

# Comparison of OASIS-C1/ICD-10 to OASIS-C2

OASIS-C1/ICD-10 Item		OASIS-C2 Item	
M0010	<b>CMS Certification Number</b>	M0010	<b>CMS Certification Number</b>
M0014	<b>Branch State</b>	M0014	<b>Branch State</b>
M0016	<b>Branch ID Number</b>	M0016	<b>Branch ID Number</b>
M0018	<b>National Provider Identifier (NPI)</b> for the attending physician who has signed plan of care	M0018	<b>National Provider Identifier (NPI)</b> for the attending physician who has signed plan of care
M0020	<b>Patient ID Number</b>	M0020	<b>Patient ID Number</b>
M0030	<b>Start of Care Date</b>	M0030	<b>Start of Care Date</b>
M0032	<b>Resumption of Care Date</b>	M0032	<b>Resumption of Care Date</b>
M0040	<b>Patient Name</b>	M0040	<b>Patient Name</b>
M0050	<b>Patient State of Residence</b>	M0050	<b>Patient State of Residence</b>
M0060	<b>Patient Zip Code</b>	M0060	<b>Patient Zip Code</b>
M0063	<b>Medicare Number</b>	M0063	<b>Medicare Number</b>
M0064	<b>Social Security Number</b>	M0064	<b>Social Security Number</b>
M0065	<b>Medicaid Number</b>	M0065	<b>Medicaid Number</b>
M0066	<b>Birth Date</b>	M0066	<b>Birth Date</b>
M0069	<b>Gender</b>	M0069	<b>Gender</b>
M0080	<b>Discipline of Person Completing Assessment</b>	M0080	<b>Discipline of Person Completing Assessment</b>
M0090	<b>Date Assessment Completed</b>	M0090	<b>Date Assessment Completed</b>
M0100	<b>This Assessment is Currently Being Completed for the Following Reason</b>	M0100	<b>This Assessment is Currently Being Completed for the Following Reason:</b>
M0102	<p><b>Date of Physician-ordered Start of Care (Resumption of Care):</b> 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.</p> <p style="text-align: center;">__ __ / __ __ / ____ month/ day /year (Go to M0110, if date entered)</p> <p>]NA –No specific SOC date ordered by physician</p>	M0102	<p><b>Date of Physician-ordered Start of Care (Resumption of Care):</b> 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.</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <span style="float: right;"><b>[Go to M0110, if date entered ]</b></span> </p> <p style="text-align: center;">month / day / year</p> <p><input type="checkbox"/> NA- No specific SOC date ordered by physician</p>
M0104	<p><b>Date of Referral:</b> Indicate the date that the written or verbal referral for initiation or resumption of care was received by the HHA.</p> <p style="text-align: center;">__ __ / __ __ / ____ month/ day /year</p>	M0104	<p><b>Date of Referral:</b> Indicate the date that the written or verbal referral for initiation or resumption of care was received by the HHA.</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <span style="float: right;"><b>[Go to M0110, if date entered ]</b></span> </p> <p style="text-align: center;">month/ day /year</p>

