

OASIS-C to Revised Draft OASIS-C1 – Items, Timepoints & Uses Crosswalk

OASIS-C								OASIS-C1								Item Uses *
Items		Time Points						Items		Time Points						
Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	
M0010	CMS Certification Number	S						M0010	CMS Certification Number	S						A
M0014	Branch State	S						M0014	Branch State	S						A
M0016	Branch ID Number	S						M0016	Branch ID Number	S						A
M0018	National Provider Identifier (NPI) physician who signed plan of care	S						M0018	National Provider Identifier (NPI) physician who signed plan of care	S						A
M0020	Patient ID Number	S						M0020	Patient ID Number	S						A
M0030	Start of Care Date	S						M0030	Start of Care Date	S						C,Q
M0032	Resumption of Care Date		R					M0032	Resumption of Care Date		R					Q
M0040	Patient Name	S						M0040	Patient Name	S						A
M0050	Patient State of Residence	S						M0050	Patient State of Residence	S						A
M0060	Patient Zip Code	S						M0060	Patient Zip Code	S						A
M0063	Medicare Number	S						M0063	Medicare Number	S						A
M0064	Social Security Number	S						M0064	Social Security Number	S						A
M0065	Medicaid Number	S						M0065	Medicaid Number	S						A
M0066	Birth Date	S						M0066	Birth Date	S						Q
M0069	Gender	S						M0069	Gender	S						PRA
M0080	Discipline of Person Completing Assessment	S	R	F	T	D	H	M0080	Discipline of Person Completing Assessment	S	R	F	T	D	H	A
M0090	Date Assessment Completed	S	R	F	T	D	H	M0090	Date Assessment Completed	S	R	F	T	D	H	C,Q

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Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	
M0100	This Assessment is Currently Being Completed for the Following Reason	S	R	F	T	D	H	M0100	This Assessment is Currently Being Completed for the Following Reason:	S	R	F	T	D	H	C,Q
M0102	Date of Physician-ordered Start of Care (Resumption of Care): If the physician indicated a specific start of care (resumption of care) date when the patient was referred for home health services, record the date specified. ____/____/____ month / day / year (Go to M0110, if date entered) <input type="checkbox"/> NA –No specific SOC date ordered by physician	S	R					M0102	Date of Physician-ordered Start of Care (Resumption of Care): If the physician indicated a specific start of care (resumption of care) date when the patient was referred for home health services, record the date specified. ____/____/____ month / day / year (Go to M0110, if date entered) <input type="checkbox"/> NA –No specific SOC date ordered by physician	S	R					Q
M0104	Date of Referral: Indicate the date that the written or verbal referral for initiation or resumption of care was received by the HHA. ____/____/____ month / day / year	S	R					M0104	Date of Referral: Indicate the date that the written or verbal referral for initiation or resumption of care was received by the HHA. ____/____/____ month / day / year	S	R					Q
M0110	Episode Timing (Early/Later)	S	R	F				M0110	Episode Timing (Early/Later)	S	R	F				C, \$, PRA
M0140	Race/Ethnicity	S						M0140	Race/Ethnicity: (Mark all that apply.)	S						A

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Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	
M0150	Current Payment Sources	S						M0150	Current Payment Sources: (Mark all that apply.)	S						A
M0903	Date of Last (Most Recent) Home Visit				T	D	H	M0903	Date of Last (Most Recent) Home Visit				T	D	H	A
M0906	Discharge/Transfer/ Death Date				T	D	H	M0906	Discharge/Transfer/ Death Date				T	D	H	Q
M1000	From which of the following Inpatient Facilities was the patient discharged <u>during the past 14 days?</u> (Mark all that apply.)	S	R					M1000	From which of the following Inpatient Facilities was the patient discharged within the past 14 days? (Mark all that apply.)	S	R					PRA
M1005	Inpatient Discharge Date (most recent)	S	R					M1005	Inpatient Discharge Date (most recent)	S	R					A
M1010	List each Inpatient Diagnosis and ICD-10-C M code at the level of highest specificity for only those conditions treated during an inpatient stay within the last 14 days	S	R					M1011	List each Inpatient Diagnosis and ICD-10-CM code at the level of highest specificity for only those conditions actively treated during an inpatient stay having a discharge date within the last 14 days (no V, W, X, Y, or Z codes or surgical codes)	S	R	F				PRA
M1012	List each Inpatient Procedure and the associated ICD-9-C M procedure code relevant to the plan of care.	S	R						DELETED							

