

Uniform Data Submission Specifications for the OASIS-C (01/2010 Update)
Abbreviated Body Record Layout For Submission From the HHA (Version 2.00)

Submission String Order

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
REC_ID	Record ID	2	1	2	XX	B1	CODE
REC_TYPE	Record Type Code	2	3	4	XX	sp(2)	CODE
LOCK_DATE	Assessment Lock Date	8	5	12	X(8)	sp(8)	FILLER
CORRECTION_NUM	Correction Number for Record	2	13	14	XX	00 thru 99	COUNT
ACY_DOC_CD	Document ID Code (Agency Use)	8	15	22	X(8)	Text, sp(8)	TEXT
VERSION_CD1	Version Completed Code	12	23	34	X(12)	C-072009	CODE
VERSION_CD2	Layout Submitted Version Code	5	35	39	X(5)	02.00	CODE
SFTW_ID	Software Vendor or Agent Tax ID	9	40	48	X(9)	Numeric, sp(9)	CODE
SFT_VER	Software Version	5	49	53	X(5)	Text, sp(5)	TEXT
HHA_AGENCY_ID	Unique HHA Agency ID Code	16	54	69	X(16)	Valid code	CODE
PAT_ID	Unique Patient ID Code	14	70	83	X(14)	Valid code, sp(14)	CODE
ST_CODE	State ID Code	2	84	85	XX	sp(2)	CODE
ST_ERR_CNT	State Error Count (Number of Fields)	4	86	89	X(4)	sp(4)	COUNT
ST_COR	State Correction/Original Sequence No.	1	90	90	X	sp(1)	CODE
ST_PMT_COR	State Payment Correction Indicator	1	91	91	X	sp(1)	CODE
ST_KEY_COR	State Key Correction Indicator	1	92	92	X	sp(1)	CODE
ST_DELETE	State Deleted Record Flag	1	93	93	X	sp(1)	CODE
MC_COR	Medicare Correction/Original Sequence No.	1	94	94	X	sp(1)	CODE
MC_PMT_COR	Medicare Payment Correction Indicator	1	95	95	X	sp(1)	CODE
MC_KEY_COR	Medicare Key Correction Indicator	1	96	96	X	sp(1)	CODE
MASK_VERSION_CD	Masking algorithm version code	20	97	116	X(20)	sp(20)	CODE

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CNT_FILLER	Control Section Filler (Future Use)	7	117	123	X(7)	sp(7)	FILLER
M0010_CCN	CMS Certification Number	6	124	129	X(6)	Valid code, sp(6)	CODE
ITEM_FILLER12	Item Filler	15	130	144	X(15)	sp(15)	FILLER
M0014_BRANCH_STATE	Branch State	2	145	146	X(2)	Valid state, sp(2).	CODE
M0016_BRANCH_ID	Branch ID (Optional)	10	147	156	X(10)	Alphanumeric code. Sp(10) allowed until 12/31/2003 -- see below.	TEXT
M0020_PAT_ID	Patient ID Number	20	157	176	X(20)	Valid patient ID Code	CODE
M0030_START_CARE_DT	Start of Care Date	8	177	184	YYYYMMDD	Valid date	DATE
M0032_ROC_DT	Resumption of Care Date	8	185	192	YYYYMMDD	Valid date,sp(8)	DATE
M0032_ROC_DT_NA	No Resumption of Care Date	1	193	193	9	0, 1	CODE
M0040_PAT_FNAME	Patient's First Name	12	194	205	X(12)	Text, sp(12)	TEXT
M0040_PAT_MI	Patient's Middle Initial	1	206	206	X	Text,sp(1)	TEXT
M0040_PAT_LNAME	Patient's Last Name	18	207	224	X(18)	Text	TEXT
M0040_PAT_SUFFIX	Patient's Suffix	3	225	227	X(3)	Text,sp(3)	TEXT
M0050_PAT_ST	Patient State of Residence	2	228	229	XX	Valid code	CODE
M0060_PAT_ZIP	Patient Zip Code	11	230	240	X(11)	Text	CODE
M0063_MEDICARE_NUM	Medicare Number, Including Suffix	12	241	252	X(12)	Valid code, sp(12)	CODE
M0063_MEDICARE_NA	No Medicare Number	1	253	253	9	0, 1	CODE
M0064_SSN	Patient's Social Security Number	9	254	262	X(9)	Valid code, sp(9)	CODE
M0064_SSN_UK	No Social Security Number	1	263	263	9	0, 1	CODE
M0065_MEDICAID_NUM	Medicaid Number	14	264	277	X(14)	Valid code, sp(14)	CODE

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M0065_MEDICAID_NA	No Medicaid Number	1	278	278	9	0, 1	CODE
M0066_PAT_BIRTH_DT	Date of Birth	8	279	286	YYYYMMDD	Valid (or partial) date, dashes(8)	DATE
ITEM_FILLER1	Item Filler	1	287	287	X	sp(1)	FILLER
M0069_PAT_GENDER	Gender	1	288	288	9	1, 2	CODE
M0018_PHYSICIAN_ID	Primary Referring Physician National Provider ID (NPI)	10	289	298	X(10)	Valid code,sp(10)	CODE
M0018_PHYSICIAN_UK	Primary Referring Physician NPI: Unknown	1	299	299	9	0, 1	CODE
M0080_ASSESSOR_DISCIPLINE	Discipline of Person Completing Assessment	2	300	301	99	01, 02, 03, 04	CODE
M0090_INFO_COMPLETED_DT	Date Assessment Completed	8	302	309	YYYYMMDD	Valid date	DATE
M0100_ASSMT_REASON	Reason for Assessment	2	310	311	99	01, 03, 04, 05, 06, 07, 08, 09	CODE
M0140_ETHNIC_AI_AN	Race/Ethnicity: American Indian or Alaska	1	312	312	X	0, 1	CODE
M0140_ETHNIC_ASIAN	Race/Ethnicity: Asian	1	313	313	X	0, 1	CODE
M0140_ETHNIC_BLACK	Race/Ethnicity: Black or African-American	1	314	314	X	0, 1	CODE
M0140_ETHNIC_HISP	Race/Ethnicity: Hispanic or Latino	1	315	315	X	0, 1	CODE
M0140_ETHNIC_NH_PI	Race/Ethnicity: Native Hawaiian or Pacific Islander	1	316	316	X	0, 1	CODE
M0140_ETHNIC_WHITE	Race/Ethnicity: White	1	317	317	X	0, 1	CODE
ITEM_FILLER13	Item Filler	1	318	318	X	sp(1)	FILLER
M0150_CPAY_NONE	Current Payment Sources for Home Care: None; no charge for current services	1	319	319	X	0, 1	CODE
M0150_CPAY_MCARE_FFS	Current Payment Sources for Home Care: Medicare Traditional Fee-for-Service	1	320	320	X	0, 1	CODE
M0150_CPAY_MCARE_HMO	Current Payment Sources for Home Care: Medicare HMO/Managed Care	1	321	321	X	0, 1	CODE

