

**Itemized List of OASIS-E Data Elements**

<i>Item</i>	<i>Description</i>	<i>Number of Data Elements</i>	<i>SOC</i>	<i>ROC</i>	<i>FU</i>	<i>TOC</i>	<i>DAH</i>	<i>DC</i>
<b>M0018</b>	National Provider Identifier (NPI)	1	1	0	0	0	0	0
<b>M0010</b>	CMS Certification Number	1	1	0	0	0	0	0
<b>M0014</b>	Branch State	1	1	0	0	0	0	0
<b>M0016</b>	Branch ID Number	1	1	0	0	0	0	0
<b>M0020</b>	Patient ID Number	1	1	0	0	0	0	0
<b>M0040</b>	Patient Name	1	1	0	0	0	0	0
<b>M0050</b>	Patient State of Residence	1	1	0	0	0	0	0
<b>M0060</b>	Patient ZIP Code	1	1	0	0	0	0	0
<b>M0064</b>	Social Security Number	1	1	0	0	0	0	0
<b>M0063</b>	Medicare Number	1	1	0	0	0	0	0
<b>M0065</b>	Medicaid Number	1	1	0	0	0	0	0
<b>M0069</b>	Gender	1	1	0	0	0	0	0
<b>M0066</b>	Birth Date	1	1	0	0	0	0	0
<b>A1005</b>	Ethnicity	1	1	0				0
<b>A1010</b>	Race	6	6	0				0

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<b>M0150</b>	Current Payment Sources for Home Care	8	8	0	0	0	0	0
<b>A1110</b>	Language	1	1	0				0
<b>M0030</b>	Start of Care Date	1	1					
<b>M0032</b>	Resumption of Care Date	1		1				
<b>M0080</b>	Discipline of Person Completing Assessment	1	1	1	1	1	1	1
<b>M0090</b>	Date Assessment Completed	1	1	1	1	1	1	1
<b>M0100</b>	This Assessment is Currently Being Completed for the Following Reason	1	1	1	1	1	1	1
<b>M0906</b>	Discharge/Transfer/ Death Date	1				1	1	1
<b>M0102</b>	Date of Physician-ordered Start of Care (Resumption of Care)	1	1	1				
<b>M0104</b>	Date of Referral	1	1	1				
<b>M0110</b>	Episode Timing	1	1	1	1			
<b>A1250</b>	Transportation	1	1	1				1
<b>M1000</b>	From which of the following Inpatient Facilities was the patient discharged within the past 14 days?	7	7	7				
<b>M1005</b>	Inpatient Discharge Date	1	1	1				

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<b>M2301</b>	Emergent Care	1				1		1
<b>M2310</b>	Reason for Emergent Care	3				3		3
<b>M2410</b>	To which Inpatient Facility has the patient been admitted?	1				1		1
<b>M2420</b>	Discharge Disposition	1						1
<b>A2120</b>	Provision of Current Reconciled Medication List to Subsequent Provider at Transfer	1				1		
<b>A2121</b>	Provision of Current Reconciled Medication List to Subsequent Provider at Discharge	1						1
<b>A2123</b>	Provision of Current Reconciled Medication List to Patient at Discharge	1						1
<b>A2122</b>	Route of Current Reconciled Medication List Transmission to Subsequent Provider	0				0		
<b>A2124</b>	Route of Current Reconciled Medication List to Transmission to Patient	0						0
<b>B0200</b>	Hearing	1	1	0				0
<b>B1000</b>	Vision	1	1	0				0
<b>B1300</b>	Health Literacy	1	1	1				1

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<b>C0100</b>	Should Brief Interview for Mental Status (C0200-C0500) be Conducted?	1	1	1				1
<b>C0200</b>	Repetition of Three Words	1	1	1				1
<b>C0300</b>	Temporal Orientation	3	3	3				3
<b>C0400</b>	Recall	3	3	3				3
<b>C0500</b>	BIMS Summary Score	1	1	1				1
<b>C1310</b>	Signs and Symptoms of Delirium (from CAM©)	4	4	4				4
<b>M1700</b>	Cognitive Functioning	1	1	1				1
<b>M1710</b>	When Confused (Reported or Observed Within the Last 14 Days)	1	1	1				1
<b>M1720</b>	When Anxious (Reported or Observed Within the Last 14 Days)	1	1	1				1
<b>D0150</b>	Patient Mood Interview PHQ-2 to 9	9	9	9				9
<b>D0160</b>	Total Severity Score	0	0	0				0
<b>D0700</b>	Social Isolation	1	1	1				1
<b>M1740</b>	Cognitive, behavioral, and psychiatric symptoms that are demonstrated at least once a week (Reported or Observed)	6	6	6				6