OASIS-C1/ICD-10 Item		OASIS-C2 Item	
M0110	<b>Episode Timing</b> Is the Medicare home health payment episode for which this assessment will define a case mix group an “early” episode or a “later” episode in the patient’s current sequence of adjacent Medicare home health payment episodes?	M0110	<b>Episode Timing</b> Is the Medicare home health payment episode for which this assessment will define a case mix group an “early” episode or a “later” episode in the patient’s current sequence of adjacent Medicare home health payment episodes?
M0140	<b>Race/Ethnicity</b>	M0140	<b>Race/Ethnicity</b>
M0150	<b>Current Payment Sources for Home Care</b>	M0150	<b>Current Payment Sources for Home Care</b>
M0903	<b>Date of Last (Most Recent) Home Visit</b>	M0903	<b>Date of Last (Most Recent) Home Visit</b>
M0906	<b>Discharge/Transfer/Death Date</b>	M0906	<b>Discharge/Transfer/Death Date</b>
M1000	From which of the following <b>Inpatient Facilities</b> was the patient discharged during the past 14 days? (Mark all that apply.)	M1000	From which of the following <b>Inpatient Facilities</b> was the patient discharged within the past 14 days? (Mark all that apply.)
M1005	<b>Inpatient Discharge Date</b> (most recent)	M1005	<b>Inpatient Discharge Date</b> (most recent)
M1011	List each <b>Inpatient Diagnosis</b> and ICD-10-CM code at the level of highest specificity for only those conditions actively treated during an inpatient stay within the last 14 days (no V, W, X, Y, or Z codes or surgical codes)  ] NA Not applicable (patient was not discharged from an inpatient facility) [Omit “NA” option on SOC, ROC]	M1011	List each <b>Inpatient Diagnosis</b> and ICD-10-CM code at the level of highest specificity for only those conditions actively treated during an inpatient stay within the last 14 days (no V, W, X, Y, or Z codes or surgical codes)  <input type="checkbox"/> NA Not applicable (patient was not discharged from an inpatient facility) [Omit “NA” option on SOC, ROC]
M1017	<b>Diagnoses Requiring Medical or Treatment Regimen Change Within Past 14 Days:</b> List the patient’s Medical Diagnoses and ICD-10-CM codes at the level of highest specificity for those conditions requiring changed medical or treatment regimen within the past 14 days (no V, W, X, Y, or Z codes or surgical codes)  <input type="checkbox"/> NA Not applicable (no medical or treatment regimen changes within the past 14 days)	M1017	<b>Diagnoses Requiring Medical or Treatment Regimen Change Within Past 14 Days:</b> List the patient’s Medical Diagnoses and ICD-10-CM codes at the level of highest specificity for those conditions requiring changed medical or treatment regimen within the past 14 days (no V, W, X, Y, or Z codes or surgical codes)  <input type="checkbox"/> NA Not applicable (no medical or treatment regimen changes within the past 14 days)
M1018	<b>Conditions Prior to Regimen Change or Inpatient Stay Within Past 14 Days:</b> If this patient experienced an inpatient facility discharge or change in medical or treatment regimen within the past 14 days, indicate any conditions that existed <u>prior</u> to the inpatient stay or change in medical or treatment regimen	M1018	<b>Conditions Prior to Regimen Change or Inpatient Stay Within Past 14 Days:</b> If this patient experienced an inpatient facility discharge or change in medical or treatment regimen within the past 14 days, indicate any conditions that existed <u>prior</u> to the inpatient stay or change in medical or treatment regimen

OASIS-C1/ICD-10 Item		OASIS-C2 Item	
M1021	<b>Primary Diagnosis</b> & Degree of Symptom Control	M1021	<b>Primary Diagnosis</b> & Degree of Symptom Control
M1023	<b>Other Diagnoses</b> & Degree of Symptom Control	M1023	<b>Other Diagnoses</b> & Degree of Symptom Control
M1025	<b>Optional Diagnoses (OPTIONAL)</b> (not used for payment)	M1025	<b>Optional Diagnoses (OPTIONAL)</b> (not used for payment)
		M1028	<b>Active Diagnoses-</b> Comorbidities and Co-existing Conditions – Check all that apply. See OASIS Guidance Manual for a complete list of relevant ICD-10 codes.
M1030	<b>Therapies</b> the patient <u>receives at home</u>	M1030	<b>Therapies</b> the patient <u>receives at home</u>
M1033	<b>Risk for Hospitalization:</b> Which of the following signs or symptoms characterize this patient as at risk for hospitalization? (Mark all that apply.)	M1033	<b>Risk for Hospitalization:</b> Which of the following signs or symptoms characterize this patient as at risk for hospitalization? (Mark all that apply.)
M1034	<b>Overall Status:</b> Which description best fits the patient's overall status?	M1034	<b>Overall Status:</b> Which description best fits the patient's overall status?
M1036	<b>Risk Factors</b>	M1036	<b>Risk Factors</b>
M1041	<b>Influenza Vaccine Data Collection Period:</b> Does this episode of care (SOC/ROC to Transfer/Discharge) include any dates on or between October 1 and March 31?	M1041	<b>Influenza Vaccine Data Collection Period:</b> Does this episode of care (SOC/ROC to Transfer/Discharge) include any dates on or between October 1 and March 31?
M1046	<b>Influenza Vaccine Received:</b> did the patient receive the influenza vaccine for this year's flu season?	M1046	<b>Influenza Vaccine Received:</b> did the patient receive the influenza vaccine for this year's flu season?
M1051	<b>Pneumococcal Vaccine:</b> Has the patient ever received the pneumococcal vaccination (for example, pneumovax)?	M1051	<b>Pneumococcal Vaccine:</b> Has the patient ever received the pneumococcal vaccination (for example, pneumovax)?
M1056	<b>Reason PPV not received:</b> If patient has never received the pneumococcal vaccination (for example, pneumovax), state reason:	M1056	<b>Reason PPV not received:</b> If patient has never received the pneumococcal vaccination (for example, pneumovax), state reason:
		M1060	<b>Height and Weight</b> – While measuring, if the number is X.1 – X.4 round down; X.5 or greater round up a. Height (in inches). Record most recent height measure since the most recent SOC/ROC b. Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard agency practice (for example, in a.m. after voiding, before meal, with shoes off, etc.).
M1100	<b>Patient Living Situation</b> Which of the following best describes the patient's residential circumstance and availability of assistance? (Check one box only.)	M1100	<b>Patient Living Situation</b> Which of the following best describes the patient's residential circumstance and availability of assistance? (Check one box only.)