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M0150_CPAY_MCAID_FFS	Current Payment Sources for Home Care: Medicaid Traditional Fee-for-Service	1	322	322	X	0, 1	CODE
M0150_CPAY_MCAID_HMO	Current Payment Sources for Home Care: Medicaid HMO/Managed Care	1	323	323	X	0, 1	CODE
M0150_CPAY_WRKCOMP	Current Payment Sources for Home Care: Worker's Compensation	1	324	324	X	0, 1	CODE
M0150_CPAY_TITLEPGMS	Current Payment Sources for Home Care: Title Programs	1	325	325	X	0, 1	CODE
M0150_CPAY_OTH_GOV'T	Current Payment Sources for Home Care: Other Government	1	326	326	X	0, 1	CODE
M0150_CPAY_PRIV_INS	Current Payment Sources for Home Care: Private Insurance	1	327	327	X	0, 1	CODE
M0150_CPAY_PRIV_HMO	Current Payment Sources for Home Care: Private HMO/Managed Care	1	328	328	X	0, 1	CODE
M0150_CPAY_SELFPAY	Current Payment Sources for Home Care: Self-Pay	1	329	329	X	0, 1	CODE
M0150_CPAY_OTHER	Current Payment Sources for Home Care: Other	1	330	330	X	0, 1	CODE
M0150_CPAY_UK	Current Payment Sources for Home Care: Unknown	1	331	331	X	0, 1	CODE
ITEM_FILLER2	Item Filler	6	332	337	X(6)	sp(6)	FILLER
ITEM_FILLER3	Item Filler	5	338	342	X(5)	sp(5)	FILLER
M1005_INP_DISCHARGE_DT	Most Recent Inpatient Discharge Date	8	343	350	YYYYMMDD	Valid date, sp(8)	DATE
M1005_INP_DSCHG_UNKNOWN	Inpatient Discharge Date Unknown	1	351	351	X	0, 1, sp(1)	CODE
M1010_14_DAY_INP1_ICD	Inpatient Stay Within Last 14 Days: ICD Code 1	7	352	358	X999.XX	Valid code, sp(7)	CODE
M1010_14_DAY_INP2_ICD	Inpatient Stay Within Last 14 Days: ICD Code 2	7	359	365	X999.XX	Valid code, sp(7)	CODE
ITEM_FILLER14	Item Filler	1	366	366	X	sp(1)	FILLER

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Form Location	Description	Len	Start	End	Picture	Range if Active	Type
M1016_CHGREG_ICD1	Regimen Change in Past 14 Days: ICD Code 1	7	367	373	X999.XX	Valid code, sp(7)	CODE
M1016_CHGREG_ICD2	Regimen Change in Past 14 Days: ICD Code 2	7	374	380	X999.XX	Valid code, sp(7)	CODE
M1016_CHGREG_ICD3	Regimen Change in Past 14 Days: ICD Code 3	7	381	387	X999.XX	Valid code, sp(7)	CODE
M1016_CHGREG_ICD4	Regimen Change in Past 14 Days: ICD Code 4	7	388	394	X999.XX	Valid code, sp(7)	CODE
M1018_PRIOR_UR_INCON	Prior Condition: Urinary Incontinence	1	395	395	X	0, 1	CODE
M1018_PRIOR_CATH	Prior Condition: Indwelling/Suprapubic Catheter	1	396	396	X	0, 1	CODE
M1018_PRIOR_INTRACT_PAIN	Prior Condition: Intractable Pain	1	397	397	X	0, 1	CODE
M1018_PRIOR_IMPR_DECSN	Prior Condition: Impaired Decision-making	1	398	398	X	0, 1	CODE
M1018_PRIOR_DISRUPTIVE	Prior Condition: Disruptive or Socially Inappropriate Behavior	1	399	399	X	0, 1	CODE
M1018_PRIOR_MEM_LOSS	Prior Condition: Memory Loss, Supervision Required	1	400	400	X	0, 1	CODE
M1018_PRIOR_NONE	Prior Condition: None of the Above	1	401	401	X	0, 1	CODE
M1018_PRIOR_NOCHG_14D	Prior Condition: No Inpatient Discharge, No Change in Regimen in Past 14 Days	1	402	402	X	0, 1	CODE
M1018_PRIOR_UNKNOWN	Prior Condition: Unknown	1	403	403	X	0, 1	CODE
M1020_PRIMARY_DIAG_ICD	Primary Diagnosis ICD Code	7	404	410	XX99.XX	Valid code	CODE
M1020_PRIMARY_DIAG_SEVERITY	Primary Diagnosis Severity Rating	2	411	412	XX	00, 01, 02, 03, 04, sp(2)	CODE
M1022_OTH_DIAG1_ICD	Other Diagnosis 1: ICD Code	7	413	419	XX99.XX	Valid code, sp(7)	CODE
M1022_OTH_DIAG1_SEVERITY	Other Diagnosis 1: Severity Rating	2	420	421	XX	00, 01, 02, 03, 04, sp(2)	CODE
M1022_OTH_DIAG2_ICD	Other Diagnosis 2: ICD Code	7	422	428	XX99.XX	Valid code, sp(7)	CODE
M1022_OTH_DIAG2_SEVERITY	Other Diagnosis 2: Severity Rating	2	429	430	XX	00, 01, 02, 03, 04, sp(2)	CODE
M1022_OTH_DIAG3_ICD	Other Diagnosis 3: ICD Code	7	431	437	XX99.XX	Valid code, sp(7)	CODE

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M1022_OTH_DIAG3_SEVERITY	Other Diagnosis 3: Severity Rating	2	438	439	XX	00, 01, 02, 03, 04, sp(2)	CODE
M1022_OTH_DIAG4_ICD	Other Diagnosis 4: ICD Code	7	440	446	XX99.XX	Valid code, sp(7)	CODE
M1022_OTH_DIAG4_SEVERITY	Other Diagnosis 4: Severity Rating	2	447	448	XX	00, 01, 02, 03, 04, sp(2)	CODE
M1022_OTH_DIAG5_ICD	Other Diagnosis 5: ICD Code	7	449	455	XX99.XX	Valid code, sp(7)	CODE
M1022_OTH_DIAG5_SEVERITY	Other Diagnosis 5: Severity Rating	2	456	457	XX	00, 01, 02, 03, 04, sp(2)	CODE
M1030_THH_IV_INFUSION	Therapies Received at Home: Intravenous, Infusion	1	458	458	X	0, 1	CODE
M1030_THH_PAR_NUTRITION	Therapies Received at Home: Parenteral Nutrition	1	459	459	X	0, 1	CODE
M1030_THH_ENT_NUTRITION	Therapies Received at Home: Enteral Nutrition	1	460	460	X	0, 1	CODE
M1030_THH_NONE_ABOVE	Therapies Received at Home: None of the	1	461	461	X	0, 1	CODE
ITEM_FILLER15	Item Filler	6	462	467	X(6)	sp(6)	FILLER
M1036_RSK_SMOKING	High Risk Factor: Smoking	1	468	468	X	0, 1	CODE
M1036_RSK_OBESITY	High Risk Factor: Obesity	1	469	469	X	0, 1	CODE
M1036_RSK_ALCOHOLISM	High Risk Factor: Alcoholism	1	470	470	X	0, 1	CODE
M1036_RSK_DRUGS	High Risk Factor: Drugs	1	471	471	X	0, 1	CODE
M1036_RSK_NONE	High Risk Factor: None of the Above	1	472	472	X	0, 1	CODE
M1036_RSK_UNKNOWN	High Risk Factor: Unknown	1	473	473	X	0, 1	CODE
ITEM_FILLER16	Item Filler	2	474	475	X(2)	sp(2)	FILLER
ITEM_FILLER4	Item Filler	5	476	480	X(5)	sp(5)	FILLER
ITEM_FILLER5	Item Filler	12	481	492	X(12)	sp(12)	FILLER
ITEM_FILLER6	Item Filler	13	493	505	X(13)	sp(13)	FILLER