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<b>M1745</b>	Frequency of Disruptive Behavior Symptoms (Reported or Observed)	1	1	1				1
<b>M1100</b>	Patient Living Situation	1	1	1				
<b>M2102</b>	Types and Sources of Assistance	4	1	1				4
<b>M1800</b>	Grooming	1	1	1	1			1
<b>M1810</b>	Ability to Dress Upper Body	1	1	1	1			1
<b>M1820</b>	Ability to Dress Lower Body	1	1	1	1			1
<b>M1830</b>	Bathing: Excludes grooming (washing face, washing hands, and shampooing hair).	1	1	1	1			1
<b>M1840</b>	Toilet Transferring	1	1	1	1			1
<b>M1845</b>	Toileting Hygiene	1	1	1				1
<b>M1850</b>	Transferring	1	1	1	1			1
<b>M1860</b>	Ambulation/Locomotion	1	1	1	1			1
<b>GG0100</b>	Prior Functioning: Everyday Activities	4	4	4				
<b>GG0110</b>	Prior Device Use	5	5	5				
<b>GG 0130A</b>	Eating	1	1	1	1			1

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<b>GG 0130B</b>	Oral hygiene	1	1	1	1			1
<b>GG 0130C</b>	Toilet hygiene	1	1	1	1			1
<b>GG 0130E</b>	Shower/bathe self	1	1	1				1
<b>GG 0130F</b>	Upper body dressing	1	1	1				1
<b>GG 0130G</b>	Lower body dressing	1	1	1				1
<b>GG 0130H</b>	Putting on/taking off footwear	1	1	1				1
<b>GG 0170A</b>	Roll left and right	1	1	1	1			1
<b>GG 0170B</b>	Sit to lying	1	1	1	1			1
<b>GG 0170C</b>	Lying to sitting	1	1	1	1			1
<b>GG 0170D</b>	Sit to stand	1	1	1	1			1
<b>GG 0170E</b>	Chair/bed-to-chair transfer	1	1	1	1			1
<b>GG 0170F</b>	Toilet transfer	1	1	1	1			1
<b>GG 0170G</b>	Car transfer	1	1	1				1
<b>GG 0170I</b>	Walk 10 feet	1	1	1	1			1
<b>GG 0170J</b>	Walk 50 feet with 2 turns	1	1	1	1			1

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<b>GG 0170K</b>	Walk 150 feet	1	1	1				1
<b>GG 0170L</b>	Walking 10 feet on uneven surfaces	1	1	1	1			1
<b>GG 1070M</b>	1 step (curb)	1	1	1	1			1
<b>GG 0170N</b>	4 steps	1	1	1	1			1
<b>GG 0170O</b>	12 steps	1	1	1				1
<b>GG 0170P</b>	Pick up object	1	1	1				1
<b>GG 0170Q</b>	Does patient use wheelchair and/or scooter?	1	1	1	1			1
<b>GG 0170R</b>	Wheel 50 feet with two turns	1	1	1	1			1
<b>GG 0170RR</b>	Type of wheelchair or scooter	1	1	1				1
<b>GG 0170S</b>	Wheel 150 feet	1	1	1				1
<b>GG 0170SS</b>	Type of wheelchair or scooter	1	1	1				1
<b>GG Goal</b>	Goal (at least 1)	1	1	1				
<b>M1600</b>	Has this patient been treated for a Urinary Tract Infection in the past 14 days?	1	1	1				1
<b>M1610</b>	Urinary Incontinence or Urinary Catheter Presence	1	1	1				

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<b>M1620</b>	Bowel Incontinence Frequency	1	1	1				1
<b>M1630</b>	Ostomy for Bowel Elimination	1	1	1				
<b>M1028</b>	Active Diagnoses – Comorbidities and Co-existing Conditions	2	2	2				
<b>M1021</b>	Primary Diagnosis, ICD-10-CM and Symptom Control Rating	2	2	2				
<b>M1023</b>	Other Diagnosis, ICD-10-CM and Symptom Control Rating	10	10	10				
<b>M1033</b>	Risk for Hospitalization	9	9	9	9			
<b>J0510</b>	PAIN: Pain Effect on sleep	1	1	1				1
<b>J0520</b>	PAIN: Pain Interference with therapy	1	1	1				1
<b>J0530</b>	PAIN: Pain Interference with activities (replace M1242)	1	1	1				1
<b>J1800</b>	Any Falls Since SOC/ROC	1				1	1	1
<b>J1900</b>	Number of Falls Since SOC/ROC	3				3	3	3
<b>M1400</b>	When is the patient dyspneic or noticeably Short of Breath?	1	1	1				1
<b>M1060</b>	Height and Weight	2	2	2				
<b>K0520A</b>	NUTRITION: Parenteral/IV feeding	1	1	1				1
<b>K0520B</b>	NUTRITION: Feeding tube	1	1	1				1