OASIS-C1/ICD-10 Item		OASIS-C2 Item	
M1200	<b>Vision</b> (with corrective lenses if the patient usually wears them):	M1200	<b>Vision</b> (with corrective lenses if the patient usually wears them):
M1210	<b>Ability to hear</b> (with hearing aid or hearing appliance if normally used):	M1210	<b>Ability to Hear</b> (with hearing aid or hearing appliance if normally used):
M1220	<b>Understanding of Verbal Content</b> in patient's own language (with hearing aid or device if used):	M1220	<b>Understanding of Verbal Content</b> in patient's own language (with hearing aid or device if used):
M1230	<b>Speech and Oral (Verbal) Expression of Language</b> (in patient's own language):	M1230	<b>Speech and Oral (Verbal) Expression of Language</b> (in patient's own language):
M1240	Has this patient had a formal <b>Pain Assessment</b> using a standardized, validated pain assessment tool (appropriate to the patient's ability to communicate the severity of pain)?	M1240	Has this patient had a formal <b>Pain Assessment</b> using a standardized, validated pain assessment tool (appropriate to the patient's ability to communicate the severity of pain)?
M1242	<b>Frequency of Pain Interfering</b> with patient's activity or movement	M1242	<b>Frequency of Pain Interfering</b> with patient's activity or movement:
M1300	<b>Pressure Ulcer Assessment:</b> Was this patient assessed for Risk of Developing Pressure Ulcers?	M1300	<b>Pressure Ulcer Assessment:</b> Was this patient assessed for Risk of Developing Pressure Ulcers?
M1302	Does this patient have a <b>Risk of Developing Pressure Ulcers</b>	M1302	Does this patient have a <b>Risk of Developing Pressure Ulcers</b>
M1306	Does this patient have at least one <b>Unhealed Pressure Ulcer at Stage II or Higher</b> or designated as "unstageable"? (Excludes Stage I pressure ulcers and healed Stage II pressure ulcers)	M1306	Does this patient have at least one <b>Unhealed Pressure Ulcer at Stage 2 or Higher</b> or designated as "unstageable"? (Excludes Stage 1 pressure ulcers and healed Stage 2 pressure ulcers)
M1307	The <b>Oldest Stage II Pressure Ulcer</b> that is present at discharge (Excludes healed stage II pressure ulcers)	M1307	The <b>Oldest Stage 2 Pressure Ulcer</b> that is present at discharge (Excludes healed Stage 2 pressure ulcers)
M1308	<b>Current Number of Unhealed Pressure Ulcers at Each Stage or Unstageable:</b> (Enter "0" if none; EXCLUDES Stage I pressure ulcers and healed Stage II ulcers)	M1311	<b>Current Number of Unhealed Pressure Ulcers at Each Stage</b>

