

**Track Changes**  
**from Chapter 3 Section K v1.17.1**  
**to Chapter 3 Section K v1.18.11**

Chapter	Section	Page(s) in version 1.18.11	Change
3	—	—	Updated language throughout to be gender neutral.
3	—	—	Updated screen captures of all items.
3	K0100	K-1	<p><b>Steps for Assessment</b></p> <p>1. Ask the resident if <del>he or she</del> <b>they</b> <del>has</del> <b>have</b> had any difficulty swallowing during the 7-day look-back period. Ask about each of the symptoms in K0100A through K0100D.</p> <p>Observe the resident during meals or at other times when <del>he or she</del> <b>they</b> <del>is</del> <b>are</b> eating, drinking, or swallowing to determine whether any of the listed symptoms of possible swallowing disorder are exhibited.</p>
3	K0100	K-1–K-2	Page length changed due to revised content.
3	K0100	K-2	<ul style="list-style-type: none"> <li>• <b>K0100Z, none of the above:</b> if none of the K0100A through K0100D signs or symptoms were present during the look-back <b>period</b>.</li> </ul> <p><b>Coding Tips</b></p> <ul style="list-style-type: none"> <li>• Do not code a swallowing problem when interventions have been successful in treating the problem and therefore the signs/symptoms of the problem (K0100A through K0100D) did not occur during the 7-day look-back period.</li> <li>• Code even if the symptom occurred only once in the 7-day look-back period.</li> </ul>
3	K0520	K-10	<b>K05420: Nutritional Approaches</b>

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3	K0520	K-10	<div>Replaced screenshot.</div> <div>OLD</div> <div><div>K0510. Nutritional Approaches</div><div>Check all of the following nutritional approaches that were performed during the last 7 days</div><table><tr><td><div>1. While NOT a Resident</div><div>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</div><div>2. While a Resident</div><div>Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i></div></td><td><div>1. While NOT a Resident</div></td><td><div>2. While a Resident</div></td></tr><tr><td></td><td colspan="2">↓ Check all that apply ↓</td></tr><tr><td>A. Parenteral/IV feeding</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>B. Feeding tube - nasogastric or abdominal (PEG)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)</td><td></td><td><input type="checkbox"/></td></tr><tr><td>D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)</td><td></td><td><input type="checkbox"/></td></tr><tr><td>Z. None of the above</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table></div> <div>NEW</div> <div><div>K0520. Nutritional Approaches</div><div>Check all of the following nutritional approaches that apply</div><div><div>1. On Admission</div><div>Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B</div><div>2. While Not a Resident</div><div>Performed <i>while NOT a resident</i> of this facility and within the <i>last 7 days</i> 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 2 blank.</div><div>3. While a Resident</div><div>Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i></div><div>4. At Discharge</div><div>Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C</div></div><table><tr><td></td><td><div>1. On Admission</div></td><td><div>2. While Not a Resident</div></td><td><div>3. While a Resident</div></td><td><div>4. At Discharge</div></td></tr><tr><td></td><td colspan="4">↓ Check all that apply ↓</td></tr><tr><td>A. Parenteral/IV feeding</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>B. Feeding tube (e.g., nasogastric or abdominal (PEG))</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>C. 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3	K0520	K-11	<p><b>DEFINITIONS</b></p> <p><b>MECHANICALLY ALTERED DIET</b>  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.</p> <p><b>THERAPEUTIC DIET</b>  A therapeutic diet is a diet intervention <del>ordered</del> <b>prescribed</b> by a <del>health-care</del> <b>physician or other authorized non-physician practitioner</b> <b>that provides food or nutrients via oral, enteral and parenteral routes</b> as part of the treatment for a <del>of</del> disease or clinical condition <del>manifesting an altered nutritional status</del>, to <b>modify</b>, eliminate, decrease, or increase <del>certain substances</del> <b>identified micro- and macro-nutrients</b> in the diet (e.g., sodium, potassium) (ADA <b>Academy of Nutrition and Dietetics</b>, 2014 <b>20</b>).</p>
3	K0520	K-11	<p><b>Steps for Assessment</b></p> <ul style="list-style-type: none"> <li>Review the medical record to determine if any of the listed nutritional approaches were performed during the <del>7-day</del> look-back period.</li> <li><b>If none apply, check K0520Z. None of the above.</b></li> </ul>
3	K0520	K-11	<p><b>Coding Instructions</b></p> <p><i>Check all that apply. If none apply, check K0520Z, None of the above</i></p> <ul style="list-style-type: none"> <li><b>K0520A</b>, parenteral/IV feeding.</li> <li><b>K0520B</b>, feeding tube – nasogastric or abdominal (PEG).</li> <li><b>K0520C</b>, mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids).</li> <li><b>K0520D</b>, therapeutic diet (e.g., low salt, diabetic, low cholesterol).</li> <li><b>K0520Z</b>, none of the above.</li> </ul>

