

## APPENDIX G — DESCRIPTION OF CHANGES FROM OASIS-C TO OASIS-C1/ICD-9

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Appendix G includes a description of the changes that have been made to each OASIS item in the latest revision of the item set (OASIS-C1/ICD-9). The table which starts on the following page includes the following columns:

1. **OASIS-C Item #:** The identifying number of the item on OASIS-C.
2. **OASIS-C Item Description:** All or part of the OASIS-C item text.
3. **OASIS-C1/ICD-9 Item #:** The identifying number of the item on OASIS-C1/ICD-9.
4. **OASIS-C1/ICD-9 Item Description:** All or part of the OASIS-C1/ICD-9 item text.

### Type of Change

5. **Item Added:** If the item is newly added to the item set, “X” will appear in this column.
6. **Time point collected:** If the specific time points at which this item is collected has changed (either it is collected at a new time point or it is no longer collected at a specific time point) “X” will appear in this column.
7. **Item Deleted:** If the item is no longer collected at any time point, “X” will appear in this column.
8. **Item Stem:** If the wording of the item stem has changed, “X” will appear in this column.
9. **Response Option:** If the wording of any of the response options has changed, “X” will appear in this column.
10. **Response Number:** If the number of response options has changed, “X” will appear in this column.
11. **Skip Directions:** If the skip instructions (for example, [ **Go to M903** ]) have changed, “X” will appear in this column.
12. **New Item Number:** If the changes to the item are considered significant enough to require an item number change, “X” will appear in this column. If item coding or the number of response options has changed, or any other change has been made that would change the way the item is used for outcome or process measures or for payment or risk adjustment, a new number will be assigned.
13. **Change Description:** This column contains a brief description of the changes that have been made to each item.

OASIS-C		OASIS-C1/ICD-9		Type of Change								
Item #	Item Description	Item #	Item Description	Item Added	Time point collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	Change Description
M0010	CMS Certification Number	M0010	CMS Certification Number									
M0014	Branch State	M0014	Branch State									
M0016	Branch ID Number	M0016	Branch ID Number									
M0018	National Provider Identifier (NPI) physician who signed plan of care	M0018	National Provider Identifier (NPI) physician who signed plan of care									
M0020	Patient ID Number	M0020	Patient ID Number									
M0030	Start of Care Date	M0030	Start of Care Date									
M0032	Resumption of Care Date	M0032	Resumption of Care Date									
M0040	Patient Name	M0040	Patient Name									
M0050	Patient State of Residence	M0050	Patient State of Residence									
M0060	Patient Zip Code	M0060	Patient ZIP Code				X					ZIP capitalized
M0063	Medicare Number	M0063	Medicare Number									
M0064	Social Security Number	M0064	Social Security Number									
M0065	Medicaid Number	M0065	Medicaid Number									
M0066	Birth Date	M0066	Birth Date									
M0069	Gender	M0069	Gender									
M0140	Race/Ethnicity	M0140	Race/Ethnicity: (Mark all that apply.)									
M0150	Current Payment Sources	M0150	Current Payment Sources: (Mark all that apply.)					X				Changed "e.g." to "for example" in two response options. Deleted "etc."
	Items to be Used at Specific Time Points											Table changed to reflect item numbering changes and additions/deletions of items at specific time points.
M0080	Discipline of Person Completing Assessment	M0080	Discipline of Person Completing Assessment									

OASIS-C		OASIS-C1/ICD-9		Type of Change								Change Description
Item #	Item Description	Item #	Item Description	Item Added	Time point collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	
M0090	Date Assessment Completed	M0090	Date Assessment Completed									
M0100	This Assessment is Currently Being Completed for the Following Reason	M0100	This Assessment is Currently Being Completed for the Following Reason:							X		New skip directions due to changes in item numbering.
M0102	Date of Physician-ordered Start of Care (Resumption of Care)	M0102	Date of Physician-ordered Start of Care (Resumption of Care)									
M0104	Date of Referral	M0104	Date of Referral									
M0110	Episode Timing (Early/Later)	M0110	Episode Timing (Early/Later)									
M1000	From which of the following <b>Inpatient Facilities</b> was the patient discharged <u>during the past 14 days?</u> (Mark all that apply.)	M1000	From which of the following <b>Inpatient Facilities</b> was the patient discharged within the past 14 days? (Mark all that apply.)				X			X		<ul style="list-style-type: none"> <li>Current wording “during the past 14 days” changed to “within the past 14 days” and underlining removed for consistency with other similar items.</li> <li>New skip directions revised due to numbering changes.</li> </ul>
M1005	Inpatient Discharge Date (most recent)	M1005	Inpatient Discharge Date (most recent)									

