

APPENDIX C – OASIS-C Item Uses

OASIS-C (August 2009)		Timepoints						Item Uses		
Item #	Item Description	S O C	R O C	F U	T R F	D C	D A H	Medicare Payment*	Quality Measures	Risk ** Adjustment
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						Skip Logic	X	**
M0032	Resumption of Care Date		X						X	**
M0040	Patient Name	X								
M0050	Patient State of Residence	X								
M0060	Patient Zip Code	X								
M0063	Medicare Number	X								
M0064	Social Security Number	X								
M0065	Medicaid Number	X								
M0066	Birth Date	X							X	**
M0069	Gender	X								**
M0018	National Provider Identifier (NPI) physician who signed plan of care	X								
M0140	Race/Ethnicity	X								**
M0150	Current Payment Sources	X								**
M0080	Discipline of Person Completing Assessment	X	X	X	X	X	X			**
M0090	Date Assessment Completed	X	X	X	X	X	X	Skip Logic		**
M0100	Reason for Assessment	X	X	X	X	X	X	Skip Logic	X	**
M0102	Date of Physician-ordered Start of Care (Resumption of Care)	X	X						X	**
M0104	Date Written or Verbal Referral	X	X						X	**
M0110	Episode Timing (Early/Later)	X	X	X				Skip Logic		**
M1000	Inpatient Facility Discharges, past 14 days	X	X							**

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M1005	Inpatient Discharge Date (most recent)	X	X							**
M1010	Inpatient Diagnosis, stay within past 14 days	X	X							**
M1012	Inpatient Procedure(s) relevant to the plan of care	X	X							**
M1016	Diagnoses Requiring Medical or Treatment Regimen Change Within Past 14 Days	X	X							**
M1018	Conditions Prior to Regimen Change or Inpatient Stay Within Past 14 Days	X	X							**
M1020	Primary Diagnosis & Degree of Symptom Control	X	X	X				\$		**
M1022	Other Diagnoses & Degree of Symptom Control	X	X	X				\$		**
M1024	Payment Diagnoses	X	X	X				\$		**
M1030	Therapies patient receives at home	X	X	X				\$		**
M1032	Risk for Hospitalization	X	X							**
M1034	Patient's Overall Status	X	X							**
M1036	Risk Factors	X	X							**
M1040	Received Influenza Vaccine from agency during episode				X	X			X	**
M1045	Reason Influenza Vaccine not received				X	X			X	**
M1050	Received Pneumococcal Vaccine from agency during episode				X	X			X	**
M1055	Reason PPV not received				X	X			X	**
M1100	Patient Living Situation/Availability of Assistance	X	X						X	**
M1200	Vision	X	X	X				\$		**
M1210	Ability to hear	X	X							**
M1220	Understanding of Verbal Content	X	X							**
M1230	Speech and Oral (Verbal) Expression of Language	X	X			X			X	**

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M1240	Formal Pain Assessment	X	X						X	**
M1242	Frequency of Pain	X	X	X		X		\$	X	**
M1300	Pressure Ulcer Assessment	X	X						X	**
M1302	Risk of Developing Pressure Ulcers	X	X						X	**
M1306	Any unhealed Pressure Ulcer at Stage II+ or "unstageable"	X	X	X		X		Skip Logic	X	**
M1307	Oldest Non-epithelialized Stage II Pressure Ulcer					X				**
M1308	Current Number Unhealed (non-epithelialized) Pressure Ulcers at Stages II-IV (or unstageable)	X	X	X		X		\$	X	**
M1310	Length of largest unhealed Stage III or IV pressure ulcer	X	X			X				**
M1312	Width of largest unhealed Stage III or IV pressure ulcer	X	X			X				**
M1314	Depth of largest unhealed Stage III or IV pressure ulcer	X	X			X				**
M1320	Status Most Problematic (Observable) Pressure Ulcer	X	X			X				**
M1322	Current Number Stage I Pressure Ulcers	X	X	X		X		\$		**
M1324	Stage Most Problematic (Observable) Pressure Ulcer	X	X	X		X		\$	X	**
M1330	Any Stasis Ulcer?	X	X	X		X		\$		**
M1332	Current Number (Observable) Stasis Ulcer(s)	X	X	X		X		\$		**
M1334	Status Most Problematic (Observable) Stasis Ulcer	X	X	X		X		\$		**
M1340	Any Surgical Wound?	X	X	X		X		Skip Logic	X	**
M1342	Status Most Problematic (Observable) Surgical Wound	X	X	X		X		\$	X	**
M1350	Other Skin Lesion or Open Wound <u>receiving intervention</u> by agency	X	X	X		X		Skip Logic		**
M1400	When dyspneic	X	X	X		X		\$	X	**

