

**Track Changes
from Chapter 3 Section K v1.16
to Chapter 3 Section K v1.17.1**

Chapter	Section	Page	Change
3	K0300	K-4	<p>Planning for Care</p> <ul style="list-style-type: none"> Weight loss may be an important indicator of a change in the resident's health status or environment. If significant weight loss is noted, the interdisciplinary team should review for possible causes of changed intake, changed caloric need, change in medication (e.g., diuretics), or changed fluid volume status. Weight loss should be monitored on a continuing basis; weight loss should be assessed and care planned at the time of detection and not delayed until the next MDS assessment.
3	K0310	K-8	<p>Planning for Care</p> <ul style="list-style-type: none"> Weight gain may be an important indicator of a change in the resident's health status or environment. If significant weight gain is noted, the interdisciplinary team should review for possible causes of changed intake, changed caloric need, change in medication (e.g., steroidal), or changed fluid volume status. Weight gain should be monitored on a continuing basis; weight gain should be assessed and care planned at the time of detection and not delayed until the next MDS assessment.

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3	K0510	K-10	<p>Replaced screenshot.</p> <p>OLD</p> <table><tr><th colspan="3">K0510. Nutritional Approaches</th></tr><tr><td colspan="3">Check all of the following nutritional approaches that were performed during the last 7 days</td></tr><tr><td>1. 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 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</td><td rowspan="2">1. While NOT a Resident</td><td rowspan="2">2. While a Resident</td></tr><tr><td>2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i></td></tr><tr><td>A. Parenteral/IV feeding</td><td colspan="2">↓ Check all that apply ↓</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><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)</td><td><input type="checkbox"/></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> <p>NEW</p> <table><tr><th colspan="3">K0510. Nutritional Approaches</th></tr><tr><td colspan="3">Check all of the following nutritional approaches that were performed during the last 7 days</td></tr><tr><td>1. 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 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</td><td rowspan="2">1. While NOT a Resident</td><td rowspan="2">2. While a Resident</td></tr><tr><td>2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i></td></tr><tr><td>A. Parenteral/IV feeding</td><td colspan="2">↓ Check all that apply ↓</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>	K0510. Nutritional Approaches			Check all of the following nutritional approaches that were performed during the last 7 days			1. 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 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	1. While NOT a Resident	2. While a Resident	2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>	A. Parenteral/IV feeding	↓ Check all that apply ↓		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"/>	K0510. Nutritional Approaches			Check all of the following nutritional approaches that were performed during the last 7 days			1. 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 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	1. While NOT a Resident	2. While a Resident	2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>	A. Parenteral/IV feeding	↓ Check all that apply ↓		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"/>	D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)		<input type="checkbox"/>	Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>
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3	K0510	K-11	<p>Coding Instructions for Column 1</p> <ul style="list-style-type: none">CMS does not require completion of Column 1 for items K0510C and K0510D; however, some States continue to require its completion. It is important to know your State’s requirements for completing these items.Check all nutritional approaches performed prior to admission/entry or reentry to the facility and within the 7-day look-back period. Leave Column 1 blank if the resident was admitted/entered or reentered the facility more than 7 days ago.If the State does not require the completion of Column 1 for items K0510C and K0510D, use the standard “no information” code (a dash, “-”).																																																		
3	K0510	K-11	<ul style="list-style-type: none">When completing the Interim Payment Assessment (IPA), the completion of items K0510A, K0510B, and K0510Z will still be required.																																																		

