

SECTION B: HEARING, SPEECH, AND VISION

Intent: The intent of these items is to document the patient's ability to understand and communicate with others.

B0100: Comatose

B0100. Comatose	
Enter Code	Persistent vegetative state/no discernible consciousness
<input type="checkbox"/>	0. No → Continue to BB0700. Expression of Ideas and Wants
	1. Yes → Skip to GG0130. Self-Care

Item Rationale

- Patients who are in a coma or persistent vegetative state are at risk for the complications of immobility, including skin breakdown and joint contractures.

Steps for Assessment

- Review the medical record to determine whether a neurological diagnosis of comatose or persistent vegetative state has been documented by a physician, nurse practitioner, physician assistant, or clinical nurse specialist, as allowable under State licensure laws.

Coding Instructions

Complete only if A0250 = 01 Admission or A0250 = 10 Planned Discharge.

- Code 0, No, if a diagnosis of coma or persistent vegetative state is not present at the time of admission or discharge.
- Code 1, Yes, if the record indicates that a physician, physician assistant, nurse practitioner, or clinical nurse specialist has documented a diagnosis of coma or persistent vegetative state that is applicable at admission or discharge.

DEFINITIONS

COMATOSE (coma)

A pathological state in which neither arousal (wakefulness, alertness) nor awareness exists. The person is unresponsive and cannot be aroused; he/she does not open his/her eyes, does not speak, and does not move his/her extremities on command or in response to noxious stimuli (e.g., pain).

PERSISTENT VEGETATIVE STATE

Sometimes patients who were comatose after an anoxic-ischemic injury (i.e., not enough oxygen to the brain) from a cardiac arrest, head trauma, or massive stroke, regain wakefulness but do not evidence any purposeful behavior or cognition. Their eyes are open, and they may grunt, yawn, pick with their fingers, and have random body movements. Neurological exam shows extensive damage to both cerebral hemispheres.

Coding Tips

- Only **code 1, Yes**, if a diagnosis of coma or persistent vegetative state is documented in the patient's medical record. Other terms such as "unresponsive" and "severe encephalopathy" should not be used to infer a diagnosis of "comatose."
- Determine the patient's status as close to the time of admission and discharge as possible to most accurately represent patients' admission and discharge status. CMS allows up to 3 calendar days to determine a patient's status.

Examples

- Mrs. F arrived at the LTCH comatose due to a traumatic brain injury. Mrs. F's medical record includes the diagnosis of persistent vegetative state.

Coding: B0100 would be coded 1, Yes.

Rationale: It was documented in the medical record that Mrs. F was in a persistent vegetative state since admission.

- Mr. R was admitted to the LTCH with his eyes open and making periodic random body movements. Mr. R's medical record includes the diagnosis of persistent vegetative state.

Coding: B0100 would be coded 1, Yes.

Rationale: It was documented in the medical record that Mr. R has the diagnosis of persistent vegetative state.

BB0700: Expression of Ideas and Wants

BB0700. Expression of Ideas and Wants (3-day assessment period)	
Enter Code <input type="checkbox"/>	Expression of Ideas and wants (consider both verbal and non-verbal expression and excluding language barriers) 4. Expresses complex messages without difficulty and with speech that is clear and easy to understand 3. Exhibits some difficulty with expressing needs and ideas (e.g., some words or finishing thoughts) or speech is not clear 2. Frequently exhibits difficulty with expressing needs and ideas 1. Rarely/Never expresses self or speech is very difficult to understand

Item Rationale

- Unaddressed communication problems can be inappropriately mistaken for confusion or cognitive impairment. Problems making oneself understood can be very frustrating for the patient and can contribute to social isolation and mood and behavior disorders. It may be more challenging to take care of and meet the needs of patients with unaddressed communication problems. Staff can assist patients in expressing their wants and needs, by not rushing the patient, breaking longer questions into parts and waiting for reply, using closed-ended questions (those needing a yes or no answer), and maintaining eye contact (if appropriate).
- If a patient has difficulty expressing his or her ideas or wants:
 - Identify the underlying cause or causes.
 - Identify the best methods to facilitate communication for that patient.

