

## **MDS 3.0 Section K - Significant Weight Loss Clarification**

From Staff Call May 11, 2018:

MDS Section K - discussion highlighting significant weight changes and prescribed weight change regimens.

### **From the MDS RAI Manual:**

*This item does not consider weight fluctuation outside of these two time points, although the resident's weight should be monitored on a continual basis and weight loss assessed and addressed on the care plan as necessary.*

#### **For a New Admission**

1. Ask the resident, family, or significant other about weight loss over the past 30 and 180 days.
2. Consult the resident's physician, review transfer documentation, and compare with admission weight.
3. If the admission weight is less than the previous weight, calculate the percentage of weight loss.
4. Complete the same process to determine and calculate weight loss comparing the admission weight to the weight 30 and 180 days ago.

#### **For Subsequent Assessments**

1. From the medical record, compare the resident's weight in the current observation period to his or her weight in the observation period 30 days ago.
2. If the current weight is less than the weight in the observation period 30 days ago, calculate the percentage of weight loss.
3. From the medical record, compare the resident's weight in the current observation period to his or her weight in the observation period 180 days ago.
4. If the current weight is less than the weight in the observation period 180 days ago, calculate the percentage of weight loss.

#### **Prescribed weight loss**

- Code 0, no or unknown: if the resident has not experienced weight loss of 5% or more in the past 30 days or 10% or more in the last 180 days or if information about prior weight is not available.
- Code 1, yes on physician-prescribed weight-loss regimen: if the resident has experienced a weight loss of 5% or more in the past 30 days or 10% or more in the last 180 days, and the weight loss was planned and pursuant to a physician's order. In cases where a resident has a weight loss of 5% or more in 30 days or 10% or more in 180 days as a result of any physician ordered diet plan or expected weight loss due to loss of fluid with physician orders for diuretics, K0300 can be coded as **1**.

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### Clarification of Calculations

#### 180 Days (6 Months) Weight Calculations:

Use the most recent weight that you have and the weight from 6 months (180 days) ago. If you have a 4 or 5 month weight, but not a 6 month weight, you need to use that weight (4 or 5 months) because it is the closest to the 6 month weight.

Example:

January	February	March	April	May	June	July
100	100	100	100	95	100	100

July: Current weight 100#

They have a significant weight between the 30 and 180 days. But their 4 or 5 month weight was 100#. You do not mark this as a significant weight loss.

Document in between that they had a weight loss and you intervened, so their weight has rebounded back to their UBW.

January to May weights: 100#

They had a significant weight loss in May, but their weight rebounded back to 100#. You don't need to mark the MDS 3.0 as a significant weight loss.

#### 30 Day Weight Calculations:

Use the most recent weight that you have and the weight from 30 days ago.

Example:

June 5	June 12	June 19	June 26	July 15
100	100	100	95	100

If they have a significant weight change within 3 weeks of admission, comparing the weight closest to 30 days ago, and the most current weight to MDS ARD is June 26 weight, then you mark it as a significant weight change.

If it's 33 days, then don't mark it ("Not greater than 30 days"). At 33 days, it does not trigger per MDS guidelines, however, you still need to **document details and nutrition interventions**.

Let physician know that this is a prescribed weight change. You may need documentation that MD was notified of prescribed weight change and/or may need documentation from the MD.