OASIS-C		OASIS-C1/ICD-9		Type of Change								
Item #	Item Description	Item #	Item Description	Item Added	Time point collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	Change Description
M1010	List each <b>Inpatient Diagnosis</b> and ICD-9-C M code at the level of highest specificity for only those conditions treated during an inpatient stay within the last 14 days	M1010	List each <b>Inpatient Diagnosis</b> and ICD-9-C M code at the level of highest specificity for only those conditions actively treated during an inpatient stay having a discharge date within the last 14 days (no V or E codes or surgical codes):		X		X	X				<ul style="list-style-type: none"><li>• Changed “treated” to “actively treated.”</li><li>• Added surgical code exclusion.</li></ul>
M1012	List each <b>Inpatient Procedure</b> and the associated ICD-9-C M procedure code relevant to the plan of care.					X						Deleted - HHAs no longer required to report procedure codes.
M1016	<b>Diagnoses Requiring Medical or Treatment Regimen Change Within Past 14 Days:</b> List the patient's Medical Diagnoses and ICD-9-C M codes at the level of highest specificity for those conditions requiring changed medical or treatment regimen within the past 14 days (no surgical, E codes, or V codes):	M1016	<b>Diagnoses Requiring Medical or Treatment Regimen Change Within Past 14 Days:</b> List the patient's Medical Diagnoses and ICD-9-C M codes at the level of highest specificity for those conditions requiring changed medical or treatment regimen within the past 14 days (no surgical, E codes, or V codes):									

OASIS-C		OASIS-C1/ICD-9		Type of Change								
Item #	Item Description	Item #	Item Description	Item Added	Time point collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	Change Description
M1018	Conditions Prior to Regimen Change or Inpatient Stay Within Past 14 Days	M1018	Conditions Prior to Regimen Change or Inpatient Stay Within Past 14 Days				X					Changed "which" to "that" in item stem.
M1020	Primary Diagnosis & Degree of Symptom Control	M1020	Primary Diagnosis & Degree of Symptom Control									
M1022	Other Diagnoses & Degree of Symptom Control	M1022	Other Diagnoses & Degree of Symptom Control									
M1024	Payment Diagnoses (Optional)	M1024	Payment Diagnoses (Optional)									
M1030	Therapies patient receives at home	M1030	Therapies patient receives at home									
M1032	Risk for Hospitalization: Which of the following signs or symptoms characterize this patient as at risk for hospitalization? (Mark all that apply.)	M1033	Risk for Hospitalization: Which of the following signs or symptoms characterize this patient as at risk for hospitalization? (Mark all that apply.)					X	X			<ul style="list-style-type: none"><li>Revised to:collect data on factors identified in literature as predictive of hospitalization;</li><li>provide guidance on time period under consideration for responses;</li><li>order responses based on length of look-back period.</li></ul>
M1034	Patient's Overall Status	M1034	Patient's Overall Status									
M1036	Risk Factors	M1036	Risk Factors									

OASIS-C		OASIS-C1/ICD-9		Type of Change								
Item #	Item Description	Item #	Item Description	Item Added	Time point collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	Change Description
M1040	<b>Influenza Vaccine:</b> Did the patient receive the influenza vaccine from your agency for this year's influenza season (October 1 through March 31) during this episode of care?	M1041	<b>Influenza Vaccine Data Collection Period:</b> Does this episode of care (SOC/ROC to Transfer/Discharge) include any dates on or between October 1 and March 31?				X	X	X	X	X	<ul style="list-style-type: none"><li>Revised item to collect whether the episode of care included the time period for reporting influenza vaccine status.</li><li>Revised skip instructions.</li><li>Revised item title to reflect content.</li></ul>
M1045	<b>Reason Influenza Vaccine not received:</b> If the patient did not receive the influenza vaccine from your agency during this episode of care, state reason:	M1046	<b>Influenza Vaccine Received:</b> did the patient receive the influenza vaccine for this year's flu season?				X	X	X		X	Simplified item to report whether patient received influenza vaccine from any source, and if not, reason for not receiving vaccine.
M1050	<b>Pneumococcal Vaccine:</b> Did the patient receive pneumococcal polysaccharide vaccine (PPV) from your agency during this episode of care (SOC/ROC to Transfer/Discharge)?	M1051	<b>Pneumococcal Vaccine:</b> Has the patient ever received the pneumococcal vaccination (for example, pneumovax)?				X	X	X		X	PPV substituted with generic term pneumococcal vaccine or vaccination. The terms "during this episode of care" and "from your agency" were deleted from the stem.