Steps for Assessment

1. Assess using the patient's preferred language.
2. Interact with the patient. Be sure he or she can hear you or has access to his or her preferred method for communication, such as writing material and a pencil. If appropriate, be sure he or she has access to his or her hearing aid or hearing appliance and glasses or other visual appliances. If appropriate offer alternative means of communication such as an electronic device (smart phone, tablet, laptop, etc.), writing, pointing, nodding, or using cue cards.
3. Observe his or her interactions with others in different locations and circumstances.
4. Consult with the direct care staff (over all shifts), if available, the patient's family, and speech-language pathologist.

Coding Instructions

Complete only if A0250 = 01 Admission or A0250 = 10 Planned Discharge.

- Code 4, Expresses without difficulty, if the patient expresses complex messages without difficulty and with speech that is clear and easy to understand.
- Code 3, Expresses with some difficulty, if the patient exhibits some difficulty with expressing needs and ideas (e.g., difficulty with some words or finishing thoughts) or speech is not clear.
- Code 2, Frequently exhibits difficulty with expression, if the patient frequently exhibits difficulty with expressing needs and ideas.
- Code 1, Rarely/Never expresses self, if the patient rarely/never expresses himself/herself, or if speech is very difficult to understand.

Coding Tips

- Complex messages would include discussion about medication administration, discharge planning, and caregiver issues.
- Consider both verbal and non-verbal expression, use of a hearing aid or other device, and exclude language barriers.
- Conduct the assessment in the patient's preferred language. The need for an interpreter is not an inability to make self understood.

Examples

1. Mr. D experienced a stroke and has been undergoing treatments due to medical complications. The nurse reviews his medications with him in anticipation of his upcoming discharge. Mr. D asks appropriate questions, including how long he will remain on his blood thinner medication and describes for the nurse the number of pills he needs to take each day and names of the medications. Mr. D's speech is clear and the nurse has no difficulty understanding him.

Coding: BB0700 would be coded 4. Expresses complex messages without difficulty and with speech that is clear and easy to understand.

Rationale: Mr. D engaged in a conversation about a complex topic, a review of his medications. Mr. D's speech is clear and he asked appropriate questions.

2. Ms. T underwent surgery for a glioblastoma and is now admitted to the LTCH for further treatments. When she needs to go to the bathroom, she uses the call light. When the certified nursing assistant arrives, Ms. T points to the bathroom and with garbled speech says, “Go.” The certified nursing assistant reports to the nurse that she often has difficulty understanding Ms. T.

Coding: BB0700 would be coded 2. Frequently exhibits difficulty with expressing needs and ideas.

Rationale: Ms. T gets her point across regarding the need to go to the bathroom, but staff often have difficulty understanding Ms. T.

3. Mr. P has had a history of traumatic brain injury and is currently undergoing treatment for sepsis. When conversing with the nurse, Mr. P has difficulty sometimes finding a word and, after struggling to identify the word, will eventually compensate by using other descriptive words. For example, Mr. P recently described coffee as “that black, hot stuff that I drink in the morning.”

Coding: BB0700 would be coded 3. Exhibits some difficulty with expressing needs and ideas (e.g., some words or finishing thoughts) or speech is not clear.

Rationale: Mr. P has some difficulty expressing needs and ideas. Specifically, he experiences word-finding problems.

4. Mr. B had a stroke several weeks ago and has a diagnosis of expressive aphasia. The certified nursing assistant asks Mr. B if he needs help with bathing. He looks at the certified nursing assistant and smiles, but does not respond verbally. The certified nursing assistant reports to the nurse that she has not been able to determine Mr. B’s preferences and needs with any of his activities of daily living since he was admitted the day before. The nurse interacts with Mr. B and determines he rarely expresses himself. The nurse plans to collaborate with the speech language pathologist, other care team members, and Mr. B to increase Mr. B’s ability to express himself.

Coding: BB0700 would be coded 1, Rarely/Never expresses self or speech is very difficult to understand.

Rationale: Due to Mr. B’s expressive aphasia, he is unable to verbally express his needs.

BB0800: Understanding Verbal Content

BB0800. Understanding Verbal Content (3-day assessment period)	
Enter Code	Understanding Verbal Content (with hearing aid or device, if used and excluding language barriers) 4. Understands: Clear comprehension without cues or repetitions 3. Usually Understands: Understands most conversations, but misses some part/intent of message. Requires cues at times to understand 2. Sometimes Understands: Understands only basic conversations or simple, direct phrases. Frequently requires cues to understand 1. Rarely/Never Understands

Item Rationale

- Inability to understand direct person-to-person communication
 - Can severely limit association with other people.

