Attachment C: Itemized List of OASIS Data Elements

Item	Description	Number of Data Elements	SOC	ROC	FU	ТОС	DTH	DIS
M0010	CMS Certification Number	1	1					
M0014	Branch State	1	1					
M0016	Branch ID Number	1	1					
M0018	National Provider Identifier (NPI)	1	1					
M0020	Patient ID Number	1	1					
M0030	Start of Care Date	1	1					
M0032	Resumption of Care Date	1		1				
M0040	Patient Name	3	3					
M0050	Patient State of Residence	1	1					
M0060	Patient ZIP Code	1	1					
M0063	Medicare Number	1	1					
M0064	Social Security Number	1	1					
M0065	Medicaid Number	1	1					
M0066	Birth Date	1	1					
M0069	Gender	1	1					
M0080	Discipline of Person Completing Assessment	1	1	1	1	1	1	1
M0090	Date Assessment Completed	1	1	1	1	1	1	1
M0100	This Assessment is Currently Being Completed for the Following Reason	1	1	1	1	1	1	1
M0102	Date of Physician-ordered Start of Care (Resumption of Care)	1	1	1				
M0104	Date of Referral	1	1	1				
M0110	Episode Timing	1	1	1	1			
M0140	Race/Ethnicity	1	1					
M0150	Current Payment Sources for Home Care	8	8					
M0906	Discharge/Transfer/ Death Date	1				1	1	1
M1000	Inpatient Facilities	7	7	7				
M1005	Inpatient Discharge Date	1	1	1				

Item	Description	Number of Data Elements	SOC	ROC	FU	ТОС	DTH	DIS
M1021	Primary Diagnosis, ICD-10-CM and Symptom Control Rating	6	6	6	6			
M1023	Other Diagnoses, ICD-10-CM and Symptom Control Rating	6	6	6	6			
M1028	Active Diagnoses – Comorbidities and Co-existing Conditions	2	2	2				
M1030	Therapies patient receives at home	3	3	3	3			
M1033	Risk for Hospitalization	9	9	9	9			
M1041	Influenza Vaccine Data Collection Period	1				1		1
M1046	Influenza Vaccine Received	1				1		1
M1051	Pneumococcal Vaccine	1				1		1
M1056	Reason Pneumococcal Vaccine not received	1				1		1
M1060	Height and Weight	2	2	2				
M1100	Patient Living Situation	1	1	1				
M1200	Vision	1	1	1	1			
M1242	Frequency of Pain Interfering with patient's activity or	1	1	1	1			1
	movement							
M1306	Does this patient have at least one Unhealed Pressure Ulcer at	1	1	1	1			1
	Stage 2 or Higher or designated as Unstageable							
M1307	The Oldest Stage 2 Pressure Ulcer that is present at discharge	1						1
M1311	Current Number of Unhealed Pressure Ulcers at Each Stage	12	12	12	12			12
M1322	Current Number of Stage 1 Pressure Ulcers	1	1	1	1			
M1324	Stage of Most Problematic Unhealed Pressure Ulcer that is Stageable	1	1	1	1			1
M1330	Does this patient have a Stasis Ulcer?	1	1	1	1			1
M1332	Current Number of Stasis Ulcer(s) that are Observable	1	1	1	1			
M1334	Status of Most Problematic Stasis Ulcer that is Observable	1	1	1	1			1
M1340	Does this patient have a Surgical Wound?	1	1	1	1			1
M1342	Status of Most Problematic Surgical Wound that is Observable	1	1	1	1			1
M1400	When is the patient dyspneic or noticeably Short of Breath?	1	1	1	1			1
M1600	Has this patient been treated for a Urinary Tract Infection in the past 14 days?	1	1	1				1
M1610	Urinary Incontinence or Urinary Catheter Presence	1	1	1	1			

Item	Description	Number of Data Elements	SOC	ROC	FU	ТОС	DTH	DIS
M1620	Bowel Incontinence Frequency	1	1	1	1			1
M1630	Ostomy for Bowel Elimination	1	1	1	1			
M1700	Cognitive Functioning	1	1	1				1
M1710	When Confused (Reported or Observed Within the Last 14 Days)	1	1	1				1
M1720	When Anxious (Reported or Observed Within the Last 14 Days)	1	1	1				1
M1730	Depression Screening	3	3	3				
M1740	Cognitive, behavioral, and psychiatric symptoms that are demonstrated at least once a week (Reported or Observed)	6	6	6				6
M1745	Frequency of Disruptive Behavior Symptoms (Reported or Observed)	1	1	1				1
M1800	Grooming	1	1	1	1			1
M1810	Ability to Dress Upper Body	1	1	1	1			1
M1820	Ability to Dress Lower Body	1	1	1	1			1
M1830	Bathing: Excludes grooming (washing face, washing hands, and	1	1	1	1			1
	shampooing hair).							
M1840	Toilet Transferring	1	1	1	1			1
M1845	Toileting Hygiene	1	1	1				1
M1850	Transferring	1	1	1	1			1
M1860	Ambulation/Locomotion	1	1	1	1			1
M1870	Feeding or Eating	1	1	1				1
M1910	Falls Risk Assessment	1	1	1				
M2001	Drug Regimen Review	1	1	1				
M2003	Medication Follow-up	1	1	1				
M2005	Medication Intervention	1				1	1	1
M2010	Patient/Caregiver High-Risk Drug Education	1	1	1				
M2016	Patient/Caregiver Drug Education Intervention	1				1		1
M2020	Management of Oral Medications: Excludes injectable and IV medications.	1	1	1				1
M2030	Management of Injectable Medications: Excludes IV medications	1	1	1	1			