OASIS-C		OASIS-C1/ICD-9		Type of Change								Change Description
Item #	Item Description	Item #	Item Description	Item Added	Time point collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	
M1055	<b>Reason PPV not received:</b> If patient did not receive the pneumococcal polysaccharide vaccine (PPV) from your agency during this episode of care (SOC/ROC to Transfer/Discharge), state reason:	M1056	<b>Reason Pneumococcal Vaccine not received:</b> If patient has never received the pneumococcal vaccination (for example, pneumovax), state reason:				X	X	X		X	<ul style="list-style-type: none"><li>PPV substituted with generic term pneumococcal vaccine or vaccination.</li><li>Also, the words “during this episode of care” “and from your agency” were eliminated from the item stem.</li></ul>
M1100	<b>Patient Living Situation</b> Which of the following best describes the patient's residential circumstance and availability of assistance? (Check one box only.)	M1100	<b>Patient Living Situation</b> Which of the following best describes the patient's residential circumstance and availability of assistance? (Check one box only.)					X				<ul style="list-style-type: none"><li>Eliminated "e.g." abbreviation and replaced with "for example" for clarity in response "c".</li><li>Added "residential care home" as an example of congregate living situation.</li></ul>
M1200	<b>Vision</b> (with corrective lenses if the patient usually wears them):	M1200	<b>Vision</b> (with corrective lenses if the patient usually wears them):									
M1210	<b>Ability to hear</b> (with hearing aid or hearing appliance if normally used):	M1210	<b>Ability to Hear</b> (with hearing aid or hearing appliance if normally used):				X					Capitalized the “h” in “Hear” to be consistent with formatting in other items.
M1220	<b>Understanding of Verbal Content</b> in patient's own language (with hearing aid or device if used):	M1220	<b>Understanding of Verbal Content</b> in patient's own language (with hearing aid or device if used):									
M1230	<b>Speech and Oral (Verbal) Expression of Language</b> (in patient's own language):	M1230	<b>Speech and Oral (Verbal) Expression of Language</b> (in patient's own language):					X				Eliminated "e.g." abbreviation and replaced with "for example" for clarity in response 4.

OASIS-C		OASIS-C1/ICD-9		Type of Change								
Item #	Item Description	Item #	Item Description	Item Added	Time point collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	Change Description
M1240	Has this patient had a formal <b>Pain Assessment</b> using a standardized pain assessment tool (appropriate to the patient's ability to communicate the severity of pain)?	M1240	Has this patient had a formal <b>Pain Assessment</b> using a standardized, validated pain assessment tool (appropriate to the patient's ability to communicate the severity of pain)?				X	X				Added "validated" to item stem and response 0 since both "standardized" and "validated" are specified in the OASIS guidance manual.
M1242	<b>Frequency of Pain Interfering</b> with patient's activity or movement:	M1242	<b>Frequency of Pain Interfering</b> with patient's activity or movement:									
M1300	<b>Pressure Ulcer Assessment:</b> Was this patient assessed for Risk of Developing Pressure Ulcers?	M1300	<b>Pressure Ulcer Assessment:</b> Was this patient assessed for Risk of Developing Pressure Ulcers?					X				<ul style="list-style-type: none"><li>• Eliminated "e.g." abbreviation and replaced with "for example" for clarity in response 1. Deleted "etc." from response 1.</li><li>• In response 2, add "validated", changed "Braden" to "Braden Scale", "Norton" to "Norton Scale" for clarity</li></ul>
M1302	<b>Does this patient have a Risk of Developing Pressure Ulcers</b>	M1302	<b>Does this patient have a Risk of Developing Pressure Ulcers</b>									



OASIS-C		OASIS-C1/ICD-9		Type of Change								
Item #	Item Description	Item #	Item Description	Item Added	Time point collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	Change Description
M1306	Does this patient have at least one <b>Unhealed Pressure Ulcer at Stage II or Higher</b> or designated as "unstageable"?	M1306	Does this patient have at least one <b>Unhealed Pressure Ulcer at Stage II or Higher</b> or designated as Unstageable? (Excludes Stage I pressure ulcers and healed Stage II pressure ulcers )				X					Added clarification to exclude healed and Stage 1 ulcers. NPUAP guidance indicates the correct term is Unstageable (no quotation and capitalized).
M1307	The <b>Oldest Non-epithelialized Stage II Pressure Ulcer</b> that is present at discharge	M1307	The <b>Oldest Stage II Pressure Ulcer</b> that is present at discharge: (Excludes healed Stage II Pressure Ulcers)				X	X				Removed "Non-epithelialized" from item stem and added exclusion of healed ulcers. Revised NA response.
M1308	<b>Current Number Unhealed (non-epithelialized) Pressure Ulcers at Stages II-IV (or unstageable)</b>	M1308	<b>Current Number of Unhealed Pressure Ulcers at Each Stage or Unstageable:</b> (Enter "0" if none; Excludes Stage I pressure ulcers and healed Stage II ulcers)				X	X				<ul style="list-style-type: none"><li>The term “non-epithelialized” in the item stem was eliminated to improve clarity - stem now reads as it did in OASIS-B.1 and is consistent with current manual guidance</li><li>Column 2 eliminated.</li></ul>

