

## OASIS Alert

### Reader Question: Get Answers to Your Neuro/Emotional/Behavioral Status Questions

#### **Cognitive functioning status won't always relate to confusion status.**

**Question:** What is the difference in what is measured in M1700 -- Cognitive functioning and M1710 -- When confused?

Answer: M1700 -- Cognitive functioning reports the patient's cognitive functioning, the **Centers for Medicare & Medicaid Services** says in the July 2012 CMS Quarterly OASIS Q&As. Consider the patient's level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands on the day of assessment (at the time of the assessment and in the preceding 24 hours), when responding to this item, CMS says.

M1710 -- When confused, on the other hand, identifies the time of day or situations when the patient experienced confusion (if at all) during the past 14 days (day of assessment and prior 14 days), CMS says.

Mosby's Medical Dictionary defines confusion as "a mental state characterized by disorientation regarding time, place, person, or situation. It causes bewilderment, perplexity, lack of orderly thought, and inability to choose or act decisively and perform the activities of daily living. It is usually symptomatic of an organic mental disorder, but it may accompany severe emotional stress and various psychological disorders," CMS points out.

Your M1710 response may not directly relate to M1700, CMS says. For example, if a patient demonstrates confusion on the day of the assessment, you would report this in both M1700 and M1710, CMS says. However, if a patient wasn't confused on the day of assessment, but had experienced confusion during the prior 14 days, you would only this in M1710.

And, if a patient has a cognitive impairment on the day of the assessment, that does not result in confusion, such as forgetfulness, learning disabilities, concentration difficulties, or decreased intelligence, you would only report it in M1700, CMS says.

**Question:** How should we respond to M1750 when a separate entity such as a community mental health center or other provider is providing psychiatric nursing services, and our agency is providing services that are not directly related to the psychiatric issue(s) but could be affected by them?

Answer: M1750 -- Psychiatric nursing services, reports whether the patient is receiving psychiatric nursing services in the home at the time of the start of care (SOC) or resumption of care (ROC) assessment. This item refers to care provided by qualified personnel of the home health agency, per physician orders, specifically for the assessment and treatment of psychiatric conditions, CMS says.

So, when completing the SOC/ROC comprehensive assessment, if an order exists on the plan of care for your agency to provide psychiatric services, you will respond "Yes" to M1750. Otherwise, you should answer "No."

Tip: The qualified psychiatric nurse who will be providing the psychiatric nursing services does not have to be the assessing clinician.

Note: Read all of the July 2012 CMS Quarterly OASIS Q&As here:  
[https://www.qtso.com/download/hha/july\\_2012\\_CMS\\_Quarterly\\_Q&As-Revised.pdf](https://www.qtso.com/download/hha/july_2012_CMS_Quarterly_Q&As-Revised.pdf).