



Home Health Virtual Training Program – Part 1

Section C: Cognitive Patterns

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Objectives

- Demonstrate an understanding of the standardized patient assessment data elements identified in Section C. Cognitive Patterns.
- Describe the intent, coding instructions, and definitions for select items in Section C.



Section C

Cognitive Patterns

New Section C for OASIS-E



- This new section contains items related to the assessment and coding of cognitive patterns for Home Health patients.
- New items include:
 - C0100. Should Brief Interview for Mental Status (C0200–C0500) be Conducted?
 - C0200–C0500. Brief Interview for Mental Status (BIMS).
 - C1310. Signs and Symptoms of Delirium (from CAM[©]).
- Existing items placed in this section include:
 - M1700. Cognitive Functioning.
 - M1710. When Confused.
 - M1720. When Anxious.

C0100

Should Brief Interview for Mental Status
(C0200–C0500) Be Conducted?

C0100. Should Brief Interview for Mental Status (C0200–C0500) Be Conducted?



C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?

Attempt to conduct interview with all patients.

Enter Code

- 0. **No** (patient is rarely/never understood) → *Skip to C1310, Signs and Symptoms of Delirium (from CAM ©)*
- 1. **Yes** → Continue to C0200, Repetition of Three Words



C0100: Item Intent and Rationale

- **Item Intent:**
 - To identify if the Brief Interview for Mental Status (BIMS), a structured cognitive interview, should occur.
- **Item Rationale:**
 - Most patients are able to attempt the Brief Interview for Mental Status (BIMS). The BIMS is a structured cognitive interview.
 - A structured cognitive test is more accurate and reliable than observation alone for observing cognitive performance.

C0100: Response-Specific Instructions

- Interact with the patient using their preferred language. Be sure the patient:
 - Can hear you.
 - Has access to their preferred method for communication.
- If the patient appears unable to communicate, offer alternatives such as writing, pointing, sign language, or cue cards.
- Determine if the patient is rarely/never understood verbally, in writing, or using another method.
 - If rarely/never understood; skip items C0200–C0500.



C0100: Coding Instructions

- **Code 0, No**, if the interview should not be conducted because:
 - The patient is rarely/never understood.
 - The patient cannot respond verbally, in writing, or using another method.
 - An interpreter is needed but not available.
 - Skip items C0200–C0500.
- **Code 1, Yes**, if the interview should be conducted because:
 - The patient is at least sometimes understood verbally, in writing, or using another method, and if an interpreter is needed, one is available.
 - Proceed to C0200. Repetition of Three Words.
- **Dash is a valid response for this item.** A dash indicates “no information.”
 - CMS expects dash use to be a rare occurrence.

CODING TIPS

Attempt to conduct the interview with ALL patients.

C0200–C0500

Brief Interview for Mental Status (BIMS)

C0200–C0500: Brief Interview for Mental Status (BIMS)



Brief Interview for Mental Status (BIMS)	
C0200. Repetition of Three Words	
Enter Code <input type="checkbox"/>	Ask patient: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue, and bed . Now tell me the three words." Number of words repeated after first attempt 0. None 1. One 2. Two 3. Three After the patient's first attempt, repeat the words using cues ("sock, something to wear; blue, a color; bed, a piece of furniture"). You may repeat the words up to two more times.
C0300. Temporal Orientation (Orientation to year, month, and day)	
Enter Code <input type="checkbox"/>	Ask patient: "Please tell me what year it is right now." A. Able to report correct year 0. Missed by > 5 years or no answer 1. Missed by 2-5 years 2. Missed by 1 year 3. Correct
Enter Code <input type="checkbox"/>	Ask patient: "What month are we in right now?" B. Able to report correct month 0. Missed by > 1 month or no answer 1. Missed by 6 days to 1 month 2. Accurate within 5 days
Enter Code <input type="checkbox"/>	Ask patient: "What day of the week is today?" C. Able to report correct day of the week 0. Incorrect or no answer 1. Correct
C0400. Recall	
Enter Code <input type="checkbox"/>	Ask patient: "Let's go back to an earlier question. What were those three words that I asked you to repeat?" If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word. A. Able to recall "sock" 0. No – could not recall 1. Yes, after cueing ("something to wear") 2. Yes, no cue required
Enter Code <input type="checkbox"/>	B. Able to recall "blue" 0. No – could not recall 1. Yes, after cueing ("a color") 2. Yes, no cue required
Enter Code <input type="checkbox"/>	C. Able to recall "bed" 0. No – could not recall 1. Yes, after cueing ("a piece of furniture") 2. Yes, no cue required
C0500. BIMS Summary Score	
Enter Score <input type="text"/>	Add scores for questions C0200-C0400 and fill in total score (00-15) Enter 99 if the patient was unable to complete the interview

The BIMS is composed of four sections:

- C0200. Repetition of Three Words.
- C0300. Temporal Orientation.
- C0400. Recall.
- C0500. BIMS Summary Score.

