

MDS Alert

MDS 3.0 Coding: Keep Coding and Care Woes Off the Table for Section K (Swallowing/Nutritional Status)

Don't make this mistake in coding K0700.

Laying an accurate assessment foundation for Section K can go a long way toward detecting and addressing unintended weight loss and swallowing problems.

Start by doing a careful review to identify a potential swallowing disorder (K0100). "If you learn one thing about MDS 3.0, it should be please don't ignore the resident," said **Ann Spenard, MSN, RN, C**, in a trainthe-trainer presentation for MDS 3.0 last year. "So first staff should ask the resident if he has problems swallowing, chewing, pain upon chewing or swallowing, coughing, etc.," she advised (for definitions of the specific K0100 items, see page 3).

Also talk to caregivers and observe the person eating in the dining room or wherever they eat, Spenard advised. And "make sure you're talking to staff across all shifts." The resident could "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."

Don't overlook: Review the medical record for any indications that the person had coughing while eating or difficulty with their food, advised Spenard. Is the person receiving speech and language therapy services? If so, "what is the speech pathologist seeing for this particular resident?"

Also focus on the dental history and oral assessment. And look for ill-fitting dentures. Just a 10-pound weight loss for people with dentures could affect the dentures' fit, Spenard pointed out.

Coding tips: Check all of the items that apply in Section K0100 during the seven-day lookback, even if they occurred just once. And don't code a swallowing problem in this section if it's been successfully treated, Spenard emphasized. That would include a resident who used to cough when he drank thin liquids, but is fine now that he receives nectar-thick liquids, she said. You would monitor the resident to ensure the care-planned intervention continues to work.

Know How to Calculate Height and Weight (K0200A and K0200B)

When coding height, round up to the nearest whole inches. Thus, if someone were 62.5 inches tall, you would record the height as 63 inches, Spenard said. "If they were 62.4, we would record them as 62 inches." The same principle applies to recording weight.

Home in on Unintended Weight Loss

K0300 asks whether the resident has had a 5 percent or more weight loss within the past 30 days -- or a 10 percent or more loss within the last 180 days. Code "0" for "No or unknown," a "1" for "Yes, on physician-prescribed weight-loss regimen," and a "2" for "Yes, not on a physician-prescribed weight loss regimen."

Coding tip: If you provide a "yes answer" related to the 30-day time frame, "don't even bother doing the math" for the 180-day time frame, advised Spenard, noting that the MDS doesn't ask you to answer both questions.

A potential problem: K0300 looks at weight fluctuations only for the 30-day and 180-day time frames, which Spenard notes has created "pushback" for CMS to reconsider that.

"The surveyors' guidance for F325 (nutrition), however, includes a 7.5 percent weight loss in 90 days," says **Becky Dorner, RD, LD**, principal of Becky Dorner & Associates in Akron, Ohio. And it "also notes that even though insidious

weight loss that occurs over time might not trigger MDS coding for 5 percent or 10 percent during the designated time frame," the facility still needs to address that in order to prevent significant unintended weight loss and related complications.

Proactive strategy: Make sure the facility has a nutrition screening system to refer residents to the registered dietitian, as needed, advises Dorner. To address nutrition concerns, such as low body mass index, unintentional weight loss, dehydration, or a pressure ulcer, the RD will do a comprehensive assessment to identify nutrition risk factors that can affect the person's dietary intake, Dorner says. These factors include medical, social or psychological issues, such as depression, she adds.

Tip: Just because the MDS doesn't capture weight gain doesn't mean you should ignore a resident with a major weight issue, said Spenard. "You should still assess them, work with the team, and care plan for them."

Resource: For a free copy of "Size of Your Ability to Care for People of Size" in Eli's Long-Term Care Survey Alert, e-mail the editor at KarenL@Eliresearch.com.

4. Code K0700 (percent taken by artificial route) based on what the resident actually received via IV and/or tube feeding. Spenard noted that auditors in the DAVE2 project found that "an MDS person was sitting in the office filling this out based off of what was ordered," unaware that the resident had stopped receiving the IV or tube feeding for a certain amount of hours. (See K0700 below.)

Editor's note: Spenard's YouTube train-the-trainer presentation can be viewed at www.youtube.com/watch?v=wyU7OEpONMc.

Resource: See "CMS Official Dishes on Documenting Nutritional-Related Issues for CAAs" below.