M2110 How Often does the patient receive ADL or IADL assistance from any caregiver(s) (other than home health agency staff)? M2200 Therapy Need (# visits) 1 1 1 1 M2301 Emergent Care 1 1 1 1 M2310 Reason for Emergent Care 4 4 4 M2401 Intervention Synopsis 6 6 6 M2410 To which Inpatient Facility has the patient been admitted? 1 1 1	Item	Description	Number of Data Elements	SOC	ROC	FU	ТОС	DTH	DIS
M2200 Therapy Need (# visits) 1 1 1 1 1 1 1 1 1	M2102	Types and Sources of Assistance	1	1	1				1
M2301 Emergent Care 1 1 1 M2310 Reason for Emergent Care 4 4 4 M2401 Intervention Synopsis 6 6 6 M2410 To which Inpatient Facility has the patient been admitted? 1 1 1 1 M2420 Discharge Disposition 1 1 1 1 1 1 GG 0170A Roll left and right 1 </td <td>M2110</td> <td>·</td> <td>1</td> <td>1</td> <td>1</td> <td></td> <td></td> <td></td> <td></td>	M2110	·	1	1	1				
M2310 Reason for Emergent Care 4 4 M2401 Intervention Synopsis 6 6 M2410 To which Inpatient Facility has the patient been admitted? 1 1 1 M2420 Discharge Disposition 1 1 1 1 1 GG 0170A Roll left and right 1 1 1 1 1 1 GG 0170B Sit to lying 1 1 1 1 1 1 GG 0170C Mobility – Lying to sitting on side of bed 1	M2200	Therapy Need (# visits)	1	1	1	1			
M2401 Intervention Synopsis 6 2 1 1 1 1 1 1 1 1 <td>M2301</td> <td>Emergent Care</td> <td>1</td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td>1</td>	M2301	Emergent Care	1				1		1
M2410 To which Inpatient Facility has the patient been admitted? 1 1 M2420 Discharge Disposition 1 1 1 GG 0170A Roll left and right 1 1 1 1 1 GG 0170B Sit to lying 1 1 1 1 1 1 GG 0170C Mobility – Lying to sitting on side of bed 1 1 1 1 1 1 GG 0170C Lying to sitting 1 1 1 1 1 1 GG 0170D Sit to stand 1 1 1 1 1 1 GG 0170E Chair/bed-to-chair transfer 1 1 1 1 1 1 GG 0170F Toilet transfer 1	M2310	Reason for Emergent Care	4				4		4
M2420 Discharge Disposition 1<	M2401	Intervention Synopsis	6				6		6
GG 0170A Roll left and right 1	M2410	To which Inpatient Facility has the patient been admitted?	1				1		1
GG 0170B Sit to lying 1	M2420	Discharge Disposition	1						1
GG0170C Mobility – Lying to sitting on side of bed 1 1 1 GG 0170C Lying to sitting 1 1 1 1 GG 0170D Sit to stand 1 </td <td>GG 0170A</td> <td>Roll left and right</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td></td> <td></td> <td>1</td>	GG 0170A	Roll left and right	1	1	1	1			1
GG 0170C Lying to sitting 1 1 1 GG 0170D Sit to stand 1 1 1 1 1 GG 0170E Chair/bed-to-chair transfer 1 1 1 1 1 1 GG 0170F Toilet transfer 1 1 1 1 1 1 1 GG 0170J Walk 50 feet with 2 turns 1	GG 0170B	Sit to lying	1	1	1	1			1
GG 0170D Sit to stand 1	GG0170C	Mobility – Lying to sitting on side of bed	1	1	1				
GG 0170E Chair/bed-to-chair transfer 1 1 1 1 1 1 1 GG 0170F Toilet transfer 1 <td>GG 0170C</td> <td>Lying to sitting</td> <td>1</td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td>1</td>	GG 0170C	Lying to sitting	1			1			1
GG 0170F Toilet transfer 1 1 1 1 1 GG 0170J Walk 50 feet with 2 turns 1 1 1 1 1 GG 0170K Walk 150 feet 1 1 1 1 1 1 GG 0170Q Wheel chair? 1 <td< td=""><td>GG 0170D</td><td>Sit to stand</td><td>1</td><td>1</td><td>1</td><td>1</td><td></td><td></td><td>1</td></td<>	GG 0170D	Sit to stand	1	1	1	1			1
GG 0170J Walk 50 feet with 2 turns 1 1 1 1 1 GG 0170K Walk 150 feet 1 1 1 1 1 1 GG 0170Q Wheelchair? 1 1 1 1 1 1 1 GG 0170R Wheel 50 feet with two turns 1 <td>GG 0170E</td> <td>Chair/bed-to-chair transfer</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td></td> <td></td> <td>1</td>	GG 0170E	Chair/bed-to-chair transfer	1	1	1	1			1
GG 0170K Walk 150 feet 1	GG 0170F	Toilet transfer	1	1	1	1			1
GG 0170Q Wheelchair? 1 1 1 1 1 GG 0170R Wheel 50 feet with two turns 1 1 1 1 1 1 GG 0170RR Type of WC 1 1 1 1 1 1 GG 0170RR Type of WC 1 1 1 1 1 1 GG 0130A Eating 1 1 1 1 1 1 GG 0130B Oral hygiene 1 1 1 1 1 1 1	GG 0170J	Walk 50 feet with 2 turns	1	1	1	1			1
GG 0170R Wheel 50 feet with two turns 1 1 1 1 1 GG 0170RR Type of WC 1 1 1 1 1 GG 0170R Type of WC 1 1 1 1 1 GG 0130A Eating 1 1 1 1 1 1 GG 0130B Oral hygiene 1 1 1 1 1 1 1	GG 0170K	Walk 150 feet	1	1	1				1
GG 0170RR Type of WC 1 1 1 1 1 GG 0170S Wheel 150 feet 1 1 1 1 1 GG 0170RR Type of WC 1 1 1 1 1 GG 0130A Eating 1 1 1 1 1 GG 0130B Oral hygiene 1 1 1 1 1 1	GG 0170Q	Wheelchair?	1	1	1	1			1
GG 0170S Wheel 150 feet 1 1 1 1 GG 0170RR Type of WC 1 1 1 1 1 GG 0130A Eating 1 1 1 1 1 1 GG 0130B Oral hygiene 1 1 1 1 1 1 1	GG 0170R	Wheel 50 feet with two turns	1	1	1	1			1
GG 0170RR Type of WC 1 1 1 1 GG 0130A Eating 1 1 1 1 1 GG 0130B Oral hygiene 1 1 1 1 1 1	GG 0170RR	Type of WC	1	1	1				1
GG 0130A Eating 1 1 1 1 1 1 1 GG 0130B Oral hygiene 1 1 1 1 1 1 1	GG 0170S	Wheel 150 feet	1	1	1				1
GG 0130B Oral hygiene 1 1 1 1 1 1	GG 0170RR	Type of WC	1	1	1				1
10	GG 0130A	Eating	1	1	1	1			1
GG 0130C Toilet hygiene 1 1 1 1 1 1	GG 0130B	Oral hygiene	1	1	1	1			1
	GG 0130C	Toilet hygiene	1	1	1	1			1

