV feeding.**
  - **Code B. Feeding tube** (e.g., nasogastric or abdominal PEG).
  - **Code C. Mechanically altered diet** – require change in texture of food or liquids (e.g., pureed food, thickened liquids).
  - **Code D. Therapeutic diet** (e.g., low salt, diabetic, low cholesterol).
  - **Code Z. None of the above** (if none apply).



# K0520A. Parenteral / IV Feeding – Coding Tips



- 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.
- Supporting documentation should be noted in the patient's medical record as defined by the facility policy and/or according to State and Federal regulations.

## **Examples:**

- IV fluids or hyperalimentation, including total parenteral nutrition, administered continuously or intermittently.
- 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.



# K0520A. Parenteral / IV Feeding – Coding Tips (cont.)

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 to flush the IV line.
- Parenteral/IV fluids administered in conjunction with chemotherapy or dialysis.

# K0520D. Therapeutic Diet – Coding Tips



- Code enteral feeding formulas as a therapeutic diet **only** when used to manage problematic health conditions (e.g., enteral formulas specific to diabetes).
- Do **not** code enteral feeding formulas as a mechanically altered diet.

# K0520D. Therapeutic Diet – Coding Tips (cont. 1)

- 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.

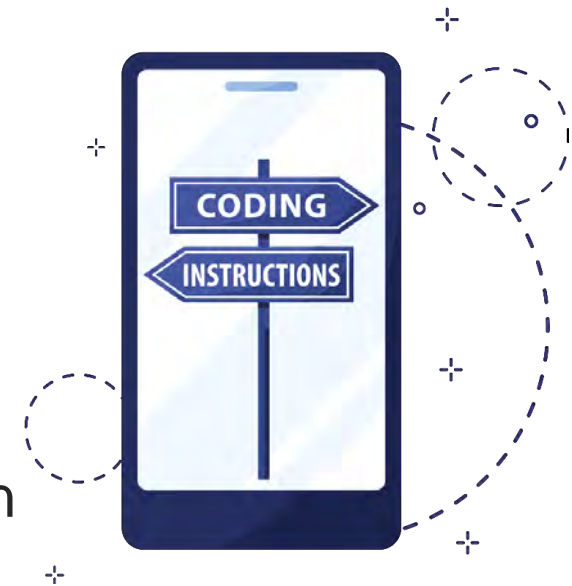
# K0520D. Therapeutic Diet – Coding Tips (cont. 2)

- A nutritional supplement 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.
  - Supplements (whether taken with, in-between, or instead of meals) are only coded in K0520D, Therapeutic Diet, when they are being taken 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.

# Section K: Updates for LTCH ONLY



- **K0200A. Height and K0200B. Weight.**
  - Enhanced coding instructions: **Only enter a height and weight that has been directly measured by your facility staff. Do not enter a height or weight that is self-reported or derived from documentation from another provider setting.**
- **K0200B. Weight.**
  - Enhanced steps for assessment: Weight should be measured in accordance with the hospital's policies and procedures, which should reflect current standards of practice (e.g., **in a.m. after voiding, with shoes off, etc.**).



## Section H

H0350. Bladder Continence and  
H0400. Bowel Continence

# H0350. Bladder Continence

## H0350. Bladder Continence (3-day assessment period)

Enter Code

**Bladder continence** - Select the one category that best describes the patient.

- 0. **Always continent** (no documented incontinence)
- 1. **Stress incontinence only**
- 2. **Incontinent less than daily** (e.g., once or twice during the 3-day assessment period)
- 3. **Incontinent daily** (at least once a day)
- 4. **Always incontinent**
- 5. **No urine output** (e.g., renal failure)
- 9. **Not applicable** (e.g., indwelling catheter)