OASIS-C		OASIS-C1/ICD-9		Type of Change								
Item #	Item Description	Item #	Item Description	Item Added	Time point collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	Change Description
		M1309	<b>Worsening in Pressure Ulcer Status since SOC/ROC:</b> For Stage II, III and IV pressure ulcers, report the number that are new or have increased in numerical stage since the most recent SOC/ROC. For pressure ulcers that are Unstageable due to slough/eschar, report the number that are new or were a Stage I or II at the most recent SOC/ROC.	X			X				X	Collects information at Discharge that was previously collected in M1308 column 2 on worsening pressure ulcer status, and harmonized with MDS and CARE instruments. NPUAP guidance indicates the correct term is Unstageable (no quotation and capitalized).
M1310	<b>Pressure Ulcer Length</b>					X						Deleted
M1312	<b>Pressure Ulcer Width</b>					X						Deleted
M1314	<b>Pressure Ulcer Depth</b>					X						Deleted
M1320	<b>Status Most Problematic (Observable) Pressure Ulcer</b>	M1320	<b>Status of Most Problematic Pressure Ulcer that is Observable:</b> (Excludes pressure ulcer that cannot be observed due to a non-removable dressing/device)				X					Changed item stem to clarify exclusion of non-observable ulcer(s).

OASIS-C		OASIS-C1/ICD-9		Type of Change								
Item #	Item Description	Item #	Item Description	Item Added	Time point collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	Change Description
M1322	<b>Current Number of Stage I Pressure Ulcers:</b> Intact skin with non-blanchable redness of a localized area usually over a bony prominence. The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue.	M1322	<b>Current Number of Stage I Pressure Ulcers:</b> Intact skin with non-blanchable redness of a localized area usually over a bony prominence. The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue.									
M1324	<b>Stage Most Problematic (Observable) Pressure Ulcer</b>	M1324	<b>Stage of Most Problematic Unhealed Pressure Ulcer that is Stageable:</b> (Excludes pressure ulcer that cannot be staged due to a non-removable dressing/device, coverage of wound bed by slough and/or eschar, or suspected deep tissue injury.)				X	X				Changed item stem to distinguish "observable" from "stageable." Changed NA response to distinguish "observable" from "stageable."
M1330	Does this patient have a <b>Stasis Ulcer?</b>	M1330	Does this patient have a <b>Stasis Ulcer?</b>					X				Changed "dressing" in Response 3 to "dressing/device".
M1332	<b>Current Number (Observable) Stasis Ulcer(s)</b>	M1332	<b>Current Number of Stasis Ulcer(s) that are Observable:</b>				X					Revised item stem for clarity and consistency.
M1334	<b>Status Most Problematic (Observable) Stasis Ulcer</b>	M1334	<b>Status of Most Problematic Stasis Ulcer that is Observable:</b>				X	X	X			<ul style="list-style-type: none"><li>Item stem was reworded.</li><li>Eliminated Response “0-Newly Epithelialized.”</li></ul>

OASIS-C		OASIS-C1/ICD-9		Type of Change							Change Description
Item #	Item Description	Item #	Item Description	Item Added	Time point collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	
M1340	Does this patient have a <b>Surgical Wound</b> ?	M1340	Does this patient have a <b>Surgical Wound</b> ?					X		X	<ul style="list-style-type: none"> <li>New skip directions due to deletion of M1350 at FU and DC</li> <li>Response 1, parentheses were removed from the word observable.</li> <li>Response 2, changed term “non-removable dressing” to “non-removable dressing/device.”</li> </ul>
M1342	<b>Status Most Problematic (Observable) Surgical Wound</b>	M1342	<b>Status of Most Problematic Surgical Wound that is Observable</b>				X				Revised item stem for clarity and consistency.
M1350	Does this patient have a <b>Skin Lesion or Open Wound</b> , excluding bowel ostomy, other than those described above <u>that is receiving intervention by the home health agency?</u>	M1350	Does this patient have a <b>Skin Lesion or Open Wound</b> (excluding bowel ostomy) other than those described above <u>that is receiving intervention by the home health agency?</u>		X		X				No longer collected at FU or DC. Changed punctuation in item stem.
M1400	When is the patient dyspneic or noticeably <b>Short of Breath</b> ?	M1400	When is the patient dyspneic or noticeably <b>Short of Breath</b> ?					X			Eliminated "e.g." abbreviation and replaced with "for example" to increase clarity in responses 2 and 3.
M1410	<b>Respiratory Treatments</b> utilized at home: <b>(Mark all that apply.)</b>	M1410	<b>Respiratory Treatments</b> utilized at home: <b>(Mark all that apply.)</b>		X						No longer collected at DC

