Comparison of OASIS-C2 to OASIS-D

| **OASIS-C2 Item** | | **OASIS-D Item** | |
| --- | --- | --- | --- |
| M0010 | CMS Certification Number | M0010 | CMS Certification Number |
| M0014 | Branch State | M0014 | Branch State |
| M0016 | Branch ID Number | M0016 | Branch ID Number |
| M0018 | National Provider Identifier (NPI) | M0018 | National Provider Identifier (NPI) |
| M0020 | Patient ID Number | M0020 | Patient ID Number |
| M0030 | Start of Care Date | M0030 | Start of Care Date |
| M0032 | Resumption of Care Date | M0032 | Resumption of Care Date |
| M0040 | Patient Name | M0040 | Patient Name |
| M0050 | Patient State of Residence | M0050 | Patient State of Residence |
| M0060 | Patient Zip Code | M0060 | Patient Zip Code |
| M0063 | Medicare Number | M0063 | Medicare Number |
| M0064 | Social Security Number | M0064 | Social Security Number |
| M0065 | Medicaid Number | M0065 | Medicaid Number |
| M0066 | Birth Date | M0066 | Birth Date |
| M0069 | Gender | M0069 | Gender |
| M0080 | Discipline of Person Completing Assessment | M0080 | Discipline of Person Completing Assessment |
| M0090 | Date Assessment Completed | M0090 | Date Assessment Completed |
| M0100 | This Assessment is Currently Being Completed for the Following Reason: | M0100 | This Assessment is Currently Being Completed for the Following Reason: |
| M0102 | Date of Physician-ordered Start of Care (Resumption of Care): | M0102 | Date of Physician-ordered Start of Care (Resumption of Care) |
| M0104 | Date of Referral: | M0104 | Date of Referral |
| M0110 | Episode Timing | M0110 | Episode Timing |
| M0140 | Race/Ethnicity | M0140 | Race/Ethnicity |
| M0150 | Current Payment Sources for Home Care | M0150 | Current Payment Sources for Home Care |
| M0903 | Date of Last (Most Recent) Home Visit |  |  |
| M0906 | Discharge/Transfer/Death Date | M0906 | Discharge/Transfer/Death Date |
| M1000 | Inpatient Facilities | M1000 | Inpatient Facilities |
| M1005 | Inpatient Discharge Date | M1005 | Inpatient Discharge Date |
| M1011 | Inpatient Diagnosis |  |  |
| M1017 | Diagnoses Requiring Medical or Treatment Regimen Change Within Past 14 Days |  |  |
| M1018 | Conditions Prior to Regimen Change or Inpatient Stay Within Past 14 Days |  |  |
| M1021 | Primary Diagnosis, ICD-10-CM and Symptom Control Rating | M1021 | Primary Diagnosis, ICD-10-CM and Symptom Control Rating |
| M1023 | Other Diagnoses, ICD-10-CM and Symptom Control Rating | M1023 | Other Diagnoses, ICD-10-CM and Symptom Control Rating |
| M1025 | Optional Diagnoses and ICD-10-CM codes |  |  |
| M1028 | Active Diagnoses | M1028 | Active Diagnoses |
| M1030 | Therapies the patient receives at home | M1030 | Therapies the patient receives at home |
| M1033 | Risk for Hospitalization | M1033 | Risk for Hospitalization |
| M1034 | Overall Status |  |  |
| M1036 | Risk Factors |  |  |
| M1041 | Influenza Vaccine Data Collection Period | M1041 | Influenza Vaccine Data Collection Period |
| M1046 | Influenza Vaccine Received | M1046 | Influenza Vaccine Received |
| M1051 | Pneumococcal Vaccine: | M1051 | Pneumococcal Vaccine |
| M1056 | Reason PPV not received | M1056 | Reason PPV not received |
| M1060 | Height and Weight | M1060 | Height and Weight |
| M1100 | Patient Living Situation | M1100 | Patient Living Situation |
| M1200 | Vision | M1200 | Vision |
| M1210 | Ability to Hear |  |  |
| M1220 | Understanding of Verbal  Content |  |  |
| M1230 | Speech and Oral (Verbal) Expression of Language |  |  |
| M1240 | Pain Assessment |  |  |
| M1242 | Frequency of Pain Interfering | M1242 | Frequency of Pain Interfering |
| M1300 | Pressure Ulcer Assessment: |  |  |
| M1302 | Risk of Developing Pressure Ulcers |  |  |
| M1306 | Unhealed Pressure Ulcer at Stage 2 or Higher or designated as "unstageable"? | M1306 | Does this patient have at least one Unhealed Pressure Ulcer/Injury at Stage 2 or Higher or designated as "unstageable"? |
| M1307 | The Oldest Stage 2 Pressure Ulcer that is present at discharge | M1307 | The Oldest Stage 2 Pressure Ulcer that is present at discharge |
| M1311 | Current Number of Unhealed Pressure Ulcers at Each Stage | M1311 | Current Number of Unhealed Pressure Ulcers/injuries at Each Stage |
| M1313 | Worsening in Pressure Ulcer Status |  |  |
| M1320 | Status of Most Problematic Pressure Ulcer that is Observable |  |  |
| M1322 | Current Number of Stage 1 Pressure Ulcers | M1322 | Current Number of Stage 1 Pressure Ulcers/Injuries |
| M1324 | Stage of Most Problematic Unhealed Pressure Ulcer that is Stageable | M1324 | Stage of Most Problematic Unhealed Pressure Ulcer/injury that is Stageable |
| M1330 | Does this patient have a Stasis Ulcer? | M1330 | Does this patient have a Stasis Ulcer? |
| M1332 | Current Number of Stasis Ulcer(s) that are Observable | M1332 | Current Number of Stasis Ulcer(s) that are Observable |
