

Attachment C. OASIS-E2 Itemized List of Data Elements

| <i>Item</i> | <i>Description</i> | <i>SOC</i> | <i>ROC</i> | <i>FU</i> | <i>TOC</i> | <i>DAH</i> | <i>DC</i> |
|--------------|------------------------------------|------------|------------|-----------|------------|------------|-----------|
| M0018 | National Provider Identifier (NPI) | X | | | | | |
| M0010 | CMS Certification Number | X | | | | | |
| M0014 | Branch State | X | | | | | |
| M0016 | Branch ID Number | X | | | | | |
| M0020 | Patient ID Number | X | | | | | |
| M0030 | Start of Care Date | X | | | | | |
| M0032 | Resumption of Care Date | | X | | | | |
| M0040 | Patient Name | X | | | | | |
| M0050 | Patient State of Residence | X | | | | | |
| M0060 | Patient ZIP Code | X | | | | | |
| M0064 | Social Security Number | X | | | | | |
| M0063 | Medicare Number | X | | | | | |
| M0065 | Medicaid Number | X | | | | | |
| A0810 | Sex | X | | | | | |
| M0066 | Birth Date | X | | | | | |

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|--------------|---|------------|------------|-----------|------------|------------|-----------|
| A1005 | Ethnicity | X | | | | | |
| A1010 | Race | X | | | | | |
| M0150 | Current Payment Sources for Home Care | X | | | | | |
| A1110 | Language | X | X | | | | |
| M0080 | Discipline of Person Completing Assessment | X | X | X | X | X | X |
| M0090 | Date Assessment Completed | X | X | X | X | X | X |
| M0100 | This Assessment is Currently Being Completed for the Following Reason | X | X | X | X | X | X |
| M0906 | Discharge/Transfer/ Death Date | | | | X | X | X |
| M0102 | Date of Physician-ordered Start of Care (Resumption of Care) | X | X | | | | |
| M0104 | Date of Referral | X | X | | | | |
| A1255 | Transportation | X | X | | | | |
| M1000 | Inpatient Facilities from which the patient was discharged within the past 14 days? | X | X | | | | |
| M1005 | Inpatient Discharge Date | X | X | | | | |
| M2301 | Emergent Care | | | | X | | X |

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|--------------|---|------------|------------|-----------|------------|------------|-----------|
| M2310 | Reason for Emergent Care | | | | X | | X |
| M2410 | To which Inpatient Facility has the patient been admitted? | | | | X | | X |
| M2420 | Discharge Disposition | | | | | | X |
| A2120 | Provision of Current Reconciled Medication List to Subsequent Provider at Transfer | | | | X | | |
| A2121 | Provision of Current Reconciled Medication List to Subsequent Provider at Discharge | | | | | | X |
| A2122 | Route of Current Reconciled Medication List Transmission to Subsequent Provider | | | | X | | X |
| A2123 | Provision of Current Reconciled Medication List to Patient at Discharge | | | | | | X |
| A2124 | Route of Current Reconciled Medication List to Transmission to Patient | | | | | | X |
| B0200 | Hearing | X | X | | | | |
| B1000 | Vision | X | X | | | | |
| B1300 | Health Literacy | X | X | | | | X |
| C0100 | Should Brief Interview for Mental Status (C0200-C0500) be Conducted? | X | X | | | | X |

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|--------------|---|------------|------------|-----------|------------|------------|-----------|
| C0200 | Repetition of Three Words | X | X | | | | X |
| C0300 | Temporal Orientation | X | X | | | | X |
| C0400 | Recall | X | X | | | | X |
| C0500 | BIMS Summary Score | X | X | | | | X |
| C1310 | Signs and Symptoms of Delirium (from CAM©) | X | X | | | | X |
| M1700 | Cognitive Functioning | X | X | | | | X |
| M1710 | When Confused (Reported or Observed Within the Last 14 Days) | X | X | | | | X |
| M1720 | When Anxious (Reported or Observed Within the Last 14 Days) | X | X | | | | X |
| D0150 | Patient Mood Interview (PHQ-2 to 9) | X | X | | | | X |
| D0160 | Total Severity Score | X | X | | | | X |
| D0700 | Social Isolation | X | X | | | | X |
| M1740 | Cognitive, behavioral, and psychiatric symptoms that are demonstrated at least once a week (Reported or Observed) | X | X | | | | X |
| M1745 | Frequency of Disruptive Behavior Symptoms (Reported or Observed) | X | X | | | | X |
| M1100 | Patient Living Situation | X | X | | | | |