OASIS-C		OASIS-C1/ICD-9		Type of Change								
Item #	Item Description	Item #	Item Description	Item Added	Time point collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	Change Description
M1500	<b>Symptoms in Heart Failure Patients:</b> If patient has been diagnosed with heart failure, did the patient exhibit symptoms indicated by clinical heart failure guidelines (including dyspnea, orthopnea, edema, or weight gain) at any point since the previous OASIS assessment?	M1500	<b>Symptoms in Heart Failure Patients:</b> If patient has been diagnosed with heart failure, did the patient exhibit symptoms indicated by clinical heart failure guidelines (including dyspnea, orthopnea, edema, or weight gain) at the time of or at any time since the previous OASIS assessment?				X					Wording in item stem revised to clarify that reporting period includes the time of the assessment.
M1510	<b>Heart Failure Follow-up:</b> If patient has been diagnosed with heart failure and has exhibited symptoms indicative of heart failure since the previous OASIS assessment, what action(s) has (have) been taken to respond? (Mark all that apply.)	M1510	<b>Heart Failure Follow-up:</b> If patient has been diagnosed with heart failure and has exhibited symptoms indicative of heart failure since the previous OASIS assessment, what action(s) has (have) been taken to respond? (Mark all that apply.)				X	X				<ul style="list-style-type: none"><li>Wording in item stem revised to clarify that reporting period includes the time of the assessment.</li><li>Eliminated "e.g." abbreviation and replaced with "for example" in responses 2 and 5.</li><li>Deleted "etc." from response 5.</li></ul>
M1600	Has this patient been treated for a <b>Urinary Tract Infection</b> in the past 14 days?	M1600	Has this patient been treated for a <b>Urinary Tract Infection</b> in the past 14 days?									
M1610	<b>Urinary Incontinence or Urinary Catheter Presence</b>	M1610	<b>Urinary Incontinence or Urinary Catheter Presence</b>					X				Eliminated "i.e." abbreviation and replaced with "specifically" to improve clarity in response 2.

OASIS-C		OASIS-C1/ICD-9		Type of Change								
Item #	Item Description	Item #	Item Description	Item Added	Time point collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	Change Description
M1615	<b>When does Urinary Incontinence</b> occur?	M1615	<b>When does Urinary Incontinence</b> occur?									
M1620	<b>Bowel Incontinence Frequency</b>	M1620	<b>Bowel Incontinence Frequency</b>									
M1630	<b>Ostomy for Bowel Elimination:</b> Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay, or b) necessitated a change in medical or treatment regimen?	M1630	<b>Ostomy for Bowel Elimination:</b> Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay; or b) necessitated a change in medical or treatment regimen?				X					Punctuation changed in item stem.
M1700	<b>Cognitive Functioning:</b> Patient's current (day of assessment) level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.	M1700	<b>Cognitive Functioning:</b> Patient's current (day of assessment) level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.					X				Eliminated "e.g." abbreviation and replaced with "for example" to improve clarity in response 2.
M1710	<b>When Confused (Reported or Observed Within the Last 14 Days)</b>	M1710	<b>When Confused (Reported or Observed Within the Last 14 Days)</b>									
M1720	<b>When Anxious (Reported or Observed Within the Last 14 Days)</b>	M1720	<b>When Anxious (Reported or Observed Within the Last 14 Days)</b>									