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ITEM_FILLER17	Item Filler	23	506	528	X(23)	sp(23)	FILLER
M1200_VISION	Sensory Status: Vision	2	529	530	XX	00, 01, 02	CODE
ITEM_FILLER18	Item Filler	2	531	532	X(2)	sp(2)	FILLER
M1230_SPEECH	Sensory Status: Speech	2	533	534	XX	00, 01, 02, 03, 04, 05	CODE
ITEM_FILLER19	Item Filler	5	535	539	X(5)	sp(5)	FILLER
M1322_NBR_PRSULC_STG1	No. Pressure Ulcers - Stage 1	2	540	541	XX	00, 01, 02, 03, 04	CODE
ITEM_FILLER20	Item Filler	7	542	548	X(7)	sp(7)	FILLER
M1324_STG_PRBLM_ULCER	Stage of Most Problematic Pressure Ulcer	2	549	550	XX	01, 02, 03, 04, NA, sp(2)	CODE
ITEM_FILLER22	Item Filler	14	551	564	X(14)	sp(14)	FILLER
M1400_WHEN_DYSPNEIC	When Dyspneic	2	565	566	XX	00, 01, 02, 03, 04	CODE
M1410_RESPTX_OXYGEN	Respiratory Treatments: Oxygen	1	567	567	X	0, 1	CODE
M1410_RESPTX_VENTILATOR	Respiratory Treatments: Ventilator	1	568	568	X	0, 1	CODE
M1410_RESPTX_AIRPRESS	Respiratory Treatments: Airway Pressure	1	569	569	X	0, 1	CODE
M1410_RESPTX_NONE	Respiratory Treatments: None of the Above	1	570	570	X	0, 1	CODE
M1600_UTI	Treated for Urinary Tract Infection in Past 14 Days	2	571	572	XX	00, 01, NA, UK	CODE
M1610_UR_INCONT	Urinary Incontinence or Urinary Catheter	2	573	574	XX	00, 01, 02	CODE
ITEM_FILLER21	Item Filler	2	575	576	XX	sp(7)	FILLER
M1620_BWL_INCONT	Bowel Incontinence Frequency	2	577	578	XX	00, 01, 02, 03, 04, 05, NA, UK	CODE
M1630_OSTOMY	Ostomy for Bowel Elimination	2	579	580	XX	00, 01, 02	CODE
M1700_COG_FUNCTION	Cognitive Functioning	2	581	582	XX	00, 01, 02, 03, 04	CODE
M1710_WHEN_CONFUSED	When Confused (Reported or Observed)	2	583	584	XX	00, 01, 02, 03, 04, NA	CODE

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M1720_WHEN_ANXIOUS	When Anxious (Reported or Observed)	2	585	586	XX	00, 01, 02, 03, NA	CODE
ITEM_FILLER23	Item Filler	6	587	592	X(6)	sp(6)	FILLER
ITEM_FILLER7	Item Filler	7	593	599	X(7)	sp(7)	FILLER
M1740_BD_MEM_DEFICIT	Behavior Demonstrated: Memory Deficit	1	600	600	X	0, 1	CODE
M1740_BD_IMP_DECISN	Behavior Demonstrated: Impaired Decision-making	1	601	601	X	0, 1	CODE
M1740_BD_VERBAL	Behavior Demonstrated: Verbal Disruption	1	602	602	X	0, 1	CODE
M1740_BD_PHYSICAL	Behavior Demonstrated: Physical Aggression	1	603	603	X	0, 1	CODE
M1740_BD_SOC_INAPPRO	Behavior Demonstrated: Socially Inappropriate	1	604	604	X	0, 1	CODE
M1740_BD_DELUSIONS	Behavior Demonstrated: Delusions	1	605	605	X	0, 1	CODE
M1740_BD_NONE	Behavior Demonstrated: None of the Above	1	606	606	X	0, 1	CODE
M1745_BEH_PROB_FREQ	Frequency of Behavior Problems	2	607	608	XX	00, 01, 02, 03, 04, 05	CODE
M1750_REC_PSYCH_NURS	Receives Psychiatric Nursing	1	609	609	X	0, 1	CODE
ITEM_FILLER24	Item Filler	2	610	611	X(2)	sp(2)	FILLER
M1800_CUR_GROOMING	Current: Grooming	2	612	613	XX	00, 01, 02, 03	CODE
ITEM_FILLER25	Item Filler	2	614	615	X(2)	sp(2)	FILLER
M1810_CUR_DRESS_UPPER	Current: Dress Upper Body	2	616	617	XX	00, 01, 02, 03	CODE
ITEM_FILLER26	Item Filler	2	618	619	X(2)	sp(2)	FILLER
M1820_CUR_DRESS_LOWER	Current: Dress Lower Body	2	620	621	XX	00, 01, 02, 03	CODE
ITEM_FILLER27	Item Filler	18	622	639	X(18)	sp(18)	FILLER
M1870_CUR_FEEDING	Current: Feeding	2	640	641	XX	00, 01, 02, 03, 04, 05	CODE
ITEM_FILLER28	Item Filler	2	642	643	X(2)	sp(2)	FILLER