BIMS (C0200–C0500): Item Intent



The **intent** of the BIMS is to determine the patient's attention, orientation, and ability to register and recall information.

BIMS (C0200–C0500): Item Rationale

- Direct or performance-based testing of cognitive function decreases the chance of incorrect labeling of cognitive ability and improves detection of delirium.
- Cognitively intact patients may appear to be cognitively impaired because of a language barrier, hearing impairment, or lack of social interaction.
- Some patients may appear to be more cognitively intact than they actually are.
- If cognitive impairment is incorrectly diagnosed or missed, appropriate communication, worthwhile activities, and therapies may not be offered.



BIMS (C0200–C0500): Basic Interview Instructions

- Interview any patient not screened out by item C0100. *Should Brief Interview for Mental Status be Conducted?*
- Conduct the interview in a private setting, if possible.
- Be sure the patient can hear you.
 - Patients with a hearing impairment should be tested using their usual communication devices/techniques, as applicable.
 - Try an external assistive device (headphones or hearing amplifier) if you have any doubt about hearing ability.
 - Minimize background noise.

BIMS (C0200–C0500): Basic Interview Instructions (cont. 1)

- Sit so that the patient can see your face.
 - Minimize glare by directing light sources away from the patient's face.
- Give an introduction before starting the interview.

Suggested Language

"I would like to ask you some questions. We ask everyone these same questions. This will help us provide you with better care. Some of the questions may seem very easy, while others may be more difficult."

BIMS (C0200–C0500): Basic Interview Instructions (cont. 2)

- If the patient expresses concern that you are testing their memory, reply: *“We ask these questions of everyone so we can make sure that our care will meet your needs.”*
- Directly ask the patient each item in C0200 through C0400 in one sitting and in the order provided.
- If the patient chooses not to answer a particular item, accept their refusal and move on to the next question.
 - For C0200–C0400C, code refusals as incorrect/no answer or could not recall.

NOTE: The BIMS may be administered in writing.

For instructions on administering the BIMS in writing, please refer to Section C in the OASIS-E for more information.

BIMS (C0200–C0500): General Coding Instructions

- **If Start of Care (SOC)/Resumption of Care (ROC) Assessment:** Complete as close to the time of SOC/ROC as possible.
- **If Discharge Assessment:** Complete as close to the time of discharge as possible.

Specific coding instructions for each individual item within the BIMS will be reviewed later in the presentation.

BIMS (C0200–C0500): General Definitions

Nonsensical Response



- Any response that is unrelated, incomprehensible, or incoherent; it is not informative with respect to the item being rated.

Complete Interview



- The BIMS interview is considered complete if the patient attempted and provided relevant answers to at least four of the questions included in C0200–C0400C.
- Relevant answers do not have to be correct but do need to be related to the question.

BIMS (C0200–C0500): Coding Tip



- Nonsensical responses, incorrect answers, and questions the patient chooses not to answer should be coded as zero.
 - The assessing clinician should track the reason for coding answers as zero because this information will be used later for the coding of the summary score in C0500.

BIMS (C0200–C0500): Stopping the BIMS Before It Is Complete

Stop the interview after completing (C0300C) “Day of the Week” if:

- All responses have been nonsensical (i.e., any response that is unrelated, incomprehensible, or incoherent; not informative with respect to the item being rated),

OR

- There has been no verbal or written response to any of the questions up to this point,

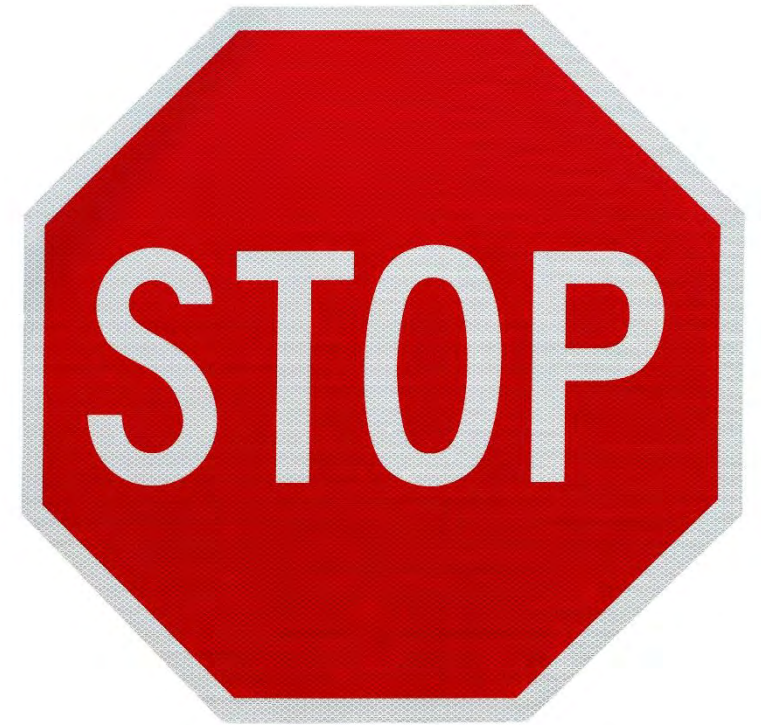
OR

- There has been no verbal or written response to some questions up to this point and for all others, the patient has given a nonsensical response.