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3	K0520	K-11	<p><b>Coding Instructions for Column 1</b></p> <ul style="list-style-type: none"> <li>Check all nutritional approaches performed during the first 3 days of the SNF PPS Stay.</li> </ul>
3	K0520	K-11	<p><b>Coding Instructions for Column 42</b></p> <ul style="list-style-type: none"> <li>Check all nutritional approaches performed prior to admission/entry or reentry to the facility and within the 7-day look-back period. Leave Column 42 blank if the resident was admitted/entered or reentered the facility more than 7 days ago.</li> <li>When completing the Interim Payment Assessment (IPA), the completion of items K05420A, K05420B, and K05420Z will still be required.</li> </ul>
3	K0520	K-11	<p><b>Coding Instructions for Column 23</b></p>
3	K0520	K-12	<p><b>Coding Instructions for Column 4</b></p> <ul style="list-style-type: none"> <li>Check all nutritional approaches performed within the last 3 days of the SNF PPS Stay.</li> </ul> <p><i>Check all that apply. If none apply, check K0510Z, None of the above</i></p> <ul style="list-style-type: none"> <li><del>K0510A</del>, parenteral/IV feeding</li> <li><del>K0510B</del>, feeding tube — nasogastric or abdominal (PEG)</li> <li><del>K0510C</del>, mechanically altered diet — require change in texture of food or liquids (e.g., pureed food, thickened liquids)</li> <li><del>K0510D</del>, therapeutic diet (e.g., low salt, diabetic, low cholesterol)</li> <li><del>K0510Z</del>, none of the above</li> </ul>

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3	K0520	K-12	<p><b>Coding Tips for K05420A</b></p> <p><i>K05420A includes any and all nutrition and hydration received by the nursing home resident <del>in the last 7 days</del> during the observation period either at the nursing home, at the hospital as an outpatient or an inpatient, provided they were administered for nutrition or hydration.</i></p> <ul style="list-style-type: none"> <li>• Parenteral/IV feeding—The following fluids may be included <b>when there is supporting documentation that reflects the need for additional fluid intake specifically addressing a nutrition or hydration need. This supporting documentation should be noted in the resident’s medical record according to State and Federal regulations and/or internal facility policy:</b></li> </ul>
3	K0520	K-12	<ul style="list-style-type: none"> <li>— IV fluids can be coded in K05420A if needed to prevent dehydration if the additional fluid intake is specifically needed for nutrition and hydration. Prevention of dehydration should be clinically indicated and supporting documentation should be provided in the medical record.</li> <li>• <b>The following items are NOT to be coded in K05420A:</b> <ul style="list-style-type: none"> <li>— IV Medications—<b>Code these when appropriate in O01010H, IV Medications.</b></li> </ul> </li> </ul>
3	K0520	K-12	<ul style="list-style-type: none"> <li>• Enteral feeding formulas: <ul style="list-style-type: none"> <li>— Should not be coded as a mechanically altered diet.</li> <li>— Should only be coded as <b>K05420D, Therapeutic Diet</b> when the enteral formula is altered to manage problematic health conditions, e.g. enteral formulas specific to <b>residents with diabetes</b>.</li> </ul> </li> </ul>
3	K0520	K-12	<p><b>Coding Tip for K0520B</b></p> <ul style="list-style-type: none"> <li>• Only feeding tubes that are used to deliver nutritive substances and/or hydration during the assessment period are coded in K0520B.</li> </ul>

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3	K0520	K-13	<p><b>Coding Tips for K0520C</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul>
3	K0520	K-13	<p><b>Coding Tips for K05420D</b></p> <ul style="list-style-type: none"> <li>Therapeutic diets are not defined by the content of what is provided or when it is served, but <u>why</u> the diet is required. 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.</li> <li>A nutritional supplement (house supplement or packaged) 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 <u>part</u> of a therapeutic diet. Therefore, supplements (whether given with, in-between, or instead of meals) are only coded in K05420D, Therapeutic Diet when they are being administered as part of a therapeutic diet to manage problematic health conditions (e.g. supplement for protein-calorie malnutrition).</li> </ul>