Item	Description	Number of Data Elements	SOC	ROC	FU	ТОС	DTH	DIS
GG Goal	Goal (at least 1)	1	1	1				
GG 0170G	Car transfer	1	1	1				1
GG 0170I	Walk 10 feet	1	1	1	1			1
GG 0170L	Walking 10 feet on uneven surfaces	1	1	1	1			1
GG 1070M	1 step	1	1	1	1			1
GG 0170N	4 steps	1	1	1	1			1
GG 01700	12 steps	1	1	1				1
GG 0170P	Pick up object	1	1	1				1
GG 0130E	Shower/bathe self	1	1	1				1
GG 0130F	Upper body dressing	1	1	1				1
GG 0130G	Lower body dressing	1	1	1				1
GG 0130H	Putting on/taking off footwear	1	1	1				1
GG0100A	Prior Function	1	1	1				
GG0100B	Prior Function	1	1	1				
GG0100C	Prior Function	1	1	1				
GG0100D	Prior Function	1	1	1				
GG0110	Prior Device Use (A-E, Z)	1	1	1				
J1800	Falls?	1				1	1	1
J1900	Injury #	3				3	3	3
	Total number of Data Elements	177	159	135	79	26	9	98
	Total minutes per assessment (.3 minutes per data element)	53.1	47.7	40.5	23.7	7.8	2.7	29.4