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M1410	Respiratory Treatments Received	X	X			X				**
M1500	Symptoms in Heart Failure Patients				X	X				**
M1510	Heart Failure Symptom Follow-up				X	X			X	**
M1600	Urinary Tract Infection treatment in past 14 days	X	X			X			X	**
M1610	Urinary Incontinence or Urinary Catheter Presence	X	X	X		X		\$	X	**
M1615	When Urinary Incontinence occurs	X	X			X			X	**
M1620	Bowel Incontinence Frequency	X	X	X		X		\$	X	**
M1630	Ostomy for Bowel Elimination	X	X	X				\$		**
M1700	Cognitive Functioning	X	X			X			X	**
M1710	When Confused (Reported or Observed Within the Last 14 Days)	X	X			X			X	**
M1720	When Anxious (Reported or Observed Within the Last 14 Days)	X	X			X			X	**
M1730	Depression Screening	X	X						X	**
M1740	Cognitive, behavioral, and psychiatric symptoms	X	X			X			X	**
M1745	Frequency of Disruptive Behavior Symptoms (Reported or Observed)	X	X			X			X	**
M1750	Receipt of Psychiatric Nursing Services	X	X							**
M1800	Grooming	X	X			X			X	**
M1810	Ability to Dress Upper Body	X	X	X		X		\$	X	**
M1820	Ability to Dress Lower Body	X	X	X		X		\$	X	**
M1830	Bathing	X	X	X		X		\$	X	**
M1840	Toilet Transferring	X	X	X		X		\$	X	**
M1845	Toileting Hygiene	X	X			X			X	**
M1850	Bed Transferring	X	X	X		X		\$	X	**
M1860	Ambulation/Locomotion	X	X	X		X		\$	X	**
M1870	Feeding or Eating	X	X			X			X	**

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M1880	Plan and Prepare Light Meals	X	X			X			X	**
M1900	Prior Functioning ADL/IADL	X	X							**
M1890	Ability to Use Telephone	X	X			X			X	**
M1910	Multi-factor Fall Risk Assessment	X	X						X	**
M2000	Drug Regimen Review	X	X							**
M2002	Medication Follow-up	X	X						X	**
M2004	Medication Intervention				X	X			X	**
M2010	Patient/Caregiver High Risk Drug Education	X	X						X	**
M2015	Patient/Caregiver Drug Education Intervention				X	X			X	**
M2020	Management of Oral Medications – Current Ability	X	X			X			X	**
M2030	Management of Injectable Medications – Current Ability	X	X	X		X		\$		**
M2040	Prior Medication Management Ability	X	X							**
M2100	Types of Assistance Needed and Sources/Availability	X	X			X				**
M2110	Frequency receipt of ADL or IADL assistance (other than agency staff)	X	X			X				**
M2200	Therapy Need	X	X	X				\$		**
M2250	Plan of Care Synopsis (Patient-specific parameters for notifying physician, Diabetic foot care, Falls prevention, Depression intervention(s), Intervention(s) to monitor and mitigate pain, Intervention(s) to prevent pressure ulcers, Pressure ulcer treatment)	X	X						X	**
M2300	Used Emergent Care				X	X			X	**
M2310	Reason for Emergent Care				X	X			X	**

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M2400	Intervention Synopsis (Diabetic foot care, Falls prevention interventions, Depression intervention(s), Intervention(s) to monitor and mitigate pain, Intervention(s) to prevent pressure - ulcers, Pressure ulcer treatment)				X	X			X	**
M2410	Type Inpatient Facility to which patient admitted				X	X			X	**
M2420	Discharge Disposition					X			X	**
M2430	Reason for Hospitalization				X				X	**
M2440	Reason(s) Admitted to a Nursing Home				X					**
M0903	Date of Last (Most Recent) Home Visit				X	X	X			**
M0906	Discharge/Transfer/Death Date				X	X	X			**

* Since the official HH PPS Grouper for OASIS-C has not yet been published, these are projected uses only, based on the use of the corresponding OASIS-B1 items in the current version of the grouper.

** Since the risk-adjustment models for OASIS-C-based quality measures have not yet been developed, the possible role of each OASIS-C item in risk adjustment is not yet known. The flagged variables are considered to have potential and will be tested for their value in risk adjustment.