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Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH		
M1016	Diagnoses Requiring Medical or Treatment Regimen Change Within Past 14 Days: List the patient's Medical Diagnoses and ICD-10-C M codes at the level of highest specificity for those conditions requiring changed medical or treatment regimen within the past 14 days (no surgical codes):	S	R					M1017	Diagnoses Requiring Medical or Treatment Regimen Change Within Past 14 Days: List the patient's Medical Diagnoses and ICD-10-C M codes at the level of highest specificity for those conditions requiring changed medical or treatment regimen within the past 14 days (no surgical codes):	S	R						PRA
M1018	Conditions Prior to Regimen Change or Inpatient Stay Within Past 14 Days	S	R					M1018	Conditions Prior to Regimen Change or Inpatient Stay Within Past 14 Days	S	R						PRA
M1020	Primary Diagnosis & Degree of Symptom Control	S	R	F				M1021	Primary Diagnosis & Degree of Symptom Control	S	R	F					\$, PRA
M1022	Other Diagnoses & Degree of Symptom Control	S	R	F				M1023	Other Diagnoses & Degree of Symptom Control	S	R	F					\$, PRA
M1024	Payment Diagnoses	S	R	F				M1025	Optional Diagnoses	S	R	F					\$, PRA
M1030	Therapies patient receives at home	S	R	F				M1030	Therapies patient receives at home	S	R	F					\$, PRA

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Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	
M1032	Risk for Hospitalization: Which of the following signs or symptoms characterize this patient as at risk for hospitalization? (Mark all that apply.)	S	R					M1033	Risk for Hospitalization: Which of the following signs or symptoms characterize this patient as at risk for hospitalization? (Mark all that apply.)	S	R					PRA
M1034	Patient's Overall Status	S	R					M1034	Patient's Overall Status	S	R					PRA
M1036	Risk Factors	S	R					M1036	Risk Factors	S	R					PRA
M1040	Influenza Vaccine: Did the patient receive the influenza vaccine from your agency for this year's influenza season (October 1 through March 31) during this episode of care?				T	D		M1041	Influenza Vaccine Data Collection Period: Does this episode of care (SOC/ROC to Transfer/Discharge) include any dates on or between October 1 and March 31?				T	D		Q
M1045	Reason Influenza Vaccine not received: If the patient did not receive the influenza vaccine from your agency during this episode of care, state reason:				T	D		M1046	Influenza Vaccine Received: did the patient receive the influenza vaccine for this year's flu season?				T	D		Q
M1050	Pneumococcal Vaccine: Did the patient receive pneumococcal polysaccharide vaccine (PPV) from your agency during this episode of care (SOC/ROC to Transfer/Discharge)?				T	D		M1051	Pneumococcal Vaccine: Has the patient ever received the pneumococcal vaccination (PPV)?				T	D		Q

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Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	
M1055	Reason PPV not received: If patient did not receive the pneumococcal polysaccharide vaccine (PPV) from your agency during this episode of care (SOC/ROC to Transfer/Discharge), state reason:				T	D		M1056	Reason PPV not received: If patient has never received the pneumococcal vaccination (PPV), state reason:				T	D		Q
M1100	Patient Living Situation Which of the following best describes the patient's residential circumstance and availability of assistance? (Check one box only.)	S	R					M1100	Patient Living Situation Which of the following best describes the patient's residential circumstance and availability of assistance? (Check one box only.)	S	R					Q, PRA
M1200	Vision (with corrective lenses if the patient usually wears them):	S	R	F				M1200	Vision (with corrective lenses if the patient usually wears them):	S	R	F				,\$ PRA
M1210	Ability to hear (with hearing aid or hearing appliance if normally used):	S	R					M1210	Ability to Hear (with hearing aid or hearing appliance if normally used):	S	R					PRA
M1220	Understanding of Verbal Content in patient's own language (with hearing aid or device if used):	S	R					M1220	Understanding of Verbal Content in patient's own language (with hearing aid or device if used):	S	R					PRA