OASIS-C		OASIS-C1/ICD-9		Type of Change								
Item #	Item Description	Item #	Item Description	Item Added	Time point collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	Change Description
M1730	<b>Depression Screening:</b> Has the patient been screened for depression, using a standardized depression screening tool?	M1730	<b>Depression Screening:</b> Has the patient been screened for depression, using a standardized, validated depression screening tool?				X	X				<ul style="list-style-type: none"><li>Added “validated” to item stem for clarity since both "standardized" and "validated" are specified in the OASIS guidance manual.</li><li>Added phrase "patient was screened" to response 2 for clarity and consistency.</li></ul>
M1740	<b>Cognitive, behavioral, and psychiatric symptoms</b> that are demonstrated at least once a week (Reported or Observed): <b>(Mark all that apply.)</b>	M1740	<b>Cognitive, behavioral, and psychiatric symptoms</b> that are demonstrated at least once a week <b>(Reported or Observed): (Mark all that apply.)</b>					X				<ul style="list-style-type: none"><li>Eliminated "e.g." abbreviation and replaced with "for example" to improve clarity in response 4.</li><li>Reported or Observed in item stem has been bolded (as the OASIS item).</li></ul>
M1745	<b>Frequency of Disruptive Behavior Symptoms (Reported or Observed):</b> Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.	M1745	<b>Frequency of Disruptive Behavior Symptoms (Reported or Observed):</b> Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.									
M1750	Is this patient receiving <b>Psychiatric Nursing Services</b> at home provided by a qualified psychiatric nurse?	M1750	Is this patient receiving <b>Psychiatric Nursing Services</b> at home provided by a qualified psychiatric nurse?									

OASIS-C		OASIS-C1/ICD-9		Type of Change								
Item #	Item Description	Item #	Item Description	Item Added	Time point collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	Change Description
M1800	<b>Grooming:</b> Current ability to tend safely to personal hygiene needs (i.e. washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).	M1800	<b>Grooming:</b> Current ability to tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up, teeth or denture care, or fingernail care).				X					Eliminated "i.e." abbreviation and replaced with "specifically" to improve clarity in item stem.
M1810	Current <b>Ability to Dress Upper Body</b> safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps:	M1810	Current <b>Ability to Dress Upper Body</b> safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps:									
M1820	Current <b>Ability to Dress Lower Body</b> safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:	M1820	Current <b>Ability to Dress Lower Body</b> safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:									
M1830	<b>Bathing:</b> Current ability to wash entire body safely. <b>Excludes grooming (washing face, washing hands, and shampooing hair).</b>	M1830	<b>Bathing:</b> Current ability to wash entire body safely. <b>Excludes grooming (washing face, washing hands, and shampooing hair).</b>					X				Deleted the phrase "throughout the bath." from Response 5 to include patients who need intermittent assistance bathing self in bed, at the sink, in bedside chair, or on the commode.



OASIS-C		OASIS-C1/ICD-9		Type of Change								
Item #	Item Description	Item #	Item Description	Item Added	Time point collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	Change Description
M1840	<b>Toilet Transferring:</b> Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.	M1840	<b>Toilet Transferring:</b> Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.									
M1845	<b>Toileting Hygiene:</b> Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not managing equipment.	M1845	<b>Toileting Hygiene:</b> Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not managing equipment.									
M1850	<b>Transferring:</b> Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.	M1850	<b>Transferring:</b> Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.									
M1860	<b>Ambulation/Locomotion:</b> Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.	M1860	<b>Ambulation/Locomotion:</b> Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.					X				<ul style="list-style-type: none"><li>• Eliminated "i.e." abbreviation and replaced with "specifically" to improve clarity in response 0.</li><li>• Eliminated "e.g." abbreviation and replaced with "for example" to improve clarity in response 1 and 2.</li></ul>

OASIS-C		OASIS-C1/ICD-9		Type of Change								
Item #	Item Description	Item #	Item Description	Item Added	Time point collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	Change Description
M1870	<b>Feeding or Eating:</b> Current ability to feed self meals and snacks safely. Note: This refers only to the process of <u>eating</u> , <u>chewing</u> , and <u>swallowing</u> , <u>not preparing</u> the food to be eaten.	M1870	<b>Feeding or Eating:</b> Current ability to feed self meals and snacks safely. Note: This refers only to the process of <u>eating</u> , <u>chewing</u> , and <u>swallowing</u> , <u>not preparing</u> the food to be eaten.									
M1880	Current <b>Ability to Plan and Prepare Light Meals</b> (e.g., cereal, sandwich) or reheat delivered meals safely:	M1880	Current <b>Ability to Plan and Prepare Light Meals</b> (for example: cereal, sandwich) or reheat delivered meals safely:				X	X				<ul style="list-style-type: none"><li>• Eliminated "e.g." abbreviation and replaced with "for example" to improve clarity in the item stem.</li><li>• Eliminated "i.e." abbreviation and replaced with "specifically" to improve clarity in response 0.</li></ul>
M1890	<b>Ability to Use Telephone:</b> Current ability to answer the phone safely, including dialing numbers, and <u>effectively</u> using the telephone to communicate.	M1890	<b>Ability to Use Telephone:</b> Current ability to answer the phone safely, including dialing numbers, and <u>effectively</u> using the telephone to communicate.					X				Eliminated "e.g." abbreviation and replaced with "for example" to improve clarity in response 1.

