

OASIS Alert

Reader Question: M1740 and M1745? Let Self-Injury Be Your Guide

You may often report the same behaviors for both items -- but that's not a hard and fast rule.

Question: One of our new patients has a history of being verbally disruptive to both our clinicians and her family caregivers. The verbal disruptions include yelling, using foul language, and threatening to end the assessment, but our clinicians chalk up her behavior to being "ornery" and put up with it. However, they aren't sure whether this behavior should be reported for both M1740 and M1745, especially since the behavior never causes the patient any harm. Are the responses for M1740 and M1745 connected?

Answer: Not necessarily. Your response for M1740 (Cognitive, behavioral, and psychiatric symptoms) won't always guide your response to M1745 (Frequency of disruptive behavior symptoms that are injurious to self or others) -- though one does often follow the other, the **Centers for Medicare & Medicaid Services** said in an October clarification on the **OASIS Certificate and Competency Board** website.

For instance, if a patient has trouble recalling faces or names, you would choose 1 (Memory deficit...) for M1740. However, inability to remember a name isn't likely to cause the patient or those around the patient any harm. Therefore, you'd respond 0 (Never) for M1745.

Crucial: The difference between M1740 and M1745 is the potential outcome of the patient's behavior or symptoms. Anything patients do that could hurt themselves should be reported in M1745 -- and those behaviors likely have symptoms reported in M1740.

Using the scenario provided in the question, you would respond 3 (Verbal disruption) for M1740. If the patient's verbal aggressiveness keeps her from following the prescribed plan of care, then you would record the frequency of the disruption in M1745, such as 5 (At least daily) or 4 (Several times a week).

Note: If the patient is verbally very disruptive, but is compliant with the plan of care -- and doesn't pose a threat to clinicians or other caregivers -- then you'd respond 0 for M1745, CMS says.

Similarly, patients may have behaviors that pose a risk of injury to themselves or their caregivers that don't have a symptomatic basis. For example, the patient may suffer from sleeplessness or agitation not linked to general physical aggression.

Takeaway: You must answer M1740 and M1745 individually, CMS says. When trying to decide whether a behavior should be reported in M1745, ask yourself "could this behavior cause the patient to hurt herself or someone else?" If the answer is yes, then M1745 is the appropriate place to report it.