Independence Rehab

# Section K
# Coding Worksheet

| SECTION | Nursing | Therapy |
|---|---|---|
| **K0100A** | Loss of Liquids/ solids from mouth when eating or drinking | ❑ Anterior Spillage<br>❑ Decreased oral containment on right or left side<br>❑ Drooling<br>❑ Labial/ bolus loss<br>❑ Residue on lips or chin<br>❑ Decreased ability to clear food from spoon<br>❑ Poor saliva management<br>❑ Preservative mastication with food expulsion/ loss |
| **K0100B** | Holding Food in mouth/cheeks or residual food in mouth after meals | ❑ Reduced oral clearance with residue<br>❑ Reduced bolus formation<br>❑ Limited anterior-posterior propulsion of bolus or tongue movement<br>❑ Tongue pumping<br>❑ Reduced mastication<br>❑ Increased time for meal consumption<br>❑ Reduced tolerance to varied textures<br>❑ Reduced tolerance to hot/ cold temperatures<br>❑ Munched chewing |
| **K0100C** | Coughing or choking during meals or when swallowing medications | Signs of choking or coughing such as:<br>❑ Watery eyes<br>❑ Runny nose<br>❑ Effortful swallow<br>❑ Poor airway protection<br>❑ Poor reflexive and volitional swallow<br>❑ Wet vocal cords or change in vocal quality or breath sounds<br>❑ Shortness of breath<br>❑ Throat clearing<br>❑ Recurring pneumonia |
| **K0100D** | Complaints of difficulty or pain with swallowing | ❑ Odynophagia = pain with swallowing<br>❑ Globus sensation = feeling of food stuck in throat at level of sternal notch<br>❑ Premature feeling of fullness<br>❑ Oral or nasal emesis during/ after intake<br>❑ Heartburn sensation |

Patient Name:______________________________ MRN: ______________________

Therapist Signature:________________________________ Date:______________________