BIMS (C0200–C0500): Coding the Incomplete BIMS Interview

If the interview is stopped:

- Code “–” (dash) in C0400A, C0400B, and C0400C.
- Code “99” in the summary score in C0500.
BIMS Summary Score.



BIMS (C0200–C0500): Incorrect Answers, Refusals, and Nonsensical Responses

- Code 0 is used to represent three types of responses:
 - Incorrect answers (unless the item itself provides an alternative response code).
 - Nonsensical responses.
 - Questions the patient chooses not to answer (or “refusals”).

CODING TIPS

If all responses to C0200, C0300A, C0300B, and C0300C are “0” because answers are incorrect, continue the interview.

BIMS (C0200–C0500): Example of an Incorrect Answer

Assessing clinician asks the patient to state the year. The patient replies that it is “1935.” This answer is incorrect but related to the question.

- **Coding:** The answer is coded **0. Incorrect**, but would NOT be considered a nonsensical response.
- **Rationale:** The answer is wrong, but it is logical and relates to the question.

BIMS (C0200–C0500): Example of a Refusal

Assessing clinician asks the patient to state the year. The patient says, “*Oh, what difference does the year make when you’re as old as I am?*” The clinician asks the patient to try to name the year and the patient shrugs.

- **Coding:** The answer is coded **0. Incorrect**, but would NOT be considered a nonsensical response.
- **Rationale:** The answer is wrong because a refusal is considered a wrong answer, but the patient’s comment is logical and clearly relates to the question.

BIMS (C0200–C0500): Example of a Nonsensical Response

Assessing clinician asks the patient to name the day of the week. The patient answers, “*Blue; that’s my favorite color.*” The clinician asks the patient the question again to confirm that the patient is not hearing the question incorrectly, and the patient answers with the same response.

- **Coding:** The answer is coded **0. Incorrect**; the response is illogical and nonsensical.
- **Rationale:** The answer is wrong, and the patient’s comment clearly does not relate to the question; it is nonsensical.

C0200

Repetition of Three Words

C0200: Repetition of Three Words: Item Rationale



Brief Interview for Mental Status (BIMS)	
C0200. Repetition of Three Words	
Enter Code	Ask patient: <i>"I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue, and bed. Now tell me the three words."</i>
<input type="checkbox"/>	Number of words repeated after first attempt
	0. None
	1. One
	2. Two
	3. Three
	After the patient's first attempt, repeat the words using cues (<i>"sock, something to wear; blue, a color; bed, a piece of furniture"</i>). You may repeat the words up to two more times.

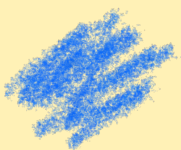
- The inability to repeat three words on the first attempt may indicate:
 - A memory impairment.
 - A hearing impairment.
 - A language barrier.
 - Inattention that may be a sign of delirium or another health issue.

C0200: Definition of Category Cue

Category Cue



- A phrase that puts a word in context to help with learning and to serve as a hint that helps prompt the patient.
- The category cue for sock is “something to wear.” The category cue for blue is “a color.” For bed, the category cue is “a piece of furniture.”



C0200: Response-Specific Instructions

- Say to the patient:

“I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue, and bed.”

- Assessing clinicians need to use the words and related category cues as indicated.

- Immediately after presenting the three words, say to the patient:

“Now please tell me the three words.”

If the interview is being conducted with an interpreter present, the interpreter should use the equivalent words and similar, relevant prompts for category cues.

C0200: Response-Specific Instructions (cont. 1)

- After the patient's first attempt to repeat the items:
 - If the patient correctly stated all three words, say:

“That’s right. The words are sock, something to wear; blue, a color; and bed, a piece of furniture” (stating the category cues).

- Category cues serve as a hint that helps prompt patients’ recall ability.
 - Putting words in context stimulates learning and fosters memory of the words that patients will be asked to recall in item C0400, even among patients able to repeat the words immediately.

C0200: Response-Specific Instructions (cont. 2)

- After the patient's first attempt to repeat the items:
 - If the patient recalled two or fewer words, code C0200. Repetition of Three Words according to the recall on this first attempt.



- Next, say to the patient,

“Let me say the three words again. They are sock, something to wear; blue, a color; and bed, a piece of furniture. Now tell me the three words.”

- If the patient still does not recall all three words correctly, you may repeat the words and category cues one more time.
- Do not code the number of repeated words on the second or third attempt.