- Can inhibit the individual's ability to follow instructions that can affect health and safety.

Steps for Assessment

1. Assess using the patient's preferred language.
2. Interact with the patient. Be sure he or she can hear you or has access to his or her preferred method for communication. In addition, if appropriate, be sure he or she has access to his or her hearing aid or hearing appliance and glasses or other visual appliances. If the patient seems unable to communicate, offer alternatives such as using an electronic device, writing, pointing, nodding, or using cue cards. Observe his or her interactions with others in different settings and circumstances.
3. Consult with the direct care staff (over all shifts), if available, the patient's family, and speech-language pathologist.

Coding Instructions

Complete only if A0250 = 01 Admission or A0250 = 10 Planned Discharge.

- Code 4, Understands, if the patient has clear comprehension without cues or repetitions.
- Code 3, Usually Understands, if the patient understands most conversations, but misses some part/intent of message or requires cues at times to understand.
- Code 2, Sometimes Understands, if the patient understands only basic conversations or simple, direct phrases or if the patient frequently requires cues to understand.
- Code 1, Rarely/Never Understands, if the patient rarely/never understands conversations.

Coding Tips

- The ability to understand others includes comprehension of direct person-to-person communication and the ability to understand and process language. Deficits can include decline in hearing and comprehension. Do not include comprehension problems due to lack of an interpreter.
- Comprehension includes direct person-to-person communication whether spoken, written, or in sign language or Braille. Includes the patient's ability to process and understand language.
- Deficits in one's ability to understand (receptive communication deficits) can involve declines in hearing, comprehension (spoken or written) or recognition of facial expressions.
- If appropriate, ensure the patient has access to hearing or visual devices and make sure any devices are operational.

Examples

1. Mrs. G had a stroke. In preparing for her discharge, the nurse asks Mrs. G if she has someone at home to help with her activities of daily living. Mrs. G responds that her husband can help her on a daily basis, and that her daughter lives nearby and she can help in the evenings and weekends. Mrs. G also provides accurate responses when asked about side effects of her medications.

Coding: BB0800 would be coded 4, Understands: Clear comprehension without cues or repetition.

Rationale: Mrs. G understands complex conversation without cues or repetition.

2. Mr. K has been participating in physical therapy to improve his bed mobility skills. The physical therapist reports that Mr. K occasionally requires repetition of simple instructions during therapy. The nurse also reports that she had to repeat information once yesterday to reinforce her verbal communication with Mr. K.

Coding: BB0800 would be coded 3, Usually Understands: Understands most conversations, but misses some part/intent of message. Requires cues at times to understand.

Rationale: Mr. K requires cues at times to understand instructions from the physical therapist and nurse.

3. Ms. H recently had a cancerous brain tumor removed, and it affected her ability to comprehend others. The certified nursing assistant asks Ms. H if she is ready to bathe. Ms. H nods and reaches for the wash cloth. When the certified nursing assistant tells Ms. H to be careful not to get her head bandages wet, Ms. H continues to bring the wash cloth toward her head, and she looks puzzled and asks why. The certified nursing assistant explains to Ms. H that she had surgery but Ms. H doesn't understand until the certified nursing assistant shows her a reflection of her head in the mirror. The nurse notes that cues or repetition are frequently required for Ms. H to understand.

Coding: BB0800 would be coded 2, Sometimes Understands: Understands only basic conversations or simple, direct phrases. Frequently requires cues to understand.

Rationale: Ms. H understands only basic conversation and needs repetition or cues to understand.

4. Mr. M had a stroke several weeks ago and was diagnosed with receptive aphasia. The certified nursing assistant asks Mr. M if he needs help with his meal. Mr. M does not respond. The certified nursing assistant demonstrates eating, motioning a fork to Mr. M's mouth, but he still does not respond. The certified nursing assistant has checked with the nurse if Mr. M has a hearing impairment and is told that he does not have hearing impairment. The nurse notes that Mr. M rarely understands what she is saying or demonstrating whenever she communicates with him.

Coding: BB0800 would be coded 1, Rarely/Never Understands

Rationale: Mr. M does not appear to understand basic or simple conversations or interactions.