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|-----------------|--|------------|------------|-----------|------------|------------|-----------|
| M2102 | Types and Sources of Assistance | X | X | | | | X |
| M1800 | Grooming | X | X | X | | | X |
| M1810 | Current Ability to Dress Upper Body | X | X | X | | | X |
| M1820 | Current Ability to Dress Lower Body | X | X | X | | | X |
| M1830 | Bathing: Excludes grooming (washing face, washing hands, and shampooing hair). | X | X | X | | | X |
| M1840 | Toilet Transferring | X | X | X | | | X |
| M1845 | Toileting Hygiene | | X | | | | X |
| M1850 | Transferring | X | X | X | | | X |
| M1860 | Ambulation/Locomotion | X | X | X | | | X |
| GG 0100 | Prior Functioning: Everyday Activities | X | X | | | | |
| GG 0110 | Prior Device Use | X | X | | | | |
| GG 0130A | Eating | X | X | X | | | X |
| GG 0130B | Oral hygiene | X | X | X | | | X |
| GG 0130C | Toilet hygiene | X | X | X | | | X |
| GG 0130E | Shower/bathe self | X | X | | | | X |

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|-----------------|------------------------------------|------------|------------|-----------|------------|------------|-----------|
| GG 0130F | Upper body dressing | X | X | | | | X |
| GG 0130G | Lower body dressing | X | X | | | | X |
| GG 0130H | Putting on/taking off footwear | X | X | | | | X |
| GG 0170A | Roll left and right | X | X | X | | | X |
| GG 0170B | Sit to lying | X | X | X | | | X |
| GG 0170C | Lying to sitting | X | X | X | | | X |
| GG 0170D | Sit to stand | X | X | X | | | X |
| GG 0170E | Chair/bed-to-chair transfer | X | X | X | | | X |
| GG 0170F | Toilet transfer | X | X | X | | | X |
| GG 0170G | Car transfer | X | X | | | | X |
| GG 0170I | Walk 10 feet | X | X | X | | | X |
| GG 0170J | Walk 50 feet with two turns | X | X | X | | | X |
| GG 0170K | Walk 150 feet | X | X | | | | X |
| GG 0170L | Walking 10 feet on uneven surfaces | X | X | X | | | X |
| GG 1070M | 1 step (curb) | X | X | X | | | X |
| GG 0170N | 4 steps | X | X | X | | | X |

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|-------------------|--|------------|------------|-----------|------------|------------|-----------|
| GG 01700 | 12 steps | X | X | | | | X |
| GG 0170P | Picking up object | X | X | | | | X |
| GG 0170Q | Does patient use wheelchair and/or scooter? | X | X | X | | | X |
| GG 0170R | Wheel 50 feet with two turns | X | X | X | | | X |
| GG 0170RR | Type of wheelchair or scooter | X | X | | | | X |
| GG 0170S | Wheel 150 feet | X | X | | | | X |
| GG 0170SS1 | Type of wheelchair or scooter | X | X | | | | X |
| M1600 | Has this patient been treated for a Urinary Tract Infection in the past 14 days? | X | X | | | | X |
| M1610 | Urinary Incontinence or Urinary Catheter Presence | X | X | | | | |
| M1620 | Bowel Incontinence Frequency | X | X | | | | X |
| M1630 | Ostomy for Bowel Elimination | X | X | | | | |
| M1021 | Primary Diagnosis, ICD-10-CM and Symptom Control Rating | X | X | | | | |
| M1023 | Other Diagnosis, ICD-10-CM and Symptom Control Rating | X | X | | | | |
| M1028 | Active Diagnoses – Comorbidities and Co-existing Conditions | X | X | | | | |
| M1033 | Risk for Hospitalization | X | X | X | | | |