OASIS-C1/ICD-10 Item		OASIS-C2 Item	
M1309	<p><b>Worsening in Pressure Ulcer Status since SOC/ROC</b></p> <p>Instructions a-c: For Stage II, III, IV pressure ulcers, report the number that are new or have increased in numerical stage since the most recent SOC/ROC</p> <p>Instructions for d: For pressure ulcers that are Unstageable due to slough/eschar, report the number that are new or were a Stage I or II at the most SOC/ROC</p>	M1313	<p>Worsening in Pressure Ulcer Status since SOC/ROC: Indicate the number of current pressure ulcers that were not present or were at a lesser stage at the most recent SOC/ROC. If no current pressure ulcer at a given stage, enter 0.</p> <p>A1. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed, without slough. May also present as an intact or open/ruptured blister. Number of Stage 2 pressure ulcers</p> <p>A2. Number of <u>these</u> Stage 2 pressure ulcers that were present at most recent SOC/ROC</p> <p>B1. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. Number of Stage 3 pressure ulcers</p> <p>B2. Number of <u>these</u> Stage 3 pressure ulcers that were present at most recent SOC/ROC</p> <p>C1. Stage 4: Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling. Number of Stage 4 pressure ulcers.</p> <p>C2. Number of <u>these</u> Stage 4 pressure ulcers that were present at most recent SOC/ROC.</p> <p>D1. Unstageable: Non-removable dressing: Known but not stageable due to non-removable dressing/device. Number of unstageable pressure ulcers due to non-removable dressing/device</p> <p>D2. Number of these unstageable pressure ulcers that were present at most recent SOC/ROC</p> <p>E1. Unstageable: Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar</p> <p>E2. Number of these unstageable pressure ulcers that were present at most recent SOC/ROC</p> <p>F1. Unstageable: Deep tissue injury: Suspected deep tissue injury in evolution Number of unstageable pressure ulcers with suspected deep tissue injury in evolution</p> <p>F2. Number of these unstageable pressure ulcers that were present at most recent SOC/ROC</p> <p>[Omit "A2, B2, C2, D2, E2 and F2" on SOC/ROC ]</p>
		M1313	<p>Worsening in Pressure Ulcer Status since SOC/ROC:</p> <p>Instructions for a-c: Indicate the number of current pressure ulcers that were not present or were at a lesser stage at the most recent SOC/ROC. If no current pressure ulcer at a given stage, enter 0.</p> <p>a. Stage 2</p> <p>b. Stage 3</p> <p>c. Stage 4</p>

OASIS-C1/ICD-10 Item		OASIS-C2 Item	
		M1313	Instructions for e: For pressure ulcers that are Unstageable due to slough/eschar, report the number that are new or were at a Stage 1 or 2 at the most recent SOC/ROC. a. Unstageable – Known or likely but Unstageable due to non-removable dressing. b. Unstageable – Known or likely but Unstageable due to coverage of wound bed by slough and/or eschar. c. Unstageable – Suspected deep tissue injury in evolution.
M1320	<b>Status of Most Problematic Pressure Ulcer that is Observable</b>	M1320	<b>Status of Most Problematic Pressure Ulcer that is Observable</b>
M1322	<b>Current Number of Stage I Pressure Ulcers:</b> 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.	M1322	<b>Current Number of Stage 1 Pressure Ulcers:</b> 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. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues.
M1324	<b>Stage of Most Problematic Unhealed Pressure Ulcer that is Stageable</b> 1 Stage I 2 Stage II 3 Stage III 4 Stage IV NA Patient has no pressure ulcers or no stageable pressure ulcers		<b>Stage of Most Problematic Unhealed Pressure Ulcer that is Stageable</b> 1 Stage 1 2 Stage 2 3 Stage 3 4 Stage 4 NA Patient has no pressure ulcers or no stageable pressure ulcers
M1330	Does this patient have a <b>Stasis Ulcer</b> ?	M1330	Does this patient have a <b>Stasis Ulcer</b> ?
M1332	<b>Current Number of Stasis Ulcer(s) that are Observable</b>	M1332	<b>Current Number of (Observable) Stasis Ulcer(s)</b>
M1334	<b>Status of Most Problematic Stasis Ulcer that is Observable</b>	M1334	<b>Status of Most Problematic Stasis Ulcer that is Observable</b>
M1340	Does this patient have a <b>Surgical Wound</b> ?	M1340	Does this patient have a <b>Surgical Wound</b> ?
M1342	<b>Status of Most Problematic Surgical Wound that is Observable</b>	M1342	<b>Status of Most Problematic Surgical Wound that is Observable</b>
M1350	Does this patient have a <b>Skin Lesion or Open Wound</b> (excluding bowel ostomy), other than those described above, <u>that is receiving intervention</u> by the home health agency?	M1350	Does this patient have a <b>Skin Lesion or Open Wound</b> (excluding bowel ostomy), other than those described above, <u>that is receiving intervention</u> by the home health agency?
M1400	When is the patient dyspneic or noticeably <b>Short of Breath</b> ?	M1400	When is the patient dyspneic or noticeably <b>Short of Breath</b> ?
M1410	<b>Respiratory Treatments</b> utilized at home: <b>(Mark all that apply.)</b>	M1410	<b>Respiratory Treatments</b> utilized at home: <b>(Mark all that apply.)</b>