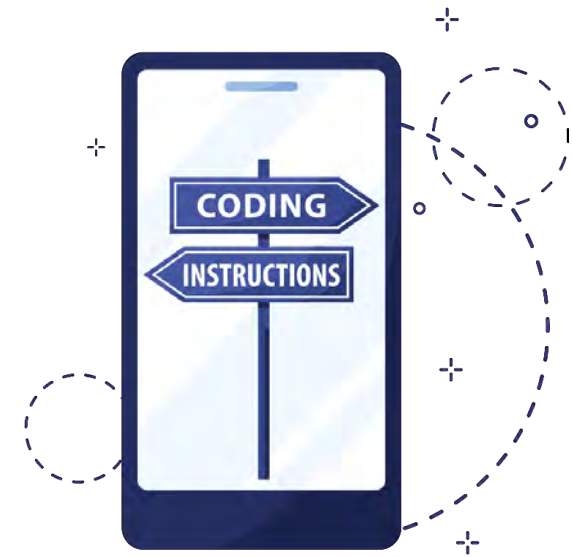


# H0350. Bladder Continence – Updated Coding Instructions



Minor change to the coding instructions for codes 2, 3, and 4.

- **Code 0. Always continent.**
- **Code 1. Stress incontinence only.**
- **Code 2. Incontinent less than daily**, if during the 3-day assessment period, the patient was incontinent of urine once or twice **and had at least one continent void during the 3-day assessment period.**
- **Code 3. Incontinent daily**, if during the 3-day assessment period, the patient was incontinent of urine at least once a day **and had at least one continent void during the 3-day assessment period.**
- **Code 4. Always incontinent**, if during the 3-day assessment period, the patient had no continent voids **and no catheterization.**
- **Code 5. No urine output.**
- **Code 9. Not applicable.**





# H0400. Bowel Continence

## H0400. Bowel Continence (3-day assessment period)

Enter Code

**Bowel continence** - Select the one category that best describes the patient.

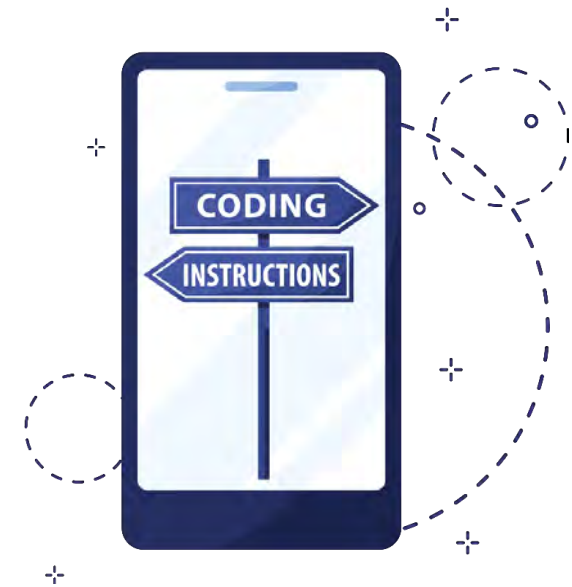
- 0. **Always continent**
- 1. **Occasionally incontinent** (one episode of bowel incontinence)
- 2. **Frequently incontinent** (2 or more episodes of bowel incontinence, but at least one continent bowel movement)
- 3. **Always incontinent** (no episodes of continent bowel movements)
- 9. **Not rated**, patient had an ostomy or did not have a bowel movement for the entire 3 days

# H0400. Bowel Continence – Updated Coding Instructions



Minor change to the coding instructions for codes 1 and 9.

- **Code 0. Always continent.**
- **Code 1. Occasionally incontinent**, if during the 3-day assessment period, the patient was incontinent for bowel movement once, **but also had at least one continent bowel movement**. This includes incontinence of any amount of stool at any time.
- **Code 2. Frequently incontinent.**
- **Code 3. Always incontinent.**
- **Code 9. Not rated**, if during the 3-day assessment period, the patient had an ostomy or other device **for bowel elimination**, or the patient did not have a bowel movement during the entire 3 days. Note that patients who have not had a bowel movement for 3 days should be evaluated for constipation.



# Summary



- Described K0520, the new data element for Section K admission and discharge.
- Reviewed the intent, coding instructions, and definitions for the elements in Section K, including parenteral/intravenous (IV) feeding, feeding tube, mechanically altered diet, and therapeutic diet.
- Learned about the changes to coding instructions for Section H items.

# Submitting Questions

- If you have questions about this presentation, please submit them to [PACTraining@Econometricalnc.com](mailto:PACTraining@Econometricalnc.com) by June 3, 2022.
- Select questions will be answered in a Q&A session during the June 2022 virtual live event.