C0200: Response-Specific Instructions (cont. 3)

- If the patient does not repeat all three words **after three attempts**, re-assess their ability to hear.
 - If the patient can hear, move on to the next question.
 - If they are unable to hear, attempt to maximize hearing (alter environment, use hearing amplifier) before proceeding.



C0200: Coding Instructions

Record the maximum number of words that the patient correctly repeated on the **first** attempt. This will be any number between 0 and 3.

- **Code 0, None**, if the patient did not repeat any of the 3 words on the first attempt.
- **Code 1, One**, if the patient repeated only 1 of the 3 words on the first attempt.
- **Code 2, Two**, if the patient repeated only 2 of the 3 words on the first attempt.
- **Code 3, Three**, if the patient repeated all 3 words on the first attempt.
- **Dash** is a valid response for this item and indicates “no information.”
 - CMS expects dash use to be a rare occurrence.

C0200: Coding Tips



- The words may be recalled in any order and in any context.
 - For example, if the words are repeated back in a sentence, they would be counted as repeating the words.
- Do not score the number of repeated words on the second or third attempt.
 - These attempts help with learning the item, but only the number correct on the first attempt go into the total score.
 - Do not record the number of attempts that the patient needed to complete.

C0300

Temporal Orientation

(Orientation to Year, Month, and Day)

C0300: Temporal Orientation



The assessment instrument for item C0300 is composed of three items:

- C0300A. Able to report correct year.
- C0300B. Able to report correct month.
- C0300C. Able to report correct day of the week.

C0300. Temporal Orientation (Orientation to year, month, and day)	
Enter Code <input type="text"/>	Ask patient: <i>"Please tell me what year it is right now."</i> A. Able to report correct year 0. Missed by > 5 years or no answer 1. Missed by 2-5 years 2. Missed by 1 year 3. Correct
Enter Code <input type="text"/>	Ask patient: <i>"What month are we in right now?"</i> B. Able to report correct month 0. Missed by > 1 month or no answer 1. Missed by 6 days to 1 month 2. Accurate within 5 days
Enter Code <input type="text"/>	Ask patient: <i>"What day of the week is today?"</i> C. Able to report correct day of the week 0. Incorrect or no answer 1. Correct

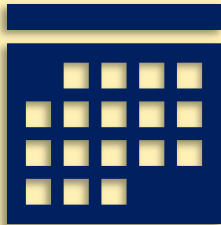
C0300: Temporal Orientation: Item Rationale

- Item Rationale:
 - A lack of temporal orientation may lead to decreased communication or participation in activities.
 - Not being oriented may be frustrating or frightening.



C0300: Definition of Temporal Orientation

Temporal Orientation



- In general, the ability to place oneself in correct time.
- For the BIMS, it is the ability to indicate the correct date in current surroundings.

C0300: Response-Specific Instructions

In addition, use the Basic BIMS Interview Instructions, discussed earlier in this presentation and located in your guidance manual.

- Ask the patient each of the 3 questions in item C0300 separately.
- Allow the patient up to 30 seconds for each answer and do not provide clues.
- If the patient specifically asks for clues (e.g., *“Is this the day my daughter always visits?”*) respond by saying, *“I need to know if you can answer this question without any help from me.”*

C0300A. Able to Report Correct Year: Coding Instructions

Ask the patient:
*"Please tell me
what year is it right
now."*

- **Code 0, Missed by >5 years or no answer**, if the patient's answer is incorrect and is greater than 5 years from the current year, or the patient chooses not to answer the item, or the answer is nonsensical.
- **Code 1, Missed by 2–5 years**, if the patient's answer is incorrect and is within 2 to 5 years from the current year.
- **Code 2, Missed by 1 year**, if the patient's answer is incorrect and is within one year from the current year.
- **Code 3, Correct**, if the patient states the correct year.
- **Dash** is a valid response for this item.

C0300B. Able to Report Correct Month: Coding Instructions

Ask the patient:
“What month are we in right now?”

- **Code 0, Missed by >1 month or no answer**, if the patient’s answer is incorrect by more than 1 month or if the patient chooses not to answer the item, or if the answer is nonsensical.
- **Code 1, Missed by 6 days to 1 month**, if the patient’s answer is accurate within 6 days to 1 month.
- **Code 2, Accurate within 5 days**, if the patient’s answer is accurate within 5 days, counting the current date as Day 1.
- **Dash** is a valid response for this item.



Remember

Count the current day as Day 1 when determining whether the response was accurate within 5 days or missed by 6 days to 1 month.

C0300C. Able to Report Correct Day of the Week: Coding Instructions

Ask the patient:
*“What day of the
week is today?”*

- **Code 0, Incorrect, or no answer**, if the answer is incorrect or the patient chooses not to answer the item, or if the answer is nonsensical.
- **Code 1, Correct**, if the answer is correct.
- **Dash** is a valid response for this item.