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M1880_CUR_PREP_LT_MEALS	Current: Prepare Light Meals	2	644	645	XX	00, 01, 02	CODE
ITEM_FILLER29	Item Filler	18	646	663	X(18)	sp(18)	FILLER
M1890_CUR_PHONE_USE	Current: Telephone Use	2	664	665	XX	00, 01, 02, 03, 04, 05, NA	CODE
ITEM_FILLER30	Item Filler	21	666	686	X(21)	sp(21)	FILLER
M2310_ECR_MEDICATION	Emergent Care Reason: Medication	1	687	687	X	0, 1, sp(1)	CODE
ITEM_FILLER31	Item Filler	5	688	692	X(5)	sp(5)	FILLER
M2310_ECR_HYPOGLYC	Emergent Care Reason: Hypoglycemia	1	693	693	X	0, 1, sp(1)	CODE
ITEM_FILLER32	Item Filler	2	694	695	X(2)	sp(2)	FILLER
M2310_ECR_UNKNOWN	Emergent Care Reason: Unknown	1	696	696	X	0, 1, sp(1)	CODE
M2410_INPAT_FACILITY	Inpatient Facility	2	697	698	XX	01, 02, 03, 04, NA	CODE
ITEM_FILLER33	Item Filler	7	699	705	X(7)	sp(7)	FILLER
M2430_HOSP_MED	Hospitalized: Medication	1	706	706	X	0, 1, sp(1)	CODE
ITEM_FILLER34	Item Filler	3	707	709	X(3)	sp(3)	FILLER
M2430_HOSP_HYPOGLYC	Hospitalized: Hypoglycemia	1	710	710	X	0, 1, sp(1)	CODE
ITEM_FILLER35	Item Filler	5	711	715	X(5)	sp(5)	FILLER
M2430_HOSP_UR_TRACT	Hospitalized: Urinary Tract	1	716	716	X	0, 1, sp(1)	CODE
ITEM_FILLER36	Item Filler	1	717	717	X	sp(1)	FILLER
M2430_HOSP_DVT_PULMNR	Hospitalized: Deep vein thrombosis, Pulmonary embolus	1	718	718	X	0, 1, sp(1)	CODE
M2430_HOSP_PAIN	Hospitalized: Pain	1	719	719	X	0, 1, sp(1)	CODE
ITEM_FILLER37	Item Filler	2	720	721	X(2)	sp(2)	FILLER
M2440_NH_THERAPY	Admitted to Nursing Home: Therapy	1	722	722	X	0, 1, sp(1)	CODE

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M2440_NH_RESPITE	Admitted to Nursing Home: Respite	1	723	723	X	0, 1, sp(1)	CODE
M2440_NH_HOSPICE	Admitted to Nursing Home: Hospice	1	724	724	X	0, 1, sp(1)	CODE
M2440_NH_PERMANENT	Admitted to Nursing Home: Permanent Placement	1	725	725	X	0, 1, sp(1)	CODE
M2440_NH_UNSAFE_HOME	Admitted to Nursing Home: Unsafe at Home	1	726	726	X	0, 1, sp(1)	CODE
M2440_NH_OTHER	Admitted to Nursing Home: Other	1	727	727	X	0, 1, sp(1)	CODE
M2440_NH_UNKNOWN	Admitted to Nursing Home: Unknown	1	728	728	X	0, 1, sp(1)	CODE
M0903_LAST_HOME_VISIT	Date of Last Home Visit	8	729	736	YYYYMMDD	Valid date	DATE
M0906_DC_TRAN_DTH_DT	Discharge, Transfer, Death Date	8	737	744	YYYYMMDD	Valid date	DATE
ITEM_FILLER8	Item Filler	2	745	746	XX	sp(2)	FILLER
ITEM_FILLER9	Item Filler	2	747	748	XX	sp(2)	FILLER
ITEM_FILLER38	Item Filler	2	749	750	X(2)	sp(2)	FILLER
M1000_DC_SNF_14_DA	Past 14 Days: Discharged from Skilled Nursing Facility	1	751	751	X	0, 1	CODE
ITEM_FILLER39	Item Filler	2	752	753	X(2)	sp(2)	FILLER
M1000_DC_NONE_14_DA	Past 14 Days: Not Discharged from Inpatient Facility	1	754	754	X	0, 1	CODE
ITEM_FILLER10	Item Filler	14	755	768	X(14)	sp(14)	FILLER
NATL_PROV_ID	National Provider ID (NPI)	10	769	778	X(10)	Valid code, sp(10)	TEXT
M0110_EPISODE_TIMING	Episode Timing	2	779	780	XX	01, 02, UK, NA	CODE
M1024_PMT_DIAG_ICD_A3	Case Mix Diagnosis: Primary, Column 3	7	781	787	X999.XX	Valid code, sp(7)	CODE
M1024_PMT_DIAG_ICD_B3	Case Mix Diagnosis: First Secondary, Column	7	788	794	X999.XX	Valid code, sp(7)	CODE

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M1024_PMT_DIAG_ICD_C3	Case Mix Diagnosis: Second Secondary, Column 3	7	795	801	X999.XX	Valid code, sp(7)	CODE
M1024_PMT_DIAG_ICD_D3	Case Mix Diagnosis: Third Secondary, Column	7	802	808	X999.XX	Valid code, sp(7)	CODE
M1024_PMT_DIAG_ICD_E3	Case Mix Diagnosis: Fourth Secondary, Column 3	7	809	815	X999.XX	Valid code, sp(7)	CODE
M1024_PMT_DIAG_ICD_F3	Case Mix Diagnosis: Fifth Secondary, Column	7	816	822	X999.XX	Valid code, sp(7)	CODE
M1024_PMT_DIAG_ICD_A4	Case Mix Diagnosis: Primary, Column 4	7	823	829	X999.XX	Valid code, sp(7)	CODE
M1024_PMT_DIAG_ICD_B4	Case Mix Diagnosis: First Secondary, Column	7	830	836	X999.XX	Valid code, sp(7)	CODE
M1024_PMT_DIAG_ICD_C4	Case Mix Diagnosis: Second Secondary, Column 4	7	837	843	X999.XX	Valid code, sp(7)	CODE
M1024_PMT_DIAG_ICD_D4	Case Mix Diagnosis: Third Secondary, Column	7	844	850	X999.XX	Valid code, sp(7)	CODE
M1024_PMT_DIAG_ICD_E4	Case Mix Diagnosis: Fourth Secondary, Column 4	7	851	857	X999.XX	Valid code, sp(7)	CODE
M1024_PMT_DIAG_ICD_F4	Case Mix Diagnosis: Fifth Secondary, Column	7	858	864	X999.XX	Valid code, sp(7)	CODE
M2200_THER_NEED_NUM	Therapy Need: Number of Visits	3	865	867	999	sp(3), 000 through 999	COUNT
M2200_THER_NEED_NA	Therapy Need: Not Applicable	1	868	868	9	0, 1	CODE
ITEM_FILLER40	Item Filler	1	869	869	X	sp(1)	FILLER
** M0102_PHYSN_ORDRD_SOCROC_D	Physician Ordered SOC/ROC Date	8	870	877	YYYYMMDD	Valid date,sp(8)	DATE
** M0102_PHYSN_ORDRD_SOCROC_D	Physician Ordered SOC/ROC Date - NA	1	878	878	X	0, 1, sp(1)	CODE
** M0104_PHYSN_RFRL_DT	Physician Date Of Referral	8	879	886	YYYYMMDD	Valid date,sp(8)	DATE
** M1000_DC_LTC_14_DA	Past 14 Days: Dschrgd From LTC NH	1	887	887	X	0, 1	CODE
** M1000_DC_IPPS_14_DA	Past 14 Days: Dschrgd From Short Stay Acute Hospital	1	888	888	X	0, 1	CODE
** M1000_DC_LTCH_14_DA	Past 14 Days: Dschrgd From Long Term Care Hospital	1	889	889	X	0, 1	CODE