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<b>K0520C</b>	NUTRITION: Mechanically altered diet	1	1	1				1
<b>K0520D</b>	NUTRITION: Therapeutic diet	1	1	1				1
K0520Z	NUTRITION: None of the above	0	0	0				0
<b>M1870</b>	Feeding or Eating	1	1	1				1
<b>M1306</b>	Does this patient have at least one Unhealed Pressure Ulcer at Stage 2 or Higher or designated as Unstageable	1	1	1	1			1
<b>M1307</b>	The Oldest Stage 2 Pressure Ulcer that is present at discharge	1						1
<b>M1311</b>	Current Number of Unhealed Pressure Ulcers at Each Stage	12	6	6				12
<b>M1322</b>	Current Number of Stage 1 Pressure Ulcers	1	1	1	0			
<b>M1324</b>	Stage of Most Problematic Unhealed Pressure Ulcer that is Stageable	1	1	1				1
<b>M1330</b>	Does this patient have a Stasis Ulcer?	1	1	1				1
<b>M1332</b>	Current Number of Stasis Ulcer(s) that are Observable	1	1	1				
<b>M1334</b>	Status of Most Problematic Stasis Ulcer that is Observable	1	1	1				1
<b>M1340</b>	Does this patient have a Surgical Wound?	1	1	1				1
<b>M1342</b>	Status of Most Problematic Surgical Wound that is Observable	1	1	1				1

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<b>N0415A</b>	HIGH RISK DRUGS: Antipsychotic	1	1	1				1
<b>N0415E</b>	HIGH RISK DRUGS: Anticoagulant	1	1	1				1
<b>N0415F</b>	HIGH RISK DRUGS: Antibiotic	1	1	1				1
<b>N0415H</b>	HIGH RISK DRUGS: Opioid	1	1	1				1
<b>N0415I</b>	HIGH RISK DRUGS: Antiplatelet	1	1	1				1
<b>N0415J</b>	HIGH RISK DRUGS: Hypoglycemic (including insulin)	1	1	1				1
<b>N0415Z</b>	HIGH RISK DRUGS: None of the above	0	0	0				0
<b>M2001</b>	Drug Regimen Review	1	1	1				
<b>M2003</b>	Medication Follow-up	1	1	1				
<b>M2005</b>	Medication Intervention	1				1	1	1
<b>M2010</b>	Patient/Caregiver High-Risk Drug Education	1	1	1				
<b>M2020</b>	Management of Oral Medications: Excludes injectable and IV medications.	1	1	1				1
<b>M2030</b>	Management of Injectable Medications: Excludes IV medications	1	1	1				
<b>O0110A</b>	Chemotherapy and child items	1	1	1				1

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<b>O0110B</b>	Radiation	1	1	1				1
<b>O0110C</b>	Oxygen therapy and child items	1	1	1				1
<b>O0110D</b>	Suctioning and child items	1	1	1				1
<b>O0110E</b>	Tracheostomy care	1	1	1				1
<b>O0110F</b>	Invasive mechanical ventilation	1	1	1				1
<b>O0110G</b>	Non-invasive mechanical vent and child items	1	1	1				1
<b>O0110H</b>	IV medications and child items	1	1	1				1
<b>O0110I</b>	Transfusions	1	1	1				1
<b>O0110J</b>	Dialysis and child items	1	1	1				1
<b>O0110O</b>	IV access and child items	1	1	1				1
O0110Z	None of the above	0	0	0				0
<b>M1041</b>	Influenza Vaccine Data Collection Period	1				1		1
<b>M1046</b>	Influenza Vaccine Received	1				1		1
<b>M2200</b>	Therapy Need (# visits)	1	1	1				
<b>M2401</b>	Intervention Synopsis	5				5		5

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	Total number of Data Elements	249	203	172	37	22	9	146
	<b>Total minutes per assessment (.15 - .3 minutes per data element)</b>		57.3	48	11.1	6.6	2.7	40.2