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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.
- Introduction and review of OSA Assessments

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Detailed 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 - References to K0510 have been replaced by K0520.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 0520.

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.
- For additional information please refer to the MDS 3.0 RAI Manual v1.18.11.

K0520 Nutritional Approaches

Columns 1 and 4:
3-day look back period
Columns 2 and 3:
7-day

K0520. Nutritional Approaches				
Check all of the following nutritional approaches that apply				
	1. On Admission	2. While Not a Resident	3. While a Resident	4. At Discharge
1. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B				
2. 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 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.				
3. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>				
4. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C				
A. Parenteral/IV feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeding tube - 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"/>	<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	<input type="checkbox"/>	<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"/>

Definitions: Therapeutic Diet REVISED

- 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. 1 in 3 hospitalized patients are malnourished.
- Note that other definitions in the RAI Manual Section did not change.

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

↓ Check all that apply ↓

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

K0520. Nutritional Approaches – Assessment Periods NEW

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

	1. On Admission	2. While Not a Resident ↓ Check all that apply ↓	3. While a Resident	4. At Discharge
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"/>

On Admission for PPS stays ONLY →

At Discharge for PPS stays ONLY ↓

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K0520

Coding Guidance

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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 if 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 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.

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 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 NEW

- Assessors should not capture a trial of a mechanically altered diet (e.g., pureed food thickened liquids) during the observation 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.

Resident	Identifier	Date
Section K - Swallowing/Nutritional Status		
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		
Performed while a resident of this facility and within the last 7 days		
3. During Entire 7 Days		
Performed during the entire last 7 days		
Enter Codes		
A. Proportion of total calories the resident received through parenteral or tube feeding		
1. 25% or less		
2. 26-50%		
3. 51% or more		
B. Average fluid intake per day by IV or tube feeding		
1. 500 cc/day or less		
2. 501 cc/day or more		

K0710A: Steps for Assessment - REVISED

- Review intake records **within the last 7 days** to determine actual intake through parenteral or tube feeding routes.
- 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 the dietitian.

Optional State Assessment - OSA

Intent: The Optional State Assessment (OSA) item set may be required by a State Medicaid Agency to calculate the Resource Utilization Group (RUG)-III or RUG-IV case mix group Health Insurance Prospective Payment System (HIPPS) code for state payment purposes.

Several items that have been removed from all Federally required item sets remain on the OSA for the purpose of calculating RUG-III/RUG-IV HIPPS codes, those include:

- ✓ A0300 ✓ D0300 ✓ K0510 ✓ O0450 ✓ O0700
- ✓ D0200 ✓ G0110 ✓ O0100 ✓ O0600 ✓ X0570

OSA Assessment

- OSA – Effective 10/1/23
- Not a federally required assessment
- OSA assessments are at the discretion of each state agency for payment purposes.
- OSA assessments are stand alone assessments and can not be combined with any other assessment
- Increase in the number of assessments completed – *at least one additional assessment for each Medicaid resident per quarter*

Summary

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

- New columns for the item capture data **on admission** and again **at discharge**.
- Updated coding instructions to capture data for the **four new and revised assessment timeframes**

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

OSA assessments may required to calculate RUG case mix



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Resources:

- “Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual.” *CMS.Gov*, www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual. Accessed 3 Aug. 2023.
- “SNF Virtual Training Program - Part 1 Section K: Swallowing/ Nutritional Status .” *YouTube*, YouTube, 29 June 2023, <https://www.youtube.com/watch?v=4Xzxm-uLFmk&list=PLaV7m2-zFKphoXW6cc3NwUfxra0A1LYDi&index=11>. Accessed 3 Aug. 2023.
- “NFRP - MDS Resources The New OSA and CMS Guidance .” *NFRP*, nfrp.panfsubmit.com/. Accessed 3 Aug. 2023.
- Nutrition Care Manual, www.nutritioncaremanual.org/topic.cfm?ncm_category_id=31&lv1=255700&lv2=255722&lv3=272646&ncm_toc_id=272646&ncm_heading=Older+Adult+Nutrition. Accessed 3 Aug. 2023.



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Questions

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