C0400

Recall

C0400. Recall



C0400. Recall is composed of three sections:

- C0400A. Able to recall “sock.”
- C0400B. Able to recall “blue.”
- C0400C. Able to recall “bed.”

C0400. Recall	
Enter Code <input type="checkbox"/>	Ask patient: <i>"Let's go back to an earlier question. What were those three words that I asked you to repeat?"</i> If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word. A. Able to recall “sock” 0. No – could not recall 1. Yes, after cueing ("something to wear") 2. Yes, no cue required
Enter Code <input type="checkbox"/>	B. Able to recall “blue” 0. No – could not recall 1. Yes, after cueing ("a color") 2. Yes, no cue required
Enter Code <input type="checkbox"/>	C. Able to recall “bed” 0. No – could not recall 1. Yes, after cueing ("a piece of furniture") 2. Yes, no cue required

C0400: Item Rationale



- Many persons with cognitive impairment can be helped to recall if provided cues.
- Providing memory cues can help maximize patient cognitive function and decrease frustration for those patients who respond.

C0400: Response-Specific Instructions

- Ask the patient the following:

“Let’s go back to an earlier question. What were those three words that I asked you to repeat?”

- Allow up to 5 seconds for spontaneous recall of each word.
- For any word that is not correctly recalled after 5 seconds, provide the category cue used in C0200. Repetition of Three Words.
 - Category cues should be used only after the patient is unable to recall one or more of the three words.
- Allow up to 5 seconds after category cueing for each missed word to be recalled.

In addition, use the Basic BIMS Interview Instructions, discussed earlier in this presentation and located in your guidance manual.

C0400: Coding Instructions

For each of the three words the patient is asked to remember:

- **Code 0, No – could not recall**, if the patient cannot recall the word even after being given the category cue or if the patient responds with a nonsensical answer or chooses not to answer the item.
- **Code 1, Yes, after cueing**, if the patient requires the category cue to remember the word.
- **Code 2, Yes, no cue required**, if the patient correctly remembers the word spontaneously without cueing.
- **Dash** is a valid response for this item.

C0400: Coding Tips



- If on the first try (without cueing), the patient names multiple items in a category, one of which is correct, they should be coded as correct for that item.
- If, however, the assessing clinician gives the patient the cue and the patient then names multiple items in that category, the item is coded as could not recall, even if the correct item was in the list.

C0500

BIMS Summary Score

C0500: BIMS Summary Score and Rationale



C0500. BIMS Summary Score	
Enter Score <input type="text"/> <input type="text"/>	Add scores for questions C0200-C0400 and fill in total score (00-15) Enter 99 if the patient was unable to complete the interview

- The total score:
 - Decreases the chance of incorrect labeling of cognitive ability and improves detection of delirium.
 - Provides staff with a more reliable estimate of patient function and allows staff interactions with patients that are based on more accurate impressions about patient ability.

C0500: Item Rationale

- The BIMS total score is highly correlated with Mini-Mental State Exam (MMSE*) scores.
- Scores from a carefully conducted BIMS assessment where patients can hear all questions and the patient is not delirious suggest the following distributions:
 - 13–15: Cognitively intact.
 - 8–12: Moderately impaired.
 - 0–7: Severe impairment.

*(MMSE; Folstein, Folstein, & McHugh, 1975)

C0500: Response-Specific Instructions



After completing C0200–C0400:

- Add up the values for all questions from C0200 through C0400.

C0500: Coding Instructions

- Enter the total score as a two-digit number on your assessment instrument. The total possible BIMS score ranges from 00 to 15.
 - If the patient chooses not to answer a specific question(s), that question is coded as incorrect, and the item(s) counts in the total score.
 - If, however, the patient chooses not to answer four or more items, then the interview is coded as incomplete.
- To be considered a completed interview, the patient had to attempt and provide relevant answers to at least four of the questions included in C0200–C0400C.
- To be relevant, a response only has to be related to the question (logical); it does not have to be correct.

C0500: Coding Instructions (cont.)

- **Code 99. Unable to complete interview, if:**
 - The patient chooses not to participate in the BIMS.
 - Four or more items were coded “0” because the patient chose not to answer or gave a nonsensical response.
 - Any of the BIMS items is coded with a “–” (dash).
- **Note:** A zero score does not mean the BIMS was incomplete. To be incomplete, a patient had to choose not to answer or give completely unrelated, nonsensical responses to four or more items.



C0500: Coding Tips



- Occasionally, a patient can communicate but chooses not to participate in the BIMS and therefore does not attempt any of the items in the section.
 - This would be considered an incomplete interview
 - Enter code 99 for C0500, BIMS Summary Score.

C1310

Signs and Symptoms of Delirium (from CAM[©])

C1310: Signs and Symptoms of Delirium (from CAM[©])



- C1310. Signs and Symptoms of Delirium (from CAM[©]) consists of four elements:
 - A. Acute onset mental status changes.
 - B. Inattention.
 - C. Disorganized Thinking.
 - D. Altered level of consciousness.