** - Identifies new OASIS C items

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Form Location	Description	Len	Start	End	Picture	Range if Active	Type
** M1000_DC_IRF_14_DA	Past 14 Days: Discharged From Inpatient Rehab Facility	1	890	890	X	0, 1	CODE
** M1000_DC_PSYCH_14_DA	Past 14 Days: Dschrgd From Psychiatric Hospital Or Unit	1	891	891	X	0, 1	CODE
** M1000_DC_OTH_14_DA	Past 14 Days: Dschrgd From Other	1	892	892	X	0, 1	CODE
** M1010_14_DAY_INP3_ICD	Inpatient Stay Within Last 14 Days: ICD Code 3	7	893	899	X999.XX	Valid code, sp(7)	CODE
** M1010_14_DAY_INP4_ICD	Inpatient Stay Within Last 14 Days: ICD Code 4	7	900	906	X999.XX	Valid code, sp(7)	CODE
** M1010_14_DAY_INP5_ICD	Inpatient Stay Within Last 14 Days: ICD Code 5	7	907	913	X999.XX	Valid code, sp(7)	CODE
** M1010_14_DAY_INP6_ICD	Inpatient Stay Within Last 14 Days: ICD Code 6	7	914	920	X999.XX	Valid code, sp(7)	CODE
** M1012_INP_PRCDR1_ICD	Inpatient ICD Procedure1 Code	7	921	927	XX99.9X	Valid code, sp(7)	CODE
** M1012_INP_PRCDR2_ICD	Inpatient ICD Procedure2 Code	7	928	934	XX99.9X	Valid code, sp(7)	CODE
** M1012_INP_PRCDR3_ICD	Inpatient ICD Procedure3 Code	7	935	941	XX99.9X	Valid code, sp(7)	CODE
** M1012_INP_PRCDR4_ICD	Inpatient ICD Procedure4 Code	7	942	948	XX99.9X	Valid code, sp(7)	CODE
** M1012_INP_NA_ICD	Inpatient ICD Procedure Code - NA	1	949	949	X	0, 1, sp(1)	CODE
** M1012_INP_UK_ICD	Inpatient ICD Procedure Code - UK	1	950	950	X	0, 1, sp(1)	CODE
** M1016_CHGREG_ICD5	Regimen Change In Past 14 Days: ICD Code 5	7	951	957	X999.XX	Valid code, sp(7)	CODE
** M1016_CHGREG_ICD6	Regimen Change In Past 14 Days: ICD Code 6	7	958	964	X999.XX	Valid code, sp(7)	CODE
** M1016_CHGREG_ICD_NA	Regimen Change In Past 14 Days: Not Applicable	1	965	965	X	0, 1	CODE
** M1032_HOSP_RISK_RCNT_DCLN	Risk For Hospitalization: Recent Decline In Mental, Emotional Or Behavior Status	1	966	966	X	0, 1	CODE
** M1032_HOSP_RISK_MLTPL_HOSPZTN	Risk For Hospitalization: Multiple Hospitalizations (2 Or More) In Past 12 Mo	1	967	967	X	0, 1	CODE

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Form Location	Description	Len	Start	End	Picture	Range if Active	Type
** M1032_HOSP_RISK_HSTRY_FALLS	Risk For Hospitalization: History Of Falls (2 Or More Falls Or Any Fall With An Injury) In Past Year	1	968	968	X	0, 1	CODE
** M1032_HOSP_RISK_5PLUS_MDCTN	Risk For Hospitalization: Taking Five Or More Medications	1	969	969	X	0, 1	CODE
** M1032_HOSP_RISK_FRAILTY	Risk For Hospitalization: Frailty Indicators	1	970	970	X	0, 1	CODE
** M1032_HOSP_RISK_OTHR	Risk For Hospitalization: Other	1	971	971	X	0, 1	CODE
** M1032_HOSP_RISK_NONE_ABOVE	Risk For Hospitalization: None Of The Above	1	972	972	X	0, 1	CODE
** M1034_PTNT_OVRAL_STUS	Patient's Overall Status	2	973	974	XX	00, 01 ,02 ,03 ,UK	CODE
** M1040_INFLNZ_RCVD_AGENCY	Influenza Vaccine: Did Patient Receive The Influenza Vaccine	2	975	976	XX	00, 01, NA	CODE
** M1045_INFLNZ_RSN_NOT_RCVD	Influenza Vaccine: Reason Not Received In Agency	2	977	978	XX	01, 02, 03, 04, 05, 06, 07, sp(2)	CODE
** M1050_PPV_RCVD_AGENCY	Pneumococcal Vaccine: Did Patient Receive The Influenza Vaccine	1	979	979	X	0, 1	CODE
** M1055_PPV_RSN_NOT_RCVD_AGNC	Pneumococcal Vaccine: Reason Not Received In Agency	2	980	981	XX	01, 02, 03, 04, 05, sp(2)	CODE
** M1100_PTNT_LVG_STUTN	Patient Living Situation	2	982	983	XX	01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15	CODE
** M1210_HEARG_ABLTY	Ability To Hear	2	984	985	XX	00, 01, 02, UK	CODE
** M1220_UNDRSTG_VERBAL_CNTNT	Understanding Of Verbal Content In Patient's Own Language	2	986	987	XX	00, 01, 02, 03, UK	CODE
** M1240_FRML_PAIN_ASMT	Has Patient Had A Formal Pain Assessment	2	988	989	XX	00, 01, 02	CODE
** M1242_PAIN_FREQ_ACTVTY_MVMT	Frequency Of Pain Interfering With Patient's Activity Or Movement	2	990	991	XX	00, 01, 02, 03, 04	CODE
** M1300_PRSR_ULCR_RISK_ASMT	Was Patient Assessed For Risk Of Developing Pus	2	992	993	XX	00, 01, 02	CODE