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3	K0520	K-13	<p><b>Examples</b></p> <ol style="list-style-type: none"> <li>1. Mrs. <b>Resident</b> H is receiving an antibiotic in 100 cc of normal saline via IV. She has a urinary tract infection (UTI), fever, abnormal lab results (e.g., new pyuria, microscopic hematuria, urine culture with growth &gt;100,000 colony forming units of a urinary pathogen), and was diagnosed in the acute hospital with a soft tissue infection. A treatment regime was initiated in the acute hospital, including IV antibiotics received every 8 hours within the last 7 days. Because the resident was assessed in the acute hospital with documented inadequate oral fluid intake (i.e., output of fluids far exceeds fluid intake) with demonstrating signs and symptoms of dehydration. She is placed on the nursing home's hydration plan to ensure adequate hydration. Documentation shows IV fluids are being administered as part of the already identified need for additional hydration, the acute care physician ordered that the antibiotic be reconstituted with 250 cc of normal saline rather than 100 cc, which is the minimum amount required for reconstitution. This IV antibiotic and fluid regimen continues for 7 additional days following admission to the SNF due to continued infection and decreased oral intake.</li> </ol> <p><b>Coding:</b> K0520A1, K0520A2 and K0520A3 would be checked. The IV medication would be coded at IV Medications item (O01010H).</p> <p><b>Rationale:</b> The resident's received 100 cc of IV fluid and physician in the acute care hospital ordered additional volume of dilutant for the IV medication reconstitution to address Resident H's inadequate oral fluid intake. The treatment regime continues upon admission to the SNF to address hydration needs. There is supporting documentation that reflected an identified need for additional fluid intake for hydration.</p>

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3	K0520	K-13	<p>2. <del>Mr.</del>Resident J is receiving an antibiotic in 100 cc of normal saline via IV. <del>He</del>They <del>has</del>have a UTI, no fever, and documented adequate fluid intake. <del>He</del>They <del>is</del>are placed on the nursing home's hydration plan to ensure adequate hydration.</p> <p><b>Coding:</b> K05420A1 would <b>NOT be checked</b>. The IV medication would be coded at <b>IV Medications</b> item (O01010H).</p> <p><b>Rationale:</b> Although the resident received the additional fluid, there is no documentation to support a need for additional fluid intake.</p>
3	K0520	K-14	<p>3. Resident Q will be discharged today following a 16 day stay in the nursing home. They were receiving rehabilitation services for a stroke. They have longstanding celiac disease and therefore were placed on a gluten-free diet. Because of their recent stroke, they also have documented dysphagia requiring a mechanical soft diet and honey-thick liquids to prevent aspiration and will be discharged on this same diet.</p> <p><b>Coding:</b> K0520C3 and K0520C4, as well as K0520D3 and K0520D4, would <b>be checked</b>.</p> <p><b>Rationale:</b> Resident Q required both a mechanically altered diet (i.e., mechanical soft diet and honey-thick liquids) and a therapeutic diet (i.e., gluten free) for their celiac disease in the last 7 days as well as at discharge.</p>
3	K0520	K-14	<p>4. Resident B will be discharged today after rehabilitation services for multiple fractures sustained in a car accident. Resident B has been on a regular diet during their entire stay and has not required any parenteral or enteral nutrition. During the acute hospital stay Resident B required a mechanical soft diet following the accident. The resident upgraded to a regular texture diet prior to discharge from the hospital.</p> <p><b>Coding:</b> K0520Z3 and K0520Z4 would <b>be checked</b>.</p> <p><b>Rationale:</b> Resident B had a regular diet their entire stay and did not require and nutritional modifications.</p>