OASIS-C1/ICD-10 Item		OASIS-C2 Item	
M1500	<b>Symptoms in Heart Failure Patients:</b> 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?	M1501	<b>Symptoms in Heart Failure Patients:</b> 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 most recent SOC/ROC assessment?
M1510	<b>Heart Failure Follow-up:</b> 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.)	M1511	<b>Heart Failure Follow-up:</b> 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 most recent SOC/ROC assessment, what action(s) has (have) been taken to respond? (Mark all that apply.)
M1600	Has this patient been treated for a <b>Urinary Tract Infection</b> in the past 14 days?	M1600	Has this patient been treated for a <b>Urinary Tract Infection</b> in the past 14 days?
M1610	<b>Urinary Incontinence or Urinary Catheter Presence</b>	M1610	<b>Urinary Incontinence or Urinary Catheter Presence</b>
M1615	<b>When does Urinary Incontinence occur?</b>	M1615	<b>When does Urinary Incontinence occur?</b>
M1620	<b>Bowel Incontinence Frequency</b>	M1620	<b>Bowel Incontinence Frequency</b>
M1630	<b>Ostomy for Bowel Elimination:</b> 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?	M1630	<b>Ostomy for Bowel Elimination:</b> 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?
M1700	<b>Cognitive Functioning:</b> Patient's current (day of assessment) level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.	M1700	<b>Cognitive Functioning:</b> Patient's current (day of assessment) level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.
M1710	<b>When Confused (Reported or Observed Within the Last 14 Days)</b>	M1710	<b>When Confused (Reported or Observed Within the Last 14 Days)</b>
M1720	<b>When Anxious (Reported or Observed Within the Last 14 Days)</b>	M1720	<b>When Anxious (Reported or Observed Within the Last 14 Days)</b>
M1730	<b>Depression Screening:</b> Has the patient been screened for depression, using a standardized, validated depression screening tool?	M1730	<b>Depression Screening:</b> Has the patient been screened for depression, using a standardized, validated depression screening tool?

OASIS-C1/ICD-10 Item		OASIS-C2 Item	
M1740	<b>Cognitive, behavioral, and psychiatric symptoms</b> that are demonstrated at least once a week (Reported or Observed): <b>(Mark all that apply.)</b>	M1740	<b>Cognitive, behavioral, and psychiatric symptoms</b> that are demonstrated at least once a week (Reported or Observed): <b>(Mark all that apply.)</b>
M1745	<b>Frequency of Disruptive Behavior Symptoms (Reported or Observed)</b> Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.	M1745	<b>Frequency of Disruptive Behavior Symptoms (Reported or Observed)</b> Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.
M1750	Is this patient receiving <b>Psychiatric Nursing Services</b> at home provided by a qualified psychiatric nurse?	M1750	Is this patient receiving <b>Psychiatric Nursing Services</b> at home provided by a qualified psychiatric nurse?
M1800	<b>Grooming:</b> 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).	M1800	<b>Grooming:</b> 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).
M1810	Current <b>Ability to Dress Upper Body</b> safely (with or without dressing aids) including undergarments, pullovers, front- opening shirts and blouses, managing zippers, buttons, and snaps:	M1810	Current <b>Ability to Dress Upper Body</b> safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps:
M1820	Current <b>Ability to Dress Lower Body</b> safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:	M1820	Current <b>Ability to Dress Lower Body</b> safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:
M1830	<b>Bathing:</b> Current ability to wash entire body safely. <b>Excludes grooming (washing face, washing hands, and shampooing hair).</b>	M1830	<b>Bathing:</b> Current ability to wash entire body safely. <b>Excludes grooming (washing face, washing hands, and shampooing hair).</b>
M1840	<b>Toilet Transferring:</b> Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.	M1840	<b>Toilet Transferring:</b> Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.
M1845	<b>Toileting Hygiene:</b> 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.	M1845	<b>Toileting Hygiene:</b> 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.
M1850	<b>Transferring:</b> Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.	M1850	<b>Transferring:</b> Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.

