

K0300. Weight Loss

Enter Code

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Loss of 5% or more in the last month or loss of 10% or more in last 6 months

- 0. No or unknown
- 1. Yes, on physician-prescribed weight-loss regimen
- 2. Yes, not on physician-prescribed weight-loss regimen

Item Rationale

Health-related Quality of Life

- Weight loss can result in debility and adversely affect health, safety, and quality of life.
- For persons with morbid obesity, controlled and careful weight loss can improve mobility and health status.
- For persons with a large volume (fluid) overload, controlled and careful diuresis can improve health status.

Planning for Care

- 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 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.

Steps for Assessment

*This item compares the resident’s weight in the current observation period with their weight at two snapshots in time:*

- At a point closest to 30-days preceding the current weight.
- At a point closest to 180-days preceding the current weight.

DEFINITIONS

**5% WEIGHT LOSS IN 30 DAYS**

Start with the resident’s weight closest to 30 days ago and multiply it by .95 (or 95%). The resulting figure represents a 5% loss from the weight 30 days ago. If the resident’s current weight is equal to or less than the resulting figure, the resident has lost more than 5% body weight.

**10% WEIGHT LOSS IN 180 DAYS**

Start with the resident’s weight closest to 180 days ago and multiply it by .90 (or 90%). The resulting figure represents a 10% loss from the weight 180 days ago. If the resident’s current weight is equal to or less than the resulting figure, the resident has lost 10% or more body weight.

## K0300: Weight Loss (cont.)

*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 their 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 their 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.

### Coding Instructions

*Mathematically round weights as described in Section K0200B before completing the weight loss calculation.*

- **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.

### DEFINITIONS

#### PHYSICIAN-PRESCRIBED WEIGHT-LOSS REGIMEN

A weight reduction plan ordered by the resident's physician with the care plan goal of weight reduction. May employ a calorie-restricted diet or other weight loss diets and exercise. Also includes planned diuresis. It is important that weight loss is intentional.

#### BODY MASS INDEX (BMI)

Number calculated from a person's weight and height. BMI is used as a screening tool to identify possible weight problems for adults. Visit

[http://www.cdc.gov/healthyweight/assessing/bmi/adult\\_bmi/index.html](http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html).

## K0300: Weight Loss (cont.)

- **Code 2, yes, not 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 not planned and prescribed by a physician.

### Coding Tips

- A resident may experience weight variances in between the snapshot time periods. Although these require follow up at the time, they are not captured on the MDS.
- If the resident is losing a significant amount of weight, the facility should not wait for the 30- or 180-day timeframe to address the problem. Weight changes of 5% in 1 month, 7.5% in 3 months, or 10% in 6 months should prompt a thorough assessment of the resident's nutritional status.
- To code K0300 as **1, yes**, the expressed goal of the weight loss diet or the expected weight loss of edema through the use of diuretics must be documented.
- On occasion, a resident with normal BMI or even low BMI is placed on a diabetic or otherwise calorie-restricted diet. In this instance, the intent of the diet is not to induce weight loss, and it would not be considered a physician-ordered weight-loss regimen.

### Examples

1. Resident J has been on a physician ordered calorie-restricted diet for the past year. They and their physician agreed to a plan of weight reduction. Their current weight is 169 lbs. Their weight 30 days ago was 172 lbs. Their weight 180 days ago was 192 lbs.

**Coding:** K0300 would be **coded 1, yes, on physician-prescribed weight-loss regimen.**

**Rationale:**

- 30-day calculation:  $172 \times 0.95 = 163.4$ . Since the resident's current weight of 169 lbs is more than 163.4 lbs, which is the 5% point, they **have not** lost 5% body weight in the last 30 days.
- 180-day calculation:  $192 \times .90 = 172.8$ . Since the resident's current weight of 169 lbs **is** less than 172.8 lbs, which is the 10% point, they **have** lost 10% or more of body weight in the last 180 days.

## K0300: Weight Loss (cont.)

2. Resident S has had increasing need for assistance with eating over the past 6 months. Their current weight is 195 lbs. Their weight 30 days ago was 197 lbs. Their weight 180 days ago was 185 lbs.

**Coding:** K0300 would be **coded 0, No.**

**Rationale:**

- 30-day calculation:  $197 \times 0.95 = 187.15$ . Because the resident's current weight of 195 lbs is more than 187.15 lbs, which is the 5% point, they **have not** lost 5% body weight in the last 30 days.
  - 180-day calculation: Resident S's current weight of 195 lbs is greater than their weight 180 days ago, so there is no need to calculate their weight loss. They have gained weight over this time period.
3. Resident K underwent a BKA (below the knee amputation). Their preoperative weight 30 days ago was 130 lbs. Their most recent postoperative weight is 102 lbs. The amputated leg weighed 8 lbs. Their weight 180 days ago was 125 lbs.

Was the change in weight significant? Calculation of change in weight must take into account the weight of the amputated limb (which in this case is 6% of 130 lbs = 7.8 lbs).

- 30-day calculation:
 

Step 1: Add the weight of the amputated limb to the current weight to obtain the weight if no amputation occurred:  
 $102 \text{ lbs (current weight)} + 8 \text{ lbs (weight of leg)} = 110 \text{ lbs (current body weight taking the amputated leg into account)}$

Step 2: Calculate the difference between the most recent weight (including weight of the limb) and the previous weight (at 30 days)  
 $130 \text{ lbs (preoperative weight)} - 110 \text{ lbs (present weight if had two legs)} = 20 \text{ lbs (weight lost)}$

Step 3: Calculate the percent weight change relative to the initial weight:  
 $20 \text{ lbs (weight change)} / 130 \text{ lbs (preoperative weight)} = 15\% \text{ weight loss}$

Step 4: The percent weight change is significant if >5% at 30 days  
 Therefore, the most recent postoperative weight of 102 lbs (110 lbs, taking the amputated limb into account) is >5% weight loss (significant at 30 days).
- 180-day calculation:
 

Step 1: Add the weight of the amputated limb to the current weight to obtain the weight if no amputation occurred:  
 $102 \text{ lbs (current weight)} + 8 \text{ lbs (weight of leg)} = 110 \text{ lbs (current body weight taking the amputated leg into account)}$

Step 2: Calculate the difference between the most recent weight (including weight of the limb) and the previous weight (at 180 days):  
 $125 \text{ lbs (preoperative weight 180 days ago)} - 110 \text{ lbs (present weight if had two legs)} = 15 \text{ lbs (weight lost)}$

Step 3: Calculate the percent weight change relative to the initial weight:  
 $15 \text{ lbs (weight change)} / 130 \text{ lbs (preoperative weight)} = 12\% \text{ weight loss}$

Step 4: The percent weight change is significant if >10% at 180 days

## K0300: Weight Loss (cont.)

The most recent postoperative weight of 110 lbs (110 lbs, taking the amputated limb into account) is >10% weight loss (significant at 180 days).

**Present weight of 110 lbs >10% weight loss (significant at 180 days).**

**Coding:** K0300 would be **coded 2, yes, weight change is significant; not on physician-prescribed weight-loss regimen.**

**Rationale:** The resident had a significant weight loss of >5% in 30 days and did have a weight loss of >10% in 180 days, the item would be coded as 2, yes weight change is significant; not on physician-prescribed weight-loss regime, with one of the items being triggered. This item is coded for either a 5% 30-day weight loss or a 10% 180-day weight loss. In this example both items, the criteria are met but the coding does not change as long as one of them are met.