

MDS Alert

K0100: Don't Choke On MDS Coding For Swallowing Disorder

Follow these expert tips to capture all instances of swallowing problems.

If you're simply relying on the patient chart to code K0100: Swallowing Disorder, you're missing out on reportable occurrences of swallowing issues in many of your residents. Here's what you need to do to properly code this section of the MDS 3.0.

You cannot complete section K0100 thoroughly and accurately if you're basing your data solely on chart review, warns **Mary Chiles, RN**, president and owner of **Chiles Healthcare Consulting, LLC** in Richmond, VA. Instances of swallowing issues "are sometimes not always documented in the [patient] record."

What to do: You need to communicate with multiple staff members, in many different departments and different levels, to properly code K0100, Chiles says. And don't overlook the most obvious source of accurate information □ ask the resident, as well as the caregiver and family members.

Don't Ignore the Resident

What you should do first is talk to the resident, advised **Ann Spenard, MSN, RN, C**, vice president for operations at **Qualidigm**, based in Rocky Hill, CT, in a **Centers for Medicare & Medicaid Services (CMS)** instructional session. There are all kinds of general questions you can ask the resident, such as:

- Are you having any trouble swallowing?
- Are you having any issues chewing?
- Does it hurt when you chew?
- Does it hurt when you swallow?
- Do you find chewing or swallowing difficult?
- Are you coughing when you try to eat, drink or otherwise swallow?

Also ask the resident about (and look in the record for) any dental problems, which are certainly a common source for chewing and swallowing problems. Ill-fitting dentures, cavities, abscesses, and fractured teeth all could lead to swallowing issues, which you would code in this section, Spenard said. And look for oral thrush, mouth sores, and canker sores, as well as more serious issues like tumors or growths in the mouth.

Mistake: At the same time, don't make any assumptions, Spenard warned. For example, you might think that a resident who has no teeth but refuses to wear dentures would have tremendous problems chewing and eating. But that might not be true at all.

Talk to These Key Staff Members

After you've looked at the patient's record and talked with the resident and his caregiver/family members, you need to

talk with a variety of staff members. And document your interviews with staff.

Important: Be sure to talk to staff members across all shifts, Chiles says. A resident could have different problems at different times of the day or night.

"Our residents can be very different for their evening meal, or their evening med pass, than they would be after they've had a full night's sleep," Spenard agreed. So make sure you're not just capturing what's happening during a little piece of time. Make sure that you're "really getting a sense of what's happening to this resident over a 24-hour period of time, seven days a week during that look-back period," she notes.

Talk with the nurse who administers medications to find out whether the resident has any difficulty swallowing the meds, Chiles recommends. Talk to the aides, as well as the dietary staff. Also, if the resident is receiving speech and language therapy services, discuss these issues with the speech pathologist.

And if you can't talk with the speech pathologist and dietician, look in the resident's record for any notes relating to chewing or swallowing problems, Spenard said.

Tip: If the resident is rather independent and takes his meal in the dining room, talk with the dietary wait staff, Chiles suggests. They likely observe the resident while he's eating and can tell you about any chewing or swallowing issues he might be experiencing.

Don't Look for a Diagnosis

Keep in mind: As you're reading the therapy and nurses' notes in the patient's record, and talking with the other key staff members, remember that you don't need an actual swallowing disorder diagnosis to capture such issues in K0100, Chiles says. In fact, even when you have an isolated incident □ such as swallowing fluid that "went down the wrong way" or choking on a piece of food purely accidentally □ you can capture it here.

On the other hand, if you have a diagnosis of dysphagia, for example, but the resident is on an appropriate diet that's been successful and the resident has not demonstrated any symptoms in the seven-day look-back period, you would not report any swallowing problems in K0100, Chiles explains. You would code only when an observation of a swallowing issue is made during the look-back period. So in this case, you would code Z "None of the above," despite the resident's dysphagia diagnosis.