C1310. Signs and Symptoms of Delirium (from CAM [©])	
Code after completing Brief Interview for Mental Status and reviewing medical record.	
A. Acute Onset of Mental Status Change	
Enter Code <input type="checkbox"/>	Is there evidence of an acute change in mental status from the patient's baseline? 0. No 1. Yes
Coding: 0. Behavior not present 1. Behavior continuously present, does not fluctuate 2. Behavior present, fluctuates (comes and goes, changes in severity)	↓ Enter Codes in Boxes
	<input type="checkbox"/> B. Inattention – Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?
	<input type="checkbox"/> C. Disorganized thinking – Was the patient's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?
	<input type="checkbox"/> D. Altered level of consciousness – Did the patient have altered level of consciousness, as indicated by any of the following criteria? <ul style="list-style-type: none">▪ vigilant – startled easily to any sound or touch▪ lethargic – repeatedly dozed off when being asked questions, but responded to voice or touch▪ stuporous – very difficult to arouse and keep aroused for the interview▪ comatose – could not be aroused

Adapted from: Inouye SK, et al. Ann Intern Med. 1990; 113: 941-948. Confusion Assessment Method. Copyright 2003, Hospital Elder Life Program, LLC. Not to be reproduced without permission.

C1310: Item Intent



The **intent** of this item is to identify any signs or symptoms of acute mental status changes as compared to the patient's baseline status.

C1310: Definition of Delirium

Delirium



A mental disturbance characterized by new or acutely worsening confusion, disordered expression of thoughts, change in level of consciousness, or hallucinations.

C1310: Item Rationale

- Delirium is associated with:
 - Increased mortality.
 - Functional decline.
 - Development or worsening of incontinence.
 - Behavior problems.
 - Withdrawal from activities.
 - Rehospitalizations and increased length of home health stay.
- Delirium can be misdiagnosed as dementia.
- A recent deterioration in cognitive function may indicate delirium, which may be reversible if detected and treated in a timely fashion.

C1310: Definitions of Inattention and Fluctuation

Inattention



- Reduced ability to maintain attention to external stimuli and to appropriately shift attention to new external stimuli.
- Patient seems unaware or out of touch with environment (e.g., dazed, fixated or darting attention).

Fluctuation



- The behavior tends to come and go and/or increase or decrease in severity. The behavior may fluctuate over the course of the interview or during the assessment period.
- Fluctuating behavior may be noted by the assessing clinician, reported by staff or family, or documented in the medical record.

C1310: Response-Specific Instructions

*For a SOC/ROC assessment, complete as close to the time of SOC/ROC as possible.
For a discharge assessment, complete as close to the time of discharge as possible.*



- Observe patient behavior during the assessment for the signs and symptoms of delirium.
- Review medical record documentation and consult with other staff, family members/caregivers, and others in a position to determine the patient's baseline status compared to status on the day of assessment.
 - Consider all relevant information and use clinical judgment to determine if an acute change in mental status has occurred.

C1310A. Acute Onset Mental Status Change: Coding Instructions

A. Acute Onset of Mental Status Change	
Enter Code	Is there evidence of an acute change in mental status from the patient's baseline?
<input type="text"/>	0. No
	1. Yes

- **Code 0, No**, if there is no evidence of acute mental status change from the patient's baseline.
- **Code 1, Yes**, if patient has an alteration in mental status observed or reported or identified that represents an acute change from baseline.
- **Dash** is a valid response for this item.

Examples of Acute Mental Status Change

- Examples of acute mental status changes include:
 - A patient who is usually noisy or belligerent becomes quiet, lethargic, or inattentive.
 - A patient who is normally quiet and content suddenly becomes restless or noisy.
 - A patient who is usually able to find their way around their living environment begins to get lost.

C1310B. Inattention: Response-Specific Instructions



B. **Inattention** – Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?

- Assess attention separately from level of consciousness.
- An additional step to identify difficulty with attention is to ask the patient to count backwards from 20.

C1310B. Inattention: Coding Instructions

- **Code 0, Behavior not present**, if the patient remains focused during the assessment and all other sources agree that the patient was attentive during other activities.
- **Code 1, Behavior continuously present, does not fluctuate**, if the patient had difficulty focusing attention, was easily distracted, or had difficulty keeping track of what was said AND the inattention did not vary. All sources must agree that inattention was consistently present to select this code.
- **Code 2, Behavior present, fluctuates**, if inattention is noted during the assessment or any source reports that the patient had difficulty focusing attention, was easily distracted, or had difficulty keeping track of what was said AND the inattention varied or if information sources disagree in assessing level of attention.
- **Dash** is a valid response for this item.

C1310C. Disorganized Thinking: Definition



C. **Disorganized thinking** – Was the patient's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?

Disorganized Thinking



Evidenced by rambling, irrelevant, and/or incoherent speech.