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Submission String Order

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
** M1302_RISK_OF_PRSR_ULCR	Does This Patient Have A Risk Of Developing Pus	1	994	994	X	0, 1, sp(1)	CODE
** M1306_UNHLD_STG2_PRSR_ULCR	Patient Has At Least 1 Unhealed PU At Stage 2 Or Higher	1	995	995	X	0, 1	CODE
** M1307_OLDST_STG2_ONST_DT	Date Of Onset Of Oldest Stage II Pressure	8	996	1003	YYYYMMDD	Valid date, sp(8)	DATE
** M1307_OLDST_STG2_AT_DSCHRG	Status Of Oldest Stage II Pressure Ulcer At Discharge	2	1004	1005	XX	01, 02, NA, sp(2)	CODE
** M1308_NBR_PRSULC_STG2	No. Pressure Ulcers - Stage 2	2	1006	1007	XX	00 - 99, sp(2)	CODE
** M1308_NBR_STG2_AT_SOC_ROC	Number PU Stage 2 At SOC/ROC	2	1008	1009	XX	00 - 99, sp(2)	CODE
** M1308_NBR_PRSULC_STG3	No. Pressure Ulcers - Stage 3	2	1010	1011	XX	00 - 99, sp(2)	CODE
** M1308_NBR_STG3_AT_SOC_ROC	Number PU Stage 3 At SOC/ROC	2	1012	1013	XX	00 - 99, sp(2)	CODE
** M1308_NBR_PRSULC_STG4	No. Pressure Ulcers - Stage 4	2	1014	1015	XX	00 - 99, sp(2)	CODE
** M1308_NBR_STG4_AT_SOC_ROC	Number PU Stage 4 At SOC/ROC	2	1016	1017	XX	00 - 99, sp(2)	CODE
** M1308_NSTG_DRSG	Unstageable Due To Non-removable Dressing Or Device	2	1018	1019	XX	00 - 99, sp(2)	CODE
** M1308_NSTG_DRSG_SOC_ROC	Unstageable Due To Non-removable Dressing Or Device At SOC/ROC	2	1020	1021	XX	00 - 99, sp(2)	CODE
** M1308_NSTG_CVRG	Unstageable Due To Coverage By Slough Or Eschar	2	1022	1023	XX	00 - 99, sp(2)	CODE
** M1308_NSTG_CVRG_SOC_ROC	Unstageable Due To Coverage By Slough Or Eschar At SOC/ROC	2	1024	1025	XX	00 - 99, sp(2)	CODE
** M1308_NSTG_DEEP_TISUE	Unstageable Due To Suspected Deep Tissue Injury In Evolution	2	1026	1027	XX	00 - 99, sp(2)	CODE
** M1308_NSTG_DEEP_TISUE_SOC_RO	Unstageable Due To Suspected Deep Tissue Injury In Evolution At SOC/ROC	2	1028	1029	XX	00 - 99, sp(2)	CODE
** M1310_PRSR_ULCR_LNGTH	Head To Toe Length Of Stage III Or IV Pu With Largest Area	4	1030	1033	X9.X	sp(4), 00.0 - 99.9	CODE

** - Identifies new OASIS C items

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Form Location	Description	Len	Start	End	Picture	Range if Active	Type
** M1312_PRSR_ULCR_WDTH	Width At Right Angles Of Stage III Or IV Pu With Largest Area	4	1034	1037	X9.X	sp(4), 00.0 - 99.9	CODE
** M1314_PRSR_ULCR_DEPTH	Depth Of Stage III Or IV Pu With Largest Area	4	1038	1041	X9.X	sp(4), 00.0 - 99.9	CODE
** M1320_STUS_PRBLM_PRSR_ULCR	Status Of Most Problematic Pressure Ulcer	2	1042	1043	XX	00, 01, 02, 03, NA, sp(2)	CODE
** M1330_STAS_ULCR_PRSNT	Does This Patient Have A Stasis Ulcer	2	1044	1045	XX	00, 01, 02, 03	CODE
** M1332_NUM_STAS_ULCR	No. Stasis Ulcers	2	1046	1047	XX	01, 02, 03, 04, sp(2)	CODE
** M1334_STUS_PRBLM_STAS_ULCR	Status Of Most Problematic Stasis Ulcer	2	1048	1049	XX	00, 01, 02, 03, sp(2)	CODE
** M1340_SRGL_WND_PRSNT	Does This Patient Have A Surgical Wound	2	1050	1051	XX	00, 01, 02	CODE
** M1342_STUS_PRBLM_SRGL_WND	Status Of Most Problematic Surgical Wound	2	1052	1053	XX	00, 01, 02, 03, sp(2)	CODE
** M1350_LESION_OPEN_WND	Has Skin Lesion Or Open Wound	1	1054	1054	X	0, 1	CODE
** M1500_SYMTM_HRT_FAILR_PTNTS	Symptoms In Heart Failure Patients	2	1055	1056	XX	00, 01, 02, NA	CODE
** M1510_HRT_FAILR_NO_ACTN	Heart Failure Follow Up: No Action	1	1057	1057	X	0, 1, sp(1)	VARCH
** M1510_HRT_FAILR_PHYSN_CNTCT	Heart Failure Follow Up: Physician Contacted	1	1058	1058	X	0, 1, sp(1)	VARCH
** M1510_HRT_FAILR_ER_TRTMT	Heart Failure Follow Up: ER Treatment	1	1059	1059	X	0, 1, sp(1)	VARCH
** M1510_HRT_FAILR_PHYSN_TRTMT	Heart Failure Follow Up: Physician-Ordered Treatment Implemented	1	1060	1060	X	0, 1, sp(1)	VARCH
** M1510_HRT_FAILR_CLNCL_INTRVTN	Heart Failure Follow Up: Patient Education Or Other Clinical Interventions	1	1061	1061	X	0, 1, sp(1)	VARCH
** M1510_HRT_FAILR_CARE_PLAN_CH	Heart Failure Follow Up: Change In Care Plan Orders Obtained	1	1062	1062	X	0, 1, sp(1)	VARCH
** M1615_INCNTNT_TIMING	When Urinary Incontinence Occurs	2	1063	1064	XX	00, 01, 02, 03, 04, sp(2)	CODE
** M1730_STDZ_DPRSN_SCRNG	Has The Patient Been Screened For Depression Using Stdzed Screen Tool	2	1065	1066	XX	00, 01, 02, 03	CODE
** M1730_PHQ2_LACK_INTRST	PHQ2 Pfizer Little Interest Or Pleasure In Doing Things	2	1067	1068	XX	00, 01, 02, 03, NA, sp(2)	CODE
** - Identifies new OASIS C items							