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Chapter	Section	Page	Change
3	K0710	K-13	<div>Replaced screenshot.</div> <div>OLD</div> <div><div><div><div>K0710. Percent Intake by Artificial Route - Complete K0710 only if Column 1 and/or Column 2 are checked for K0510A and/or K0510B</div><div><div><div><div>1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the <i>last 7 days</i>. Only enter a code in 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 Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i></div><div>3. During Entire 7 Days Performed during the entire <i>last 7 days</i></div></div><div><div>1. While NOT a Resident</div><div>2. While a Resident</div><div>3. During Entire 7 Days</div></div><div>Enter Codes</div><div><div><div>A. Proportion of total calories the resident received through parenteral or tube feeding 1. 25% or less 2. 26-50% 3. 51% or more</div><div>B. Average fluid intake per day by IV or tube feeding 1. 500 cc/day or less 2. 501 cc/day or more</div></div><div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div></div></div></div></div><div>NEW</div><div><div><div><div>K0710. Percent Intake by Artificial Route - Complete K0710 only if Column 1 and/or Column 2 are checked for K0510A and/or K0510B</div><div><div><div><div>2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i></div><div>3. During Entire 7 Days Performed during the entire <i>last 7 days</i></div></div><div><div>2. While a Resident</div><div>3. During Entire 7 Days</div></div><div>Enter Codes</div><div><div><div>A. Proportion of total calories the resident received through parenteral or tube feeding 1. 25% or less 2. 26-50% 3. 51% or more</div><div>B. Average fluid intake per day by IV or tube feeding 1. 500 cc/day or less 2. 501 cc/day or more</div></div><div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div></div></div></div></div></div></div></div></div>
3	K0710	K-13	<div>CMS does not require completion of Column 1. While Not a Resident for items K0710A and K0710B; however, some States continue to require its completion. It is important to know your State’s requirements for completing these items.</div>
3	K0710	K-14	<div>Coding Instructions</div> <div><div><div>Select the best response:<div><div>1. 25% or less</div><div>2. 26% to 50%</div><div>3. 51% or more</div></div></div><div><div><div>If the State does not require the completion of Column 1 for this item, use the standard “no information” code (a dash, “-”).</div></div></div></div></div>
3	K0710	K-16	<div><div><div>If the State does not require the completion of Column 1 for this item, use the standard “no information” code (a dash, “-”).</div></div></div>

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3	K0710	K-16	<div>2. Calculation for Average Daily Fluid Intake</div> <div>Mrs. G. received 1 liter of IV fluids in the hospital on the Tuesday prior to her admission to the nursing home on Saturday afternoon. She received no other intake via IV or tube feeding during the last 7 days.</div> <div><div>IV Fluid Intake</div><table><tr><td>Sun.</td><td>0 cc</td></tr><tr><td>Mon.</td><td>0 cc</td></tr><tr><td>Tues.</td><td>1,000 cc</td></tr><tr><td>Wed.</td><td>0 cc</td></tr><tr><td>Thurs.</td><td>0 cc</td></tr><tr><td>Fri.</td><td>0 cc</td></tr><tr><td>Sat.</td><td>0 cc</td></tr><tr><td>Total</td><td>1,000 cc</td></tr></table></div> <div><div>Coding:</div><div>K0710B column 1 would be coded 1, 500 cc/day or less.</div></div> <div><div>Rationale:</div><div>The total fluid intake by supplemental tube feedings = 1000 cc 1000 cc divided by 7 days = 142.9 cc/day 142.9 cc is less than 500 cc, therefore code 1, 500 cc/day or less is correct.</div></div>	Sun.	0 cc	Mon.	0 cc	Tues.	1,000 cc	Wed.	0 cc	Thurs.	0 cc	Fri.	0 cc	Sat.	0 cc	Total	1,000 cc								
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3	K0710	K-16	<div>32. Mr. K. has been able to take some fluids orally; however, due to his progressing multiple sclerosis, his dysphagia is not allowing him to remain hydrated enough. Therefore, he received the following fluid amounts over the last 7 days via supplemental tube feedings while in the hospital and after he was admitted to the nursing home.</div> <div><table><tr><th colspan="2">While in the Hospital</th><th colspan="2">While in the Nursing Home</th></tr><tr><td>Mon.</td><td>400 cc</td><td>Fri.</td><td>510 cc</td></tr><tr><td>Tues.</td><td>520 cc</td><td>Sat.</td><td>520 cc</td></tr><tr><td>Wed.</td><td>500 cc</td><td>Sun.</td><td>490 cc</td></tr><tr><td>Thurs.</td><td>480 cc</td><td></td><td></td></tr><tr><td>Total</td><td>1,900 cc</td><td>Total</td><td>1,520 cc</td></tr></table></div>	While in the Hospital		While in the Nursing Home		Mon.	400 cc	Fri.	510 cc	Tues.	520 cc	Sat.	520 cc	Wed.	500 cc	Sun.	490 cc	Thurs.	480 cc			Total	1,900 cc	Total	1,520 cc
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3	K0710	K-17	<p>Coding: K0710B1 would be coded 1, 500 cc/day or less. K0710B2 would be coded 2, 501 cc/day or more, and K0710B3 would be coded 1, 500 cc/day or less.</p> <p>Rationale: The total fluid intake within the last 7 days while Mr. K. was not a resident was 1,900 cc (400 cc + 520 cc + 500 cc + 480 cc = 1,900 cc). Average fluid intake while not a resident totaled 475 cc (1,900 cc divided by 4 days). 475 cc is less than 500 cc; therefore code 1, 500 cc/day or less is correct for K0710B1, While NOT a Resident.</p>