OASIS-C1/ICD-10 Item		OASIS-C2 Item	
		GG01 70C (Sect. GG)	Code the patient's usual performance at the SOC/ROC using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal using the 6-point scale. Do not use codes 07, 09, or 88 to code discharge goal. Lying to Sitting on Side of Bed: The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
M1860	<b>Ambulation/Locomotion:</b> Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.	M1860	<b>Ambulation/Locomotion:</b> Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.
M1870	<b>Feeding or Eating:</b> Current ability to feed self-meals and snacks safely. Note: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.	M1870	<b>Feeding or Eating:</b> Current ability to feed self-meals and snacks safely. Note: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.
M1880	Current <b>Ability to Plan and Prepare Light Meals</b> (for example, cereal, sandwich) or reheat delivered meals safely:	M1880	Current <b>Ability to Plan and Prepare Light Meals</b> (for example, cereal, sandwich) or reheat delivered meals safely:
M1890	<b>Ability to Use Telephone:</b> Current ability to answer the phone safely, including dialing numbers, and effectively using the telephone to communicate.	M1890	<b>Ability to Use Telephone:</b> Current ability to answer the phone safely, including dialing numbers, and effectively using the telephone to communicate.
M1900	<b>Prior Functioning ADL/IADL:</b> Indicate the patient's usual ability with everyday activities prior to this current illness, exacerbation, or injury. Check only <b>one</b> box in each row. a. Household tasks (specifically: light meal preparation, laundry, shopping, and phone use ) b. Transfer c. Ambulation d. Self-Care (specifically: grooming, dressing, bathing, and toileting hygiene)	M1900	<b>Prior Functioning ADL/IADL:</b> Indicate the patient's usual ability with everyday activities prior to this current illness, exacerbation, or injury. a. Household tasks (specifically: light meal preparation, laundry, shopping, and phone use ) b. Transfer c. Ambulation d. Self-Care (specifically: grooming, dressing, bathing, and toileting hygiene)
M1910	Has this patient had a multi-factor <b>Falls Risk Assessment</b> using a standardized, validated assessment tool?	M1910	Has this patient had a multi-factor <b>Falls Risk Assessment</b> using a standardized, validated assessment tool?
M2000	<b>Drug Regimen Review:</b> 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])?	M2001	<b>Drug Regimen Review:</b> Did a complete drug regimen review identify potential clinically significant medication issues?

OASIS-C1/ICD-10 Item		OASIS-C2 Item	
M2002	<b>Medication Follow-up:</b> Was a physician or the physician-designee contacted within one calendar day to resolve clinically significant medication issues, including reconciliation?	M2003	<b>Medication Follow-up:</b> Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?
M2004	<b>Medication Intervention:</b> 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?	M2005	<b>Medication Intervention:</b> Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?
M2010	<b>Patient/Caregiver High Risk Drug Education:</b> 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?	M2010	<b>Patient/Caregiver High Risk Drug Education:</b> 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?
M2015	<b>Patient/Caregiver Drug Education Intervention:</b> 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?	M2016	<b>Patient/Caregiver Drug Education Intervention:</b> At the time of, or at any time since the most recent SOC/ROC 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?
M2020	<b>Management of Oral Medications:</b> Patient's current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. <b>Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)</b>	M2020	<b>Management of Oral Medications:</b> Patient's current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. <b>Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)</b>
M2030	<b>Management of Injectable Medications:</b> Patient's current ability to prepare and take all prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. <b>Excludes IV medications.</b>	M2030	<b>Management of Injectable Medications:</b> Patient's current ability to prepare and take all prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. <b>Excludes IV medications.</b>