C1310C. Disorganized Thinking: Coding Instructions

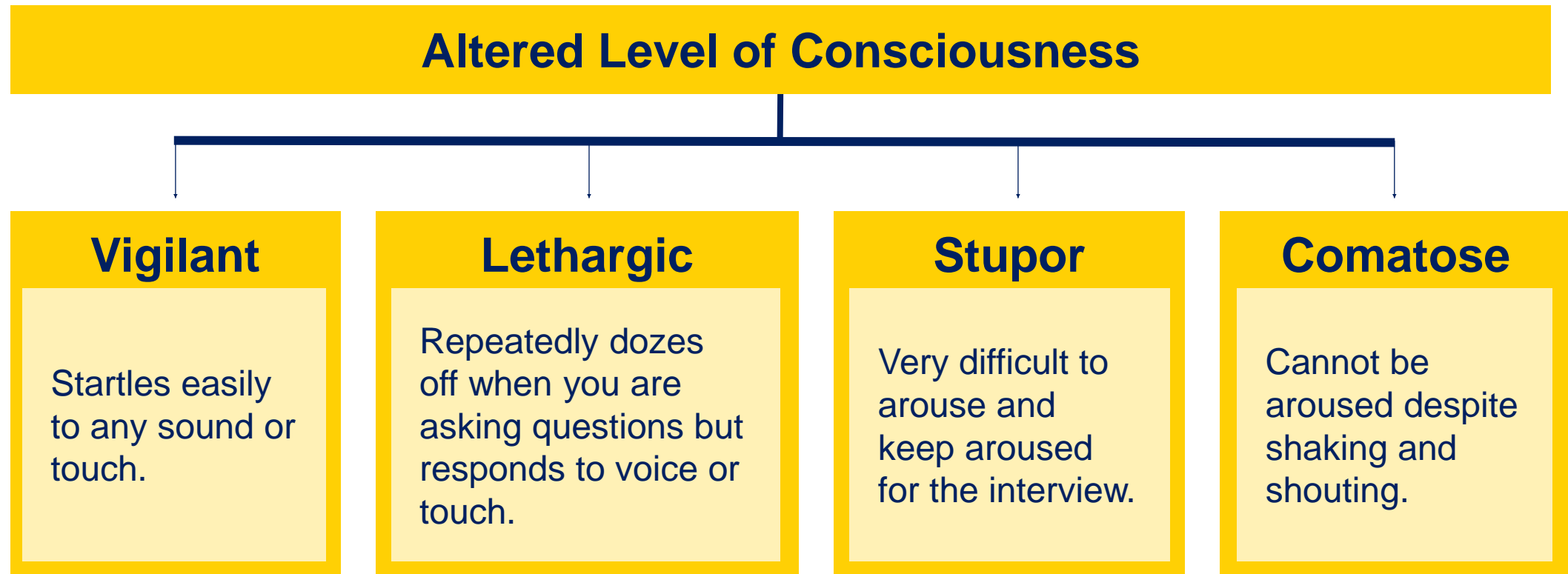
- **Code 0, Behavior not present**, if all sources agree that the patient's thinking was organized and coherent, even if answers were inaccurate or wrong.
- **Code 1, Behavior continuously present, does not fluctuate**, if, during the assessment and according to other sources, the patient's responses were consistently disorganized or incoherent, conversation was rambling or irrelevant, ideas were unclear or flowed illogically, or the patient unpredictably switched from subject to subject.
- **Code 2, Behavior present, fluctuates**, if, during the assessment or according to other data sources, the patient's responses fluctuated between disorganized/incoherent and organized/clear. Also code as fluctuating if information sources disagree.
- **Dash** is a valid response for this item.

C1310D. Altered Level of Consciousness



- D. **Altered level of consciousness** – Did the patient have altered level of consciousness, as indicated by any of the following criteria?
- **vigilant** – startled easily to any sound or touch
 - **lethargic** – repeatedly dozed off when being asked questions, but responded to voice or touch
 - **stuporous** – very difficult to arouse and keep aroused for the interview
 - **comatose** – could not be aroused

C1310D. Altered Level of Consciousness: Definitions



C1310D. Altered Level of Consciousness: Coding Instructions

- **Code 0, Behavior not present**, if all sources agree that the patient was alert and maintained wakefulness during conversation, interview(s), and activities.
- **Code 1, Behavior continuously present, does not fluctuate**, if, during the assessment and according to other sources, the patient was consistently lethargic, stuporous, vigilant, or comatose.
- **Code 2, Behavior present, fluctuates**, if, during the assessment or according to other sources, the patient's level of consciousness varied.
 - For example, the patient was at times alert and responsive, while at other times the patient was lethargic, stuporous, or vigilant. Code as fluctuating if information sources disagree.
- **Dash** is a valid response for this item.