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Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	
M1230	Speech and Oral (Verbal) Expression of Language (in patient's own language):	S	R			D		M1230	Speech and Oral (Verbal) Expression of Language (in patient's own language):	S	R			D		Q, PRA
M1240	Has this patient had a formal Pain Assessment using a standardized pain assessment tool (appropriate to the patient's ability to communicate the severity of pain)?	S	R					M1240	Has this patient had a formal Pain Assessment using a standardized, validated pain assessment tool (appropriate to the patient's ability to communicate the severity of pain)?	S	R					Q
M1242	Frequency of Pain Interfering with patient's activity or movement:	S	R	F		D		M1242	Frequency of Pain Interfering with patient's activity or movement:	S	R	F		D		Q, \$, PRA
M1300	Pressure Ulcer Assessment: Was this patient assessed for Risk of Developing Pressure Ulcers?	S	R					M1300	Pressure Ulcer Assessment: Was this patient assessed for Risk of Developing Pressure Ulcers?	S	R					Q
M1302	Does this patient have a Risk of Developing Pressure Ulcers	S	R					M1302	Does this patient have a Risk of Developing Pressure Ulcers	S	R					Q, PRA
M1306	Does this patient have at least one Unhealed Pressure Ulcer at Stage II or Higher or designated as "unstageable"?	S	R	F		D		M1306	Does this patient have at least one Unhealed Pressure Ulcer at Stage II or Higher or designated as "unstageable"? (Excludes Stage I pressure ulcers and healed Stage II pressure ulcers)	S	R	F		D		C,Q, PRA

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Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	
M1307	The Oldest Non-epithelialized Stage II Pressure Ulcer that is present at discharge					D		M1307	The Oldest Stage II Pressure Ulcer that is present at discharge: (Excludes healed Stage II Pressure Ulcers)					D		Q, PRA
M1308	Current Number Unhealed (non-epithelialized) Pressure Ulcers at Stages II-IV (or unstageable)	S	R	F		D		M1308	Current Number of Unhealed Pressure Ulcers at Each Stage or Unstageable: (Enter "0" if none; Excludes Stage I pressure ulcers and healed Stage II pressure ulcers)	S	R	F		D		Q, \$, PRA
								M1309	Worsening in Pressure Ulcer Status since SOC/ROC					D		PQ
M1310	Pressure Ulcer Length	S	R			D			DELETED							
M1312	Pressure Ulcer Width	S	R			D			DELETED							
M1314	Pressure Ulcer Depth	S	R			D			DELETED							
M1320	Status Most Problematic (Observable) Pressure Ulcer	S	R			D		M1320	Status of Most Problematic Pressure Ulcer that is Observable: (Excludes pressure ulcer that cannot be staged due to a non-removable dressing/device).	S	R			D		C, PRA

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Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	
M1322	Current Number of Stage I Pressure Ulcers: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue.	S	R	F		D		M1322	Current Number of Stage I Pressure Ulcers: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue.	S	R	F		D		\$, PRA
M1324	Stage Most Problematic (Observable) Pressure Ulcer	S	R	F		D		M1324	Stage of Most Problematic Unhealed Pressure Ulcer that is Stageable: (Excludes pressure ulcer that cannot be staged due to a non-removable dressing/device, coverage of wound bed by slough and/or eschar, or suspected deep tissue injury).	S	R	F		D		Q, \$, PRA
M1330	Does this patient have a Stasis Ulcer?	S	R	F		D		M1330	Does this patient have a Stasis Ulcer?	S	R	F		D		\$, PRA
M1332	Current Number (Observable) Stasis Ulcer(s)	S	R	F		D		M1332	Current Number of Stasis Ulcer(s) that are Observable	S	R	F		D		\$, PRA
M1334	Status Most Problematic (Observable) Stasis Ulcer	S	R	F		D		M1334	Status of Most Problematic Stasis Ulcer that is Observable	S	R	F		D		\$, PRA