OASIS-C		OASIS-C1/ICD-9		Type of Change								
Item #	Item Description	Item #	Item Description	Item Added	Time point collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	Change Description
M1900	<b>Prior Functioning ADL/IADL:</b> Indicate the patient’s usual ability with everyday activities prior to this current illness, exacerbation, or injury. Check only <u>one</u> box in each row.	M1900	<b>Prior Functioning ADL/IADL:</b> Indicate the patient’s usual ability with everyday activities prior to his/her most recent illness, exacerbation, or injury. Check only <u>one</u> box in each row.				X	X				<ul style="list-style-type: none"><li>In item stem, “this current” replaced with “his/her most recent” for clarity.</li><li>Responses modified so that all the relevant ADLs/IADLs are listed and abbreviations were eliminated (“i.e.” replaced with “specifically”, “e.g.” replaced with “for example”).</li></ul>
M1910	Has this patient had a multi-factor <b>Fall Risk Assessment</b> (such as falls history, use of multiple medications, mental impairment, toileting frequency, general mobility/transferring impairment, environmental hazards)?	M1910	Has this patient had a multi-factor <b>Falls Risk Assessment</b> using a standardized, validated assessment tool?				X	X				Unnecessary wording was deleted from the item stem, and “standardized, validated” have been added for consistency with the instructions in the guidance manual. Response option wording modified for clarity.

OASIS-C		OASIS-C1/ICD-9		Type of Change								
Item #	Item Description	Item #	Item Description	Item Added	Time point collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	Change Description
M2000	<b>Drug Regimen Review:</b> Does a complete drug regimen review indicate potential clinically significant medication issues, e.g., drug reactions, ineffective drug therapy, side effects, drug interactions, duplicate therapy, omissions, dosage errors, or noncompliance?	M2000	<b>Drug Regimen Review:</b> Does a complete drug regimen review indicate potential clinically significant medication issues (for example: adverse drug reactions, ineffective drug therapy, significant side effects, drug interactions, duplicate therapy, omissions, dosage errors, or noncompliance [non-adherence])?				X					<ul style="list-style-type: none"><li>Item stem revised. Abbreviations eliminated for clarity ("i.e." replaced with "specifically", "e.g." replaced with "for example"). Item stem wording revised to reflect OASIS Guidance Manual.</li><li>"Adverse" added to describe drug reactions; 'significant' added to describe side effects; and "non-adherence" added to noncompliance.</li></ul>
M2002	<b>Medication Follow-up:</b> Was a physician or the physician-designee contacted within one calendar day to resolve clinically significant medication issues, including reconciliation?	M2002	<b>Medication Follow-up:</b> Was a physician or the physician-designee contacted within one calendar day to resolve clinically significant medication issues, including reconciliation?									

OASIS-C		OASIS-C1/ICD-9		Type of Change								
Item #	Item Description	Item #	Item Description	Item Added	Time point collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	Change Description
M2004	<b>Medication Intervention:</b> If there were any clinically significant medication issues since the previous OASIS assessment, was a physician or the physician-designee contacted within one calendar day of the assessment to resolve clinically significant medication issues, including reconciliation?	M2004	<b>Medication Intervention:</b> If there were any clinically significant medication issues at the time of, or at any time since the previous OASIS assessment, was a physician or the physician-designee contacted within one calendar day to resolve any identified clinically significant medication issues, including reconciliation?				X	X				Wording in item stem and NA response revised to clarify that reporting period includes the time of the assessment.
M2010	<b>Patient/Caregiver High Risk Drug Education:</b> Has the patient/caregiver received instruction on special precautions for all high-risk medications (such as hypoglycemics, anticoagulants, etc.) and how and when to report problems that may occur?	M2010	<b>Patient/Caregiver High Risk Drug Education:</b> Has the patient/caregiver received instruction on special precautions for all high-risk medications (such as hypoglycemics, anticoagulants, etc.) and how and when to report problems that may occur?									