C1310: CAM[®] Assessment Scoring Guide

CAM Assessment Scoring Methodology

The indication of delirium by the CAM requires the presence of:

Item A = 1 **OR** Item B, C, or D = 2

AND

Item B = 1 OR 2

AND EITHER

Item C = 1 OR 2 **OR** Item D = 1 OR 2

Item A = Acute Change in Mental Status.

Item B = Inattention.

Item C = Disorganized Thinking.

Item D = Altered Level of Consciousness.

CAM[®] Scoring Methodology – Condition 1

Indication of Delirium by the CAM[®]

The first condition
requires that at least one
of the following be true:

C1310A = 1

or

C1310B, C, or D = 2

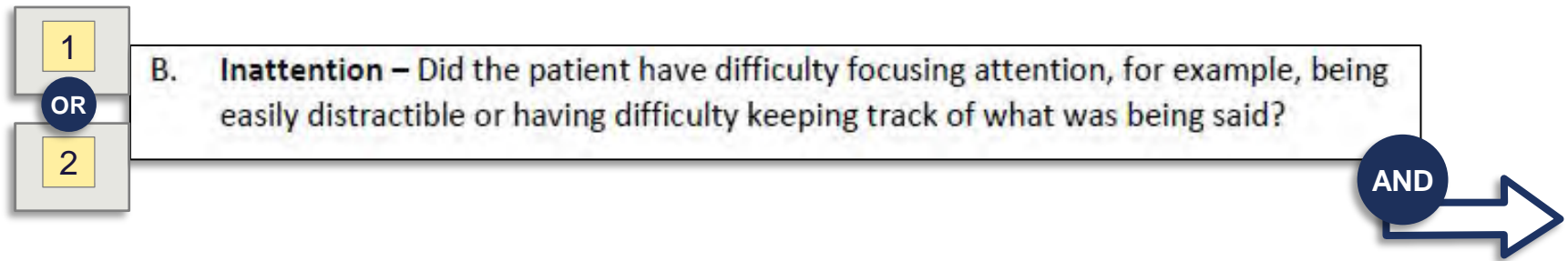
C1310. Signs and Symptoms of Delirium (from CAM [®])	
Code after completing Brief Interview for Mental Status and reviewing medical record.	
A. Acute Onset of Mental Status Change	
Enter Code	Is there evidence of an acute change in mental status from the patient's baseline?
1	0. No 1. Yes
↓ Enter Codes in Boxes	
Coding: 0. Behavior not present 1. Behavior continuously present, does not fluctuate 2. Behavior present, fluctuates (comes and goes, changes in severity)	OR 2 B. Inattention – Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?
	OR 2 C. Disorganized thinking – Was the patient's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?
	OR 2 D. Altered level of consciousness – Did the patient have altered level of consciousness, as indicated by any of the following criteria? ▪ vigilant – startled easily to any sound or touch ▪ lethargic – repeatedly dozed off when being asked questions, but responded to voice or touch ▪ stuporous – very difficult to arouse and keep aroused for the interview ▪ comatose – could not be aroused

AND

Adapted from: Inouye SK, et al. Ann Intern Med. 1990; 113: 941-948. Confusion Assessment Method. Copyright 2003, Hospital Elder Life Program, LLC. Not to be reproduced without permission.

CAM[®] Scoring Methodology – Condition 2

Assuming that the first condition is met, the second condition must also be met:
Item C1310B.
Inattention is coded as a 1 or 2.



CAM[®] Scoring Methodology – Condition 3

Finally, assuming that the first and second conditions are met, the third condition in order to indicate delirium is that:

Item C1310C. Disorganized Thinking is coded as a 1 or 2.

OR

Item C1310D. Altered Level of Consciousness is coded as a 1 or 2.

1

OR

2

C. **Disorganized thinking** – Was the patient's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?

OR

1

OR

2

D. **Altered level of consciousness** – Did the patient have altered level of consciousness, as indicated by any of the following criteria?

- **vigilant** – startled easily to any sound or touch
- **lethargic** – repeatedly dozed off when being asked questions, but responded to voice or touch
- **stuporous** – very difficult to arouse and keep aroused for the interview
- **comatose** – could not be aroused

Summary



New data elements identified for **Section C Cognitive Patterns** are the following:

- **C0100. Should Brief Interview for Mental Status (C0200–C0500) be Conducted?** identifies if the Brief Interview for Mental Status (BIMS), a structured cognitive interview, should occur.
- **C0200–C0500. Brief Interview for Mental Status (BIMS)** determines a patient's attention, orientation, and ability to register and recall new information.
- **C1310. Signs and Symptoms of Delirium** identifies if the patient has signs and symptoms of delirium.

Submitting Questions

- If you have questions about this presentation, please submit them to PACTraining@Econometricalnc.com by August 31, 2022.
- Select questions will be answered in a Q&A session during the September 2022 virtual live event.