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Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	
M1340	Does this patient have a Surgical Wound ?	S	R	F		D		M1340	Does this patient have a Surgical Wound ?	S	R	F		D		C, Q, PRA
M1342	Status Most Problematic (Observable) Surgical Wound	S	R	F		D		M1342	Status of Most Problematic Surgical Wound that is Observable	S	R	F		D		Q, \$ PRA
M1350	Does this patient have a Skin Lesion or Open Wound , excluding bowel ostomy, other than those described above <u>that is receiving intervention by the home health agency?</u>	S	R	F		D		M1350	Does this patient have a Skin Lesion or Open Wound , excluding bowel ostomy, other than those described above <u>that is receiving intervention by the home health agency?</u>	S	R	DELETED		DELETED		C, PRA
M1400	When is the patient dyspneic or noticeably Short of Breath ?	S	R	F		D		M1400	When is the patient dyspneic or noticeably Short of Breath ?	S	R	F		D		Q, \$, PRA
M1410	Respiratory Treatments utilized at home: (Mark all that apply.)	S	R			D		M1410	Respiratory Treatments utilized at home: (Mark all that apply.)	S	R			DELETED		PRA

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Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	
M1500	Symptoms in Heart Failure Patients: If patient has been diagnosed with heart failure, did the patient exhibit symptoms indicated by clinical heart failure guidelines (including dyspnea, orthopnea, edema, or weight gain) at any point since the previous OASIS assessment?				T	D		M1500	Symptoms in Heart Failure Patients: If patient has been diagnosed with heart failure, did the patient exhibit symptoms indicated by clinical heart failure guidelines (including dyspnea, orthopnea, edema, or weight gain) at the time of or at any time since the previous OASIS assessment?				T	D		Q
M1510	Heart Failure Follow-up: If patient has been diagnosed with heart failure and has exhibited symptoms indicative of heart failure since the previous OASIS assessment, what action(s) has (have) been taken to respond? (Mark all that apply.)				T	D		M1510	Heart Failure Follow-up: If patient has been diagnosed with heart failure and has exhibited symptoms indicative of heart failure at the time of or at any time since the previous OASIS assessment, what action(s) has (have) been taken to respond? (Mark all that apply.)				T	D		Q
M1600	Has this patient been treated for a Urinary Tract Infection in the past 14 days?	S	R			D		M1600	Has this patient been treated for a Urinary Tract Infection in the past 14 days?	S	R			D		Q, PRA
M1610	Urinary Incontinence or Urinary Catheter Presence	S	R	F		D		M1610	Urinary Incontinence or Urinary Catheter Presence	S	R	F		D		Q, \$, PRA

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Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	
M1615	When does Urinary Incontinence occur?	S	R			D		M1615	When does Urinary Incontinence occur?	S	R			D		Q, PRA
M1620	Bowel Incontinence Frequency	S	R	F		D		M1620	Bowel Incontinence Frequency	S	R	F		D		Q, \$, PRA
M1630	Ostomy for Bowel Elimination: Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay, or b) necessitated a change in medical or treatment regimen?	S	R	F				M1630	Ostomy for Bowel Elimination: Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay; or b) necessitated a change in medical or treatment regimen?	S	R	F				\$, PRA
M1700	Cognitive Functioning: Patient's current (day of assessment) level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.	S	R			D		M1700	Cognitive Functioning: Patient's current (day of assessment) level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.	S	R			D		Q, PRA
M1710	When Confused (Reported or Observed Within the Last 14 Days)	S	R			D		M1710	When Confused (Reported or Observed Within the Last 14 Days)	S	R			D		Q, PRA
M1720	When Anxious (Reported or Observed Within the Last 14 Days)	S	R			D		M1720	When Anxious (Reported or Observed Within the Last 14 Days)	S	R			D		Q, PRA