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3	K0710	K-14	<div>K0710: Percent Intake by Artificial Route</div> <div>Complete K0710 only if Column <del>1</del>2 and/or Column <del>2</del>3 are checked for K05<del>1</del>20A and/or K05<del>1</del>20B.</div>																								
3	K0710	K-14	<div>Replaced screenshot.</div> <div>OLD<div>K0710. Percent Intake by Artificial Route - Complete K0710 only if Column 1 and/or Column 2 are checked for K0510A and/or K0510B<table><tr><td><div>2. While a Resident</div><div>Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i></div><div>3. During Entire 7 Days</div><div>Performed during the entire <i>last 7 days</i></div></td><td><div>2.</div><div>While a Resident</div></td><td><div>3.</div><div>During Entire 7 Days</div></td></tr><tr><td></td><td colspan="2">↓ Enter Codes ↓</td></tr><tr><td>A. Proportion of total calories the resident received through parenteral or tube feeding</td><td><div>1. 25% or less</div><div>2. 26-50%</div><div>3. 51% or more</div></td><td><div></div></td></tr><tr><td>B. Average fluid intake per day by IV or tube feeding</td><td><div>1. 500 cc/day or less</div><div>2. 501 cc/day or more</div></td><td><div></div></td></tr></table></div><div>NEW<div>K0710. Percent Intake by Artificial Route - Complete K0710 only if Column 2 and/or Column 3 are checked for K0520A and/or K0520B<table><tr><td><div>2. While a Resident</div><div>Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i></div><div>3. During Entire 7 Days</div><div>Performed during the entire <i>last 7 days</i></div></td><td><div>2.</div><div>While a Resident</div></td><td><div>3.</div><div>During Entire 7 Days</div></td></tr><tr><td></td><td colspan="2">↓ Enter Codes ↓</td></tr><tr><td>A. Proportion of total calories the resident received through parenteral or tube feeding</td><td><div>1. 25% or less</div><div>2. 26-50%</div><div>3. 51% or more</div></td><td><div></div></td></tr><tr><td>B. Average fluid intake per day by IV or tube feeding</td><td><div>1. 500 cc/day or less</div><div>2. 501 cc/day or more</div></td><td><div></div></td></tr></table></div></div></div>	<div>2. While a Resident</div> <div>Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i></div> <div>3. During Entire 7 Days</div> <div>Performed during the entire <i>last 7 days</i></div>	<div>2.</div> <div>While a Resident</div>	<div>3.</div> <div>During Entire 7 Days</div>		↓ Enter Codes ↓		A. Proportion of total calories the resident received through parenteral or tube feeding	<div>1. 25% or less</div> <div>2. 26-50%</div> <div>3. 51% or more</div>	<div></div>	B. Average fluid intake per day by IV or tube feeding	<div>1. 500 cc/day or less</div> <div>2. 501 cc/day or more</div>	<div></div>	<div>2. While a Resident</div> <div>Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i></div> <div>3. During Entire 7 Days</div> <div>Performed during the entire <i>last 7 days</i></div>	<div>2.</div> <div>While a Resident</div>	<div>3.</div> <div>During Entire 7 Days</div>		↓ Enter Codes ↓		A. Proportion of total calories the resident received through parenteral or tube feeding	<div>1. 25% or less</div> <div>2. 26-50%</div> <div>3. 51% or more</div>	<div></div>	B. Average fluid intake per day by IV or tube feeding	<div>1. 500 cc/day or less</div> <div>2. 501 cc/day or more</div>	<div></div>
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3	K0710	K-15	<div>Steps for Assessment</div> <div><div>1. Review intake records within the last 7 days to determine actual intake through parenteral or tube feeding routes.</div><div>2. Calculate proportion of total calories received through these routes.<div><div>If the resident took no food or fluids by mouth or took just sips of fluid, stop here and code 3, 51% or more.</div><div>If the resident had more substantial oral intake than this sips of fluid, consult with the dietician.</div></div></div></div>																								

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3	K0710	K-16	<p><b>1. Calculation for Proportion of Total Calories from IV or Tube Feeding</b></p> <p>Mr. <del>Resident</del> H has had a feeding tube since <del>his</del> <b>their</b> surgery two weeks ago. <del>He</del> <b>They</b> <del>is</del> <b>are</b> currently more alert and feeling much better. <del>He is very motivated to have the tube removed.</del> <del>He</del> <b>They</b> <del>has</del> <b>have</b> been taking soft solids by mouth, but only in small to medium amounts. <del>For</del> <b>Within</b> the <del>p</del> <b>l</b>ast 7 days, <del>he</del> <b>they</b> <del>has</del> <b>have</b> been receiving tube feedings for nutritional supplementation. The dietitian has totaled <del>his</del> <b>their</b> calories per day as follows:</p>
3	K0710	K-17	<p><b>1. Calculation for Average Daily Fluid Intake</b></p> <p>Ms. <del>Resident</del> A, a long term care resident, has swallowing difficulties secondary to Huntington's disease. <del>She</del> <b>They</b> <del>is</del> <b>are</b> able to take oral fluids by mouth with supervision, but not enough to maintain hydration. <del>She</del> <b>They</b> received the following daily fluid totals by supplemental tube feedings (including water, prepared nutritional supplements, juices) <del>during</del> <b>within</b> the last 7 days.</p>
3	K0710	K-18	<p><b>2. Mr. <del>Resident</del> K. has been able to take some fluids orally; however, due to <del>his</del> <b>their</b> progressing multiple sclerosis, <del>his</del> <b>their</b> dysphagia is not allowing <del>him</del> <b>them</b> to remain hydrated enough. Therefore, <del>he</del> <b>they</b> received the following fluid amounts <del>over</del> <b>within</b> the last 7 days via supplemental tube feedings while in the hospital and after <del>he</del> <b>they</b> <del>was</del> <b>were</b> admitted to the nursing home.</b></p>