OASIS-C1/ICD-10 Item		OASIS-C2 Item	
M2040	<p><b>Prior Medication Management:</b> Indicate the patient's usual ability with managing oral and injectable medications prior to his/her most recent illness, exacerbation or injury. Check only one box in each row.</p> <ul style="list-style-type: none"> <li>a. Injectable medications</li> <li>b. Oral medications</li> </ul>	M2040	<p><b>Prior Medication Management:</b> Indicate the patient's usual ability with managing oral and injectable medications prior to his/her most recent illness, exacerbation or injury. Check only one box in each row.</p> <ul style="list-style-type: none"> <li>a. Injectable medications</li> <li>b. Oral medications</li> </ul>
M2102	<p><b>Types and Sources of Assistance:</b> 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 one box in each row.)</p> <ul style="list-style-type: none"> <li>a. ADL assistance</li> <li>b. IADL assistance</li> <li>c. Medication administration</li> <li>d. Medical procedures/ treatments</li> <li>e. Management of Equipment</li> <li>f. Supervision and safety</li> <li>g. Advocacy or facilitation</li> </ul>	M2102	<p><b>Types and Sources of Assistance:</b> 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.</p> <ul style="list-style-type: none"> <li>a. ADL assistance</li> <li>b. IADL assistance</li> <li>c. Medication administration</li> <li>d. Medical procedures/ treatments</li> <li>e. Management of Equipment</li> <li>f. Supervision and safety</li> <li>g. Advocacy or facilitation</li> </ul>
M2110	<p><b>How Often</b> does the patient receive <b>ADL or IADL assistance</b> from any caregiver(s) (other than home health agency staff)?</p>	M2110	<p><b>How Often</b> does the patient receive <b>ADL or IADL assistance</b> from any caregiver(s) (other than home health agency staff)?</p>
M2200	<p><b>Therapy Need:</b> 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)? <b>(Enter zero ["000"] if no therapy visits indicated.)</b></p>	M2200	<p><b>Therapy Need:</b> 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)? <b>(Enter zero ["000"] if no therapy visits indicated.)</b></p>
M2250	<p><b>Plan of Care Synopsis:</b> (Check only one box in each row.) Does the physician-ordered plan of care include the following:</p>	M2250	<p><b>Plan of Care Synopsis:</b> (Check only one box in each row.) Does the physician-ordered plan of care include the following:</p>
M2300	<p><b>Emergent Care:</b> 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)?</p>	M2301	<p><b>Emergent Care:</b> At the time of or at any time since the most recent SOC/ROC assessment has the patient utilized a hospital emergency department (includes holding/observation status)?</p>
M2310	<p><b>Reason for Emergent Care:</b> For what reason(s) did the patient seek and/or receive emergent care (with or without hospitalization)?</p>	M2310	<p><b>Reason for Emergent Care:</b> For what reason(s) did the patient seek and/or receive emergent care (with or without hospitalization)?</p>

OASIS-C1/ICD-10 Item		OASIS-C2 Item	
M2400	<b>Intervention Synopsis</b> - (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?	M2401	<b>Intervention Synopsis:</b> (Check only one box in each row.) At the time of or at any time since the most recent SOC/ROC assessment, were the following interventions BOTH included in the physician-ordered plan of care AND implemented?
M2410	To which <b>Inpatient Facility</b> has the patient been admitted?	M2410	To which <b>Inpatient Facility</b> has the patient been admitted?
M2420	<b>Discharge Disposition:</b> Where is the patient after discharge from your agency? <b>(Choose only one answer.)</b>	M2420	<b>Discharge Disposition:</b> Where is the patient after discharge from your agency? <b>(Choose only one answer.)</b>
M2430	<b>Reason for Hospitalization:</b> For what reason(s) did the patient require hospitalization? <b>(Mark all that apply.)</b>	M2430	<b>Reason for Hospitalization:</b> For what reason(s) did the patient require hospitalization? <b>(Mark all that apply.)</b>
M0903	<b>Date of Last (Most Recent) Home Visit:</b>	M0903	<b>Date of Last (Most Recent) Home Visit:</b>
M0906	<b>Discharge/Transfer/Death Date:</b> Enter the date of the discharge, transfer, or death (at home) of the patient.	M0906	<b>Discharge/Transfer/Death Date:</b> Enter the date of the discharge, transfer, or death (at home) of the patient.