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Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	
M1730	Depression Screening: Has the patient been screened for depression, using a standardized depression screening tool?	S	R					M1730	Depression Screening: Has the patient been screened for depression, using a standardized, validated depression screening tool?	S	R					Q, PRA
M1740	Cognitive, behavioral, and psychiatric symptoms that are demonstrated at least once a week (Reported or Observed): (Mark all that apply.)	S	R			D		M1740	Cognitive, behavioral, and psychiatric symptoms that are demonstrated at least once a week (Reported or Observed): (Mark all that apply.)	S	R			D		Q, PRA
M1745	Frequency of Disruptive Behavior Symptoms (Reported or Observed) Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.	S	R			D		M1745	Frequency of Disruptive Behavior Symptoms (Reported or Observed) Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.	S	R			D		Q, PRA
M1750	Is this patient receiving Psychiatric Nursing Services at home provided by a qualified psychiatric nurse?	S	R					M1750	Is this patient receiving Psychiatric Nursing Services at home provided by a qualified psychiatric nurse?	S	R					PRA

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Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	
M1800	Grooming: Current ability to tend safely to personal hygiene needs (i.e. washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).	S	R			D		M1800	Grooming: Current ability to tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up, teeth or denture care, or fingernail care).	S	R			D		Q, PRA
M1810	Current Ability to Dress Upper Body safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps:	S	R	F		D		M1810	Current Ability to Dress Upper Body safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps:	S	R	F		D		Q, \$, PRA
M1820	Current Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:	S	R	F		D		M1820	Current Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:	S	R	F		D		Q, \$, PRA
M1830	Bathing: Current ability to wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair).	S	R	F		D		M1830	Bathing: Current ability to wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair).	S	R	F		D		Q, \$, PRA

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Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	
M1840	Toilet Transferring: Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.	S	R	F		D		M1840	Toilet Transferring: Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.	S	R	F		D		Q, \$, PRA
M1845	Toileting Hygiene: Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not managing equipment.	S	R			D		M1845	Toileting Hygiene: Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not managing equipment.	S	R			D		Q, PRA
M1850	Transferring: Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.	S	R	F		D		M1850	Transferring: Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.	S	R	F		D		Q, \$, PRA
M1860	Ambulation/Locomotion Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.	S	R	F		D		M1860	Ambulation/Locomotion: Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.	S	R	F		D		Q, \$, PRA

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Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	
M1870	Feeding or Eating: Current ability to feed self meals and snacks safely. Note: This refers only to the process of <u>eating</u> , <u>chewing</u> , and <u>swallowing</u> , <u>not preparing</u> the food to be eaten.	S	R			D		M1870	Feeding or Eating: Current ability to feed self meals and snacks safely. Note: This refers only to the process of <u>eating</u> , <u>chewing</u> , and <u>swallowing</u> , <u>not preparing</u> the food to be eaten.	S	R			D		Q, PRA
M1880	Current Ability to Plan and Prepare Light Meals (e.g., cereal, sandwich) or reheat delivered meals safely:	S	R			D		M1880	Current Ability to Plan and Prepare Light Meals (for example: cereal, sandwich) or reheat delivered meals safely:	S	R			D		Q, PRA
M1890	Ability to Use Telephone: Current ability to answer the phone safely, including dialing numbers, and <u>effectively</u> using the telephone to communicate.	S	R			D		M1890	Ability to Use Telephone: Current ability to answer the phone safely, including dialing numbers, and <u>effectively</u> using the telephone to communicate.	S	R			D		Q, PRA
M1900	Prior Functioning ADL/IADL: Indicate the patient's usual ability with everyday activities prior to this current illness, exacerbation, or injury. Check only <u>one</u> box in each row.	S	R					M1900	Prior Functioning ADL/IADL: Indicate the patient's usual ability with everyday activities prior to his /her most recent illness, exacerbation, or injury. Check only one box in each row.	S	R					PRA