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Form Location	Description	Len	Start	End	Picture	Range if Active	Type
** M1730_PHQ2_DPRSN	PHQ2 Pfizer Feeling Down, Depressed Or Hopeless	2	1069	1070	XX	00, 01, 02, 03, NA, sp(2)	CODE
** M1830_CRNT_BATHG	Current: Bathing	2	1071	1072	XX	00, 01, 02, 03, 04, 05, 06	CODE
** M1840_CUR_TOILTG	Current: Toileting	2	1073	1074	XX	00, 01, 02, 03, 04	CODE
** M1845_CUR_TOILTG_HYGN	Current: Toileting Hygiene	2	1075	1076	XX	00, 01, 02, 03	CODE
** M1850_CUR_TRNSFRNG	Current: Transferring	2	1077	1078	XX	00, 01, 02, 03, 04, 05	CODE
** M1860_CRNT_AMBLTN	Current: Ambulation	2	1079	1080	XX	00, 01, 02, 03, 04, 05, 06	CODE
SUBM_HIPPS_CODE	HIPPS Group Code, Submitted	5	1081	1085	X(5)	Valid code, sp(5)	CODE
ITEM_FILLER11	Item Filler	5	1086	1090	X(5)	sp(5)	FILLER
SUBM_HIPPS_VERSION	HIPPS Version, submitted	5	1091	1095	XXXXXX	Appropriate HIPPS version code	CODE
** M1900_PRIOR_ADLIADL_SELF	Prior Functioning ADL/IADL: Self-care (grooming, Bathing, Dressing)	2	1096	1097	XX	00, 01, 02	CODE
** M1900_PRIOR_ADLIADL_AMBLTN	Prior Functioning ADL/IADL: Ambulation	2	1098	1099	XX	00, 01, 02	CODE
** M1900_PRIOR_ADLIADL_TRNSFR	Prior Functioning ADL/IADL: Transfer	2	1100	1101	XX	00, 01, 02	CODE
** M1900_PRIOR_ADLIADL_HSEHOLD	Prior Functioning ADL/IADL: Household Tasks	2	1102	1103	XX	00, 01, 02	CODE
** M1910_MLT_FCTR_FALL_RISK_ASMT	Has Patient Had A Multi-factor Fall Risk Assessment?	2	1104	1105	XX	00, 01, 02	CODE
** M2000_DRUG_RGMN_RVW	Drug Regimen Review	2	1106	1107	XX	00, 01, 02, NA	CODE
** M2002_MDCTN_FLWP	Medication Follow-up	1	1108	1108	X	0, 1, sp(1)	CODE
** M2004_MDCTN_INTRVTN	Medication Intervention	2	1109	1110	XX	00, 01, NA	CODE
** M2010_HIGH_RISK_DRUG_EDCTN	Patient/Caregiver High Risk Drug Education	2	1111	1112	XX	00, 01, NA, sp(2)	CODE
** M2015_DRUG_EDCTN_INTRVTN	Patient/Caregiver Drug Education Intervention	2	1113	1114	XX	00, 01, NA	CODE
** M2020_CRNT_MGMT_ORAL_MDCTN	Current: Management Of Oral Medications	2	1115	1116	XX	00, 01, 02, 03, NA, sp(2)	CODE
** - Identifies new OASIS C items							

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Form Location	Description	Len	Start	End	Picture	Range if Active	Type
** M2030_CRNT_MGMT_INJCTN_MDCTN	Current: Management Of Injectable Medications	2	1117	1118	XX	00, 01, 02, 03, NA, sp(2)	CODE
** M2040_PRIOR_MGMT_ORAL_MDCTN	Prior Med Mgmt: Oral Medications	2	1119	1120	XX	00, 01, 02, NA	CODE
** M2040_PRIOR_MGMT_INJCTN_MDCT	Prior Med Mgmt: Injectable Medications	2	1121	1122	XX	00, 01, 02, NA	CODE
** M2100_CARE_TYPE_SRC_ADL	Care Mgmt, Types And Sources Of Assist: ADL	2	1123	1124	XX	00, 01, 02, 03, 04, 05	CODE
** M2100_CARE_TYPE_SRC_IADL	Care Mgmt, Types And Sources Of Assist: IADL	2	1125	1126	XX	00, 01, 02, 03, 04, 05	CODE
** M2100_CARE_TYPE_SRC_MDCTN	Care Mgmt, Types And Sources Of Assist: Medication Admin	2	1127	1128	XX	00, 01, 02, 03, 04, 05	CODE
** M2100_CARE_TYPE_SRC_PRCDR	Care Mgmt, Types And Sources Of Assist: Med Procs Tx	2	1129	1130	XX	00, 01, 02, 03, 04, 05	CODE
** M2100_CARE_TYPE_SRC_EQUIP	Care Mgmt, Types And Sources Of Assist: Equipment	2	1131	1132	XX	00, 01, 02, 03, 04, 05	CODE
** M2100_CARE_TYPE_SRC_SPRVSN	Care Mgmt, Types And Sources Of Assist: Supervision And Safety	2	1133	1134	XX	00, 01, 02, 03, 04, 05	CODE
** M2100_CARE_TYPE_SRC_ADVCY	Care Mgmt, Types And Sources Of Assist: Advocacy Or Facilitation	2	1135	1136	XX	00, 01, 02, 03, 04, 05	CODE
** M2110_ADL_IADL_ASTNC_FREQ	How Often Recv ADL Or IADL Assistance From Any	2	1137	1138	XX	01, 02, 03, 04, 05, UK	CODE
** M2250_PLAN_SMRY_PTNT_SPECIF	Plan Of Care Synopsis: Patient Specific Parameters	2	1139	1140	XX	00, 01, NA	CODE
** M2250_PLAN_SMRY_DBTS_FT_CARE	Plan Of Care Synopsis: Diabetic Foot Care	2	1141	1142	XX	00, 01, NA	CODE
** M2250_PLAN_SMRY_FALL_PRVNT	Plan Of Care Synopsis: Falls Prevention Interventions	2	1143	1144	XX	00, 01, NA	CODE
** M2250_PLAN_SMRY_DPRSN_INTRVTN	Plan Of Care Synopsis: Depression	2	1145	1146	XX	00, 01, NA	CODE
** M2250_PLAN_SMRY_PAIN_INTRVTN	Plan Of Care Synopsis: Pain Interventions	2	1147	1148	XX	00, 01, NA	CODE
** M2250_PLAN_SMRY_PRSULC_PRVNT	Plan Of Care Synopsis: PU Prevention	2	1149	1150	XX	00, 01, NA	CODE
** M2250_PLAN_SMRY_PRSULC_TRTMT	Plan Of Care Synopsis: PU Moist Treatment	2	1151	1152	XX	00, 01, NA	CODE
** - Identifies new OASIS C items							