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|---------------|---|------------|------------|-----------|------------|------------|-----------|
| J0510 | PAIN: Pain Effect on sleep | X | X | | | | X |
| J0520 | PAIN: Pain Interference with therapy activities | X | X | | | | X |
| J0530 | PAIN: Pain Interference with day-to-day activities | X | X | | | | X |
| J1800 | Any Falls Since SOC/ROC | | | | X | X | X |
| J1900 | Number of Falls Since SOC/ROC | | | | X | X | X |
| M1400 | When is the patient dyspneic or short of breath? | X | X | | | | X |
| M1060 | Height and Weight | X | X | | | | X |
| K0520A | NUTRITION: Parenteral/IV feeding | X | X | | | | X |
| K0520B | NUTRITION: Feeding tube | X | X | | | | X |
| K0520C | NUTRITION: Mechanically altered diet | X | X | | | | X |
| K0520D | NUTRITION: Therapeutic diet | X | X | | | | X |
| K0520Z | NUTRITION: None of the above | X | X | | | | X |
| M1870 | Feeding or Eating | X | X | | | | X |
| M1306 | Unhealed Pressure Ulcer at Stage 2 or Higher or designated as Unstageable | X | X | X | | | X |
| M1307 | The Oldest Stage 2 Pressure Ulcer that is present at discharge | | | | | | X |

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|---------------|---|------------|------------|-----------|------------|------------|-----------|
| M1311 | Current Number of Unhealed Pressure Ulcers at Each Stage | X | X | | | | X |
| M1322 | Current Number of Stage 1 Pressure Ulcers | X | X | | | | |
| M1324 | Stage of Most Problematic Unhealed Pressure Ulcer that is Stageable | X | X | | | | X |
| M1330 | Does this patient have a Stasis Ulcer? | X | X | | | | X |
| M1332 | Current Number of Stasis Ulcer(s) that are Observable | X | X | | | | |
| M1334 | Status of Most Problematic Stasis Ulcer that is Observable | X | X | | | | X |
| M1340 | Does this patient have a Surgical Wound? | X | X | | | | X |
| M1342 | Status of Most Problematic Surgical Wound that is Observable | X | X | | | | X |
| N0415A | HIGH RISK DRUGS: Antipsychotic | X | X | | | | X |
| N0415E | HIGH RISK DRUGS: Anticoagulant | X | X | | | | X |
| N0415F | HIGH RISK DRUGS: Antibiotic | X | X | | | | X |
| N0415H | HIGH RISK DRUGS: Opioid | X | X | | | | X |
| N0415I | HIGH RISK DRUGS: Antiplatelet | X | X | | | | X |
| N0415J | HIGH RISK DRUGS: Hypoglycemic (including insulin) | X | X | | | | X |
| N0415Z | HIGH RISK DRUGS: None of the above | X | X | | | | X |

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|---------------|---|------------|------------|-----------|------------|------------|-----------|
| M2001 | Drug Regimen Review | X | X | | | | |
| M2003 | Medication Follow-up | X | X | | | | |
| M2005 | Medication Intervention | | | | X | X | X |
| M2010 | Patient/Caregiver High-Risk Drug Education | X | X | | | | |
| M2020 | Management of Oral Medications: Excludes injectable and IV medications. | X | X | | | | X |
| M2030 | Management of Injectable Medications: Excludes IV medications | X | X | | | | X |
| O0110A | Chemotherapy and child items | X | X | | | | X |
| O0110B | Radiation | X | X | | | | X |
| O0110C | Oxygen therapy and child items | X | X | | | | X |
| O0110D | Suctioning and child items | X | X | | | | X |
| O0110E | Tracheostomy care | X | X | | | | X |
| O0110F | Invasive mechanical ventilation | X | X | | | | X |
| O0110G | Non-invasive mechanical vent and child items | X | X | | | | X |
| O0110H | IV medications and child items | X | X | | | | X |
| O0110I | Transfusions | X | X | | | | X |

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|---------------|--|------------|------------|-----------|------------|------------|-----------|
| O0110J | Dialysis and child items | X | X | | | | X |
| O0110O | IV access and child items | X | X | | | | X |
| O0110Z | None of the above | X | X | | | | X |
| M1041 | Influenza Vaccine Data Collection Period | | | | X | | X |
| M1046 | Influenza Vaccine Received | | | | X | | X |
| M2401 | Intervention Synopsis | | | | X | | X |