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Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	
M1910	Has this patient had a multi-factor Fall Risk Assessment (such as falls history, use of multiple medications, mental impairment, toileting frequency, general mobility/transferring impairment, environmental hazards)?	S	R					M1910	Has this patient had a multi-factor Falls Risk Assessment using a standardized, validated assessment tool?	S	R					Q
M2000	Drug Regimen Review: Does a complete drug regimen review indicate potential clinically significant medication issues, e.g., drug reactions, ineffective drug therapy, side effects, drug interactions, duplicate therapy, omissions, dosage errors, or noncompliance?	S	R					M2000	Drug Regimen Review: Does a complete drug regimen review indicate potential clinically significant medication issues (for example: adverse drug reactions, ineffective drug therapy, significant side effects, drug interactions, duplicate therapy, omissions, dosage errors, or noncompliance [non-adherence])?	S	R					C
M2002	Medication Follow-up: Was a physician or the physician-designee contacted within one calendar day to resolve clinically significant medication issues, including reconciliation?	S	R					M2002	Medication Follow-up: Was a physician or the physician-designee contacted within one calendar day to resolve clinically significant medication issues, including reconciliation?	S	R					Q

OASIS-C								OASIS-C1								
Items		Time Points						Items		Time Points						Item Uses *
Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	
M2004	Medication Intervention: If there were any clinically significant medication issues since the previous OASIS assessment, was a physician or the physician-designee contacted within one calendar day of the assessment to resolve clinically significant medication issues, including reconciliation?				T	D		M2004	Medication Intervention: If there were any clinically significant medication issues at the time of, or at any time since the previous OASIS assessment, was a physician or the physician-designee contacted within one calendar day to resolve any identified clinically significant medication issues, including reconciliation?				T	D		Q
M2010	Patient/Caregiver High Risk Drug Education: Has the patient/caregiver received instruction on special precautions for all high-risk medications (such as hypoglycemics, anticoagulants, etc.) and how and when to report problems that may occur?	S	R					M2010	Patient/Caregiver High Risk Drug Education: Has the patient/caregiver received instruction on special precautions for all high-risk medications (such as hypoglycemics, anticoagulants, etc.) and how and when to report problems that may occur?	S	R					Q, PRA

OASIS-C								OASIS-C1								
Items		Time Points						Items		Time Points						Item Uses *
Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	
M2015	Patient/Caregiver Drug Education Intervention: Since the previous OASIS assessment, was the patient/caregiver instructed by agency staff or other health care provider to monitor the effectiveness of drug therapy, drug reactions, and side effects, and how and when to report problems that may occur?				T	D		M2015	Patient/Caregiver Drug Education Intervention: At the time of, or at any time since the previous OASIS assessment, was the patient/caregiver instructed by agency staff or other health care provider to monitor the effectiveness of drug therapy, adverse drug reactions, and significant side effects, and how and when to report problems that may occur?				T	D		Q
M2020	Management of Oral Medications: <u>Patient's current ability</u> to prepare and take <u>all</u> oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)	S	R			D		M2020	Management of Oral Medications: <u>Patient's current ability</u> to prepare and take <u>all</u> oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)	S	R			D		Q, PRA

OASIS-C								OASIS-C1									
Items		Time Points								Time Points						Item Uses *	
Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH		
M2030	Management of Injectable Medications: Patient's current ability to prepare and take <u>all</u> prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. Excludes IV medications.	S	R	F		D		M2030	Management of Injectable Medications: Patient's current ability to prepare and take <u>all</u> prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. Excludes IV medications.	S	R	F		D			\$. PRA
M2040	Prior Medication Management Ability: Indicate the patient's usual ability with managing oral and injectable medications prior to this current illness, exacerbation, or injury. Check only <u>one</u> box in each row.	S	R					M2040	Prior Medication Management: Indicate the patient's usual ability with managing oral and injectable medications prior to his/her most recent illness, exacerbation or injury. Check only <u>one</u> box in each row.	S	R						PRA
M2100	Types of Assistance Needed and Sources/Availability: Determine the level of caregiver ability and willingness to provide assistance for the following activities, if assistance is needed. (Check only <u>one</u> box in each row.)	S	R			D		M2102	Types and Sources of Assistance: Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to provide assistance for the following activities, if assistance is needed. Excludes all care by your agency staff. (Check only <u>one</u> box in each row.)	S	R			D			PRA