| M1334 | Status of Most Problematic Stasis Ulcer that is Observable | M1334 | Status of Most Problematic Stasis Ulcer that is Observable |
| M1340 | Does this patient have a Surgical Wound? | M1340 | Does this patient have a Surgical Wound? |
| M1342 | Status of Most Problematic Surgical Wound that is Observable | M1342 | Status of Most Problematic Surgical Wound that is Observable |
| M1350 | Skin Lesion or Open Wound |  |  |
| M1400 | When is the patient dyspneic or noticeably Short of Breath? | M1400 | When is the patient dyspneic or noticeably Short of Breath? |
| M1410 | Respiratory Treatments |  |  |
| M1501 | Symptoms in Heart Failure Patients |  |  |
| M1511 | Heart Failure Follow-up |  |  |
| M1600 | Urinary Tract Infection | M1600 | Urinary Tract Infection |
| M1610 | Urinary Incontinence or Urinary Catheter Presence | M1610 | Urinary Incontinence or Urinary Catheter Presence |
| M1615 | When does Urinary Incontinence occur? |  |  |
| M1620 | Bowel Incontinence Frequency | M1620 | Bowel Incontinence Frequency |
| M1630 | Ostomy for Bowel Elimination | M1630 | Ostomy for Bowel Elimination |
| M1700 | Cognitive Functioning | M1700 | Cognitive Functioning |
| M1710 | When Confused (Reported or Observed Within the Last 14 Days) | M1710 | When Confused (Reported or Observed Within the Last 14 Days) |
| M1720 | When Anxious (Reported or Observed Within the Last 14 Days) | M1720 | When Anxious (Reported or Observed Within the Last 14 Days) |
| M1730 | Depression Screening | M1730 | Depression Screening |
| M1740 | Cognitive, behavioral, and psychiatric symptoms | M1740 | Cognitive, behavioral, and psychiatric symptoms |
| M1745 | Frequency of Disruptive Behavior Symptoms (Reported or Observed) | M1745 | Frequency of Disruptive Behavior Symptoms (Reported or Observed) |
| M1750 | Psychiatric Nursing Services |  |  |
| M1800 | Grooming | M1800 | Grooming |
| M1810 | Ability to Dress Upper Body | M1810 | Ability to Dress Upper Body: |
| M1820 | Ability to Dress Lower Body | M1820 | Ability to Dress Lower Body |
| M1830 | Bathing | M1830 | Bathing |
| M1840 | Toilet Transferring | M1840 | Toilet Transferring |
| M1845 | Toileting Hygiene: | M1845 | Toileting Hygiene |
| M1850 | Transferring | M1850 | Transferring |
| GG0170C | Lying to Sitting on the side of the bed |  | (Included with entire GG0170 Mobility item, below) |
| M1860 | Ambulation/Locomotion: | M1860 | Ambulation/Locomotion: |
| M1870 | Feeding or Eating | M1870 | Feeding or Eating |
| M1880 | Ability to Plan and Prepare Light Meals |  |  |
| M1890 | Ability to Use Telephone |  |  |
| M1900 | Prior Functioning ADL/IADL |  |  |
| M1910 | Falls Risk Assessment | M1910 | Falls Risk Assessment |
| M2001 | Drug Regimen Review | M2001 | Drug Regimen Review |
| M2003 | Medication Follow-up | M2003 | Medication Follow-up |
| M2005 | Medication Intervention | M2005 | Medication Intervention |
| M2010 | Patient/Caregiver High Risk Drug Education | M2010 | Patient/Caregiver High Risk Drug Education |
| M2016 | Patient/Caregiver Drug Education Intervention | M2016 | Patient/Caregiver Drug Education Intervention |
| M2020 | Management of Oral Medications | M2020 | Management of Oral Medications |
| M2030 | Management of Injectable Medications | M2030 | Management of Injectable Medications |
| M2040 | Prior Medication Management |  |  |
| M2102 | Types and Sources of  Assistance   1. ADL assistance 2. IADL assistance 3. Medication administration 4. Medical procedures/ treatments 5. Management of Equipment 6. Supervision and safety 7. Advocacy or facilitation | M2102 | Types and Sources of  Assistance  a. ADL assistance  c. Medication administration  d. Medical procedures/treatments  f. Supervision and safety |
| M2110 | How Often does the patient receive ADL or IADL assistance from any caregiver(s) (other than home health agency staff)? |  |  |
| M2200 | Therapy Need | M2200 | Therapy Need |
| M2250 | Plan of Care Synopsis |  |  |
| M2301 | Emergent Care | M2301 | Emergent Care |
| M2310 | Reason for Emergent Care - response options 1 through 19, and “UK” - Reason unknown | M2310 | Reason for Emergent Care - only four response options retained for OASIS-D: (1) Improper medication administration; (10) Hypo/hyperglycemia; (19) Other than above reasons; and, (UK) Reason unknown |
| M2401 | Intervention Synopsis | M2401 | Intervention Synopsis |
| M2410 | Inpatient Facility | M2410 | Inpatient Facility |
| M2420 | Discharge Disposition | M2420 | Discharge Disposition |
| M2430 | Reason for Hospitalization |  |  |
|  |  | GG0100 | Prior Functioning |
|  |  | G0110 | Prior Device Use |
|  |  | GG0130 | Self-care |
|  |  | GG0170 | Mobility |
|  |  | J1800 | Any Falls Since SOC/ROC |
|  |  | J1900 | Number of Falls Since SOC/ROC |