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Form Location	Description	Len	Start	End	Picture	Range if Active	Type
** M2300_EMER_USE_AFTR_LAST_ASMT	Emergent Care: Use Since Last Oasis Data Collection	2	1153	1154	XX	00, 01, 02, UK	CODE
** M2310_ECR_INJRY_BY_FALL	Emergent Care Reason: Injury Caused By Fall	1	1155	1155	X	0, 1, sp(1)	CODE
** M2310_ECR_RSPRTRY_INFCTN	Emergent Care Reason: Respiratory Infection	1	1156	1156	X	0, 1, sp(1)	CODE
** M2310_ECR_RSPRTRY_OTHR	Emergent Care Reason: Respiratory Other	1	1157	1157	X	0, 1, sp(1)	CODE
** M2310_ECR_HRT_FAILR	Emergent Care Reason: Heart Failure	1	1158	1158	X	0, 1, sp(1)	CODE
** M2310_ECR_CRDC_DSRTHM	Emergent Care Reason: Cardiac Dysrhythmia	1	1159	1159	X	0, 1, sp(1)	CODE
** M2310_ECR_MI_CHST_PAIN	Emergent Care Reason: Myocardial Infarction Or Chest Pain	1	1160	1160	X	0, 1, sp(1)	CODE
** M2310_ECR_OTHR_HRT_DEASE	Emergent Care Reason: Other Heart Disease	1	1161	1161	X	0, 1, sp(1)	CODE
** M2310_ECR_STROKE_TIA	Emergent Care Reason: Stroke (CVA) Or TIA	1	1162	1162	X	0, 1, sp(1)	CODE
** M2310_ECR_GI_PRBLM	Emergent Care: GI Bleeding, Obstruction, Constipation, Impaction	1	1163	1163	X	0, 1, sp(1)	CODE
** M2310_ECR_DHYDRTN_MALNTR	Emergent Care Reason: Dehydration, Malnutrition	1	1164	1164	X	0, 1, sp(1)	CODE
** M2310_ECR_UTI	Emergent Care Reason: Urinary Track Infection	1	1165	1165	X	0, 1, sp(1)	CODE
** M2310_ECR_CTHTR_CMPLCTN	Emergent Care Reason: IV Catheter-related Infection Or Complication	1	1166	1166	X	0, 1, sp(1)	CODE
** M2310_ECR_WND_INFCTN_DTRORT	Emergent Care Reason: Wound Infection Or Deterioration	1	1167	1167	X	0, 1, sp(1)	CODE
** M2310_ECR_UNCNTLD_PAIN	Emergent Care Reason: Uncontrolled Pain	1	1168	1168	X	0, 1, sp(1)	CODE
** M2310_ECR_MENTL_BHVRL_PRBLM	Emergent Care Reason: Acute Mental/Behavioral Health Problem	1	1169	1169	X	0, 1, sp(1)	CODE
** M2310_ECR_DVT_PULMNRY	Emergent Care Reason: Deep Vein Thrombosis, Pulmonary Embolus	1	1170	1170	X	0, 1, sp(1)	CODE
** M2310_ECR_OTHER	Emergent Care Reason: Other Than Above	1	1171	1171	X	0, 1, sp(1)	CODE
** - Identifies new OASIS C items							

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Form Location	Description	Len	Start	End	Picture	Range if Active	Type
** M2400_INTRVTN_SMRY_DBTS_FT	Intervention Synopsis: Diabetic Foot Care	2	1172	1173	XX	00, 01, NA	CODE
** M2400_INTRVTN_SMRY_FALL_PRVNT	Intervention Synopsis: Falls Prevention Intervention	2	1174	1175	XX	00, 01, NA	CODE
** M2400_INTRVTN_SMRY_DPRSN	Intervention Synopsis: Depression Intervention	2	1176	1177	XX	00, 01, NA	CODE
** M2400_INTRVTN_SMRY_PAIN_MNTR	Intervention Synopsis: Intervention To Monitor And Mitigate Pain	2	1178	1179	XX	00, 01, NA	CODE
** M2400_INTRVTN_SMRY_PRSULC_PR	Intervention Synopsis: Intervention To Prevent Pressure Ulcers	2	1180	1181	XX	00, 01, NA	CODE
** M2400_INTRVTN_SMRY_PRSULC_WET	Intervention Synopsis: Pressure Ulcer Treatment Based On Moist Wound Treatment	2	1182	1183	XX	00, 01, NA	CODE
** M2420_DSCHRG_DISP	Discharge Disposition	2	1184	1185	XX	01, 02, 03, 04, UK	CODE
** M2430_HOSP_INJRY_BY_FALL	Hospitalized: Injury Caused By Fall	1	1186	1186	X	0, 1, sp(1)	CODE
** M2430_HOSP_RSPRTRY_INFCTN	Hospitalized: Respiratory	1	1187	1187	X	0, 1, sp(1)	CODE
** M2430_HOSP_RSPRTRY_OTHR	Hospitalized: Other Respiratory	1	1188	1188	X	0, 1, sp(1)	CODE
** M2430_HOSP_HRT_FAILR	Hospitalized: Heart Failure	1	1189	1189	X	0, 1, sp(1)	CODE
** M2430_HOSP_CRDC_DSRTM	Hospitalized: Cardiac Dysrhythmia	1	1190	1190	X	0, 1, sp(1)	CODE
** M2430_HOSP_MI_CHST_PAIN	Hospitalized: Myocardial Infarction Or Chest Pain	1	1191	1191	X	0, 1, sp(1)	CODE
** M2430_HOSP_OTHR_HRT_DEASE	Hospitalized: Other Heart Disease	1	1192	1192	X	0, 1, sp(1)	CODE
** M2430_HOSP_STROKE_TIA	Hospitalized: Stroke (CVA) Or TIA	1	1193	1193	X	0, 1, sp(1)	CODE
** M2430_HOSP_GI_PRBLM	Hospitalized: GI Bleeding, Obstruction, Constipation, Impaction	1	1194	1194	X	0, 1, sp(1)	CODE
** M2430_HOSP_DHYDRTN_MALNTR	Hospitalized: Dehydration, Malnutrition	1	1195	1195	X	0, 1, sp(1)	CODE
** M2430_HOSP_CTHTR_CMPLCTN	Hospitalized: IV Catheter Related Infection Or Complication	1	1196	1196	X	0, 1, sp(1)	CODE
** M2430_HOSP_WND_INFCTN	Hospitalized: Wound Infection Or Deterioration	1	1197	1197	X	0, 1, sp(1)	CODE
** - Identifies new OASIS C items							

Uniform Data Submission Specifications for the OASIS-C (01/2010 Update)
Abbreviated Body Record Layout For Submission From the HHA (Version 2.00)

Submission String Order

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
** M2430_HOSP_MENTL_BHVRL_PRBLM	Hospitalized: Acute Mental/Behavior Health Problem	1	1198	1198	X	0, 1, sp(1)	CODE
** M2430_HOSP_SCHLD_TRTMT	Hospitalized: Scheduled Treatment Or	1	1199	1199	X	0, 1, sp(1)	CODE
** M2430_HOSP_OTHER	Hospitalized: Other	1	1200	1200	X	0, 1, sp(1)	CODE
** M2430_HOSP_UK	Hospitalized: UK	1	1201	1201	X	0, 1, sp(1)	CODE
ITEM_FILLER41	Item Filler	137	1202	1338	X(137)	sp(137)	FILLER
CMS_USE1	CMS USE1	52	1339	1390	X(52)	sp(52)	TEXT
ITEM_FILLER42	Item Filler	6	1391	1396	X(6)	sp(6)	FILLER
CMS_USE2	CMS USE2	46	1397	1442	X(46)	sp(46)	
ITEM_FILLER43	Item Filler	3	1443	1445	X(3)	sp(3)	FILLER
DATA_END	End of Data Terminator Code	1	1446	1446	X	%	
CRG_RTN	Carriage Return (ASCII 013)	1	1447	1447	X	ASCII 013	
LN_FD	Line Feed (ASCII 010)	1	1448	1448	X	ASCII 010	

** - Identifies new OASIS C items