OASIS-C								OASIS-C1								
Items		Time Points						Items		Time Points						Item Uses *
Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	
M2110	How Often does the patient receive ADL or IADL assistance from any caregiver(s) (other than home health agency staff)?	S	R			D		M2110	How Often does the patient receive ADL or IADL assistance from any caregiver(s) (other than home health agency staff)?	S	R			DELETED		PRA
M2200	Therapy Need: In the home health plan of care for the Medicare payment episode for which this assessment will define a case mix group, what is the indicated need for therapy visits (total of reasonable and necessary physical, occupational, and speech-language pathology visits combined)? (Enter zero [“000”] if no therapy visits indicated.)	S	R	F				M2200	Therapy Need: In the home health plan of care for the Medicare payment episode for which this assessment will define a case mix group, what is the indicated need for therapy visits (total of reasonable and necessary physical, occupational, and speech-language pathology visits combined)? (Enter zero [“000”] if no therapy visits indicated.)	S	R	F				\$, PRA
M2250	Plan of Care Synopsis: (Check only one box in each row.) Does the physician-ordered plan of care include the following:	S	R					M2250	Plan of Care Synopsis: (Check only one box in each row.) Does the physician-ordered plan of care include the following:	S	R					Q, PRA

OASIS-C								OASIS-C1								
Items		Time Points						Items		Time Points						Item Uses *
Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	
M2300	Emergent Care: Since the last time OASIS data were collected, has the patient utilized a hospital emergency department (includes holding/observation)?				T	D		M2300	Emergent Care: At the time of or at any time since the previous OASIS assessment has the patient utilized a hospital emergency department (includes holding/observation status)?				T	D		Q
M2310	Reason for Emergent Care: For what reason(s) did the patient receive emergent care (with or without hospitalization)?				T	D		M2310	Reason for Emergent Care: For what reason(s) did the patient seek and/or receive emergent care (with or without hospitalization)?				T	D		Q
M2400	Intervention Synopsis: Since the previous OASIS assessment, were the following interventions BOTH included in the physician-ordered plan of care AND implemented?				T	D		M2400	Intervention Synopsis: (Check only one box in each row.) At the time of or at any time since the previous OASIS assessment, were the following interventions BOTH included in the physician-ordered plan of care AND implemented?				T	D		Q
M2410	To which Inpatient Facility has the patient been admitted?				T	D		M2410	To which Inpatient Facility has the patient been admitted?				T	D		Q

OASIS-C								OASIS-C1								
Items		Time Points								Time Points						Item Uses *
Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	Item #	Item Description	SOC	ROC	FU	TRF	DC	DAH	
M2420	Discharge Disposition: Where is the patient after discharge from your agency? (Choose only one answer.)					D		M2420	Discharge Disposition: Where is the patient after discharge from your agency? (Choose only one answer.)					D		
M2430	Reason for Hospitalization: For what reason(s) did the patient require hospitalization? (Mark all that apply.)				T			M2430	Reason for Hospitalization: For what reason(s) did the patient require hospitalization? (Mark all that apply.)				T			Q
M2440	For what Reason(s) was the patient Admitted to a Nursing Home ? (Mark all that apply.)				T				DELETED							
114	TOTALS:	95	80	32	19	62	5	110		91	76	32	18	56	5	

*Item Uses
A = Administrative
C =Consistency Check
Q = Quality Measure
PQ = Potential Quality Measure
PRA = Potential Quality Measure Risk Adjustment
\$ = Payment