[illegible]

OASIS-C		OASIS-C1/ICD-9		Type of Change								
Item #	Item Description	Item #	Item Description	Item Added	Time point collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	Change Description
M2030	<b>Management of Injectable Medications:</b> <u>Patient's current ability</u> to prepare and take <u>all</u> prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. <b><u>Excludes IV medications.</u></b>	M2030	<b>Management of Injectable Medications:</b> <u>Patient's current ability</u> to prepare and take <u>all</u> prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. <b><u>Excludes IV medications.</u></b>									
M2040	<b>Prior Medication Management Ability:</b> Indicate the patient's usual ability with managing oral and injectable medications prior to this current illness, exacerbation, or injury. Check only <u>one</u> box in each row.	M2040	<b>Prior Medication Management:</b> Indicate the patient's usual ability with managing oral and injectable medications prior to his/her most recent illness, exacerbation or injury. Check only <u>one</u> box in each row.				X	X				<ul style="list-style-type: none"><li>Item stem data collection period clarified -- "this current" changed to "his/her most recent...."</li><li>Capitalization of "NA" response changed for consistency with other items.</li></ul>

OASIS-C		OASIS-C1/ICD-9		Type of Change								
Item #	Item Description	Item #	Item Description	Item Added	Time point collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	Change Description
M2100	<b>Types of Assistance Needed and Sources/Availability:</b> Determine the level of caregiver ability and willingness to provide assistance for the following activities, if assistance is needed. (Check only <u>one</u> box in each row.)	M2102	<b>Types and Sources of Assistance:</b> Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to provide assistance for the following activities, if assistance is needed. Excludes all care by your agency staff. (Check only <u>one</u> box in each row.)				X	X	X		X	<ul style="list-style-type: none"><li>Revised stem and column headings to clarify that "caregiver" refers to non-agency caregivers (such as family members, friends, or privately paid caregivers) and excludes care by agency staff. Added text to column heading to clarify that “No assistance needed from Caregiver in this area” means that the patient is independent or does not have needs in this area. Simplified response options by combining “Caregiver(s) not likely to provide assistance” and “Care-giver(s) unwilling/unable to provide assistance.”</li><li>Changed “e.g.” to “for example” in response options.</li><li>“home exercise program” added to Response D.</li></ul>



OASIS-C		OASIS-C1/ICD-9		Type of Change								
Item #	Item Description	Item #	Item Description	Item Added	Time point collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	Change Description
M2110	<b>How Often</b> does the patient receive <b>ADL or IADL assistance</b> from any caregiver(s) (other than home health agency staff)?	M2110	<b>How Often</b> does the patient receive <b>ADL or IADL assistance</b> from any caregiver(s) (other than home health agency staff)?		X			X				No longer collected at DC. Deleted instruction to omit "UK" response at DC.
M2200	<b>Therapy Need:</b> In the home health plan of care for the Medicare payment episode for which this assessment will define a case mix group, what is the indicated need for therapy visits (total of reasonable and necessary physical, occupational, and speech-language pathology visits combined)? <b>(Enter zero [ “000” ] if no therapy visits indicated.)</b>	M2200	<b>Therapy Need:</b> In the home health plan of care for the Medicare payment episode for which this assessment will define a case mix group, what is the indicated need for therapy visits (total of reasonable and necessary physical, occupational, and speech-language pathology visits combined)? <b>(Enter zero [ “000” ] if no therapy visits indicated.)</b>									

OASIS-C		OASIS-C1/ICD-9		Type of Change								
Item #	Item Description	Item #	Item Description	Item Added	Time point collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	Change Description
M2250	<b>Plan of Care Synopsis:</b> (Check only one box in each row.) Does the physician-ordered plan of care include the following:	M2250	<b>Plan of Care Synopsis:</b> (Check only one box in each row.) Does the physician-ordered plan of care include the following:					X				<ul style="list-style-type: none"><li>Revised the intervention description for row “d” to add physician notification of positive screen. Revised the "Not Applicable" responses for rows “b”, “c”, “d”, “e”, “f” and “g” to add detail, improve clarity, and be consistent with current manual guidance.</li><li>Changed “na” responses to “NA” for consistency with other items.</li></ul>
M2300	<b>Emergent Care:</b> Since the last time OASIS data were collected, has the patient utilized a hospital emergency department (includes holding/ observation)?	M2300	<b>Emergent Care:</b> At the time of or at any time since the previous OASIS assessment has the patient utilized a hospital emergency department (includes holding/ observation status)?				X					<ul style="list-style-type: none"><li>Wording in item stem revised to clarify that reporting period includes the time of the assessment</li><li>Added the word "status" to "holding/ observation" to bring into alignment with current manual guidance.</li></ul>

OASIS-C		OASIS-C1/ICD-9		Type of Change								
Item #	Item Description	Item #	Item Description	Item Added	Time point collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	Change Description
M2310	<b>Reason for Emergent Care:</b> For what reason(s) did the patient receive emergent care (with or without hospitalization)?	M2310	<b>Reason for Emergent Care:</b> For what reason(s) did the patient seek and/or receive emergent care (with or without hospitalization)?				X	X				<ul style="list-style-type: none"><li>• Wording in item stem changed to "seek and/or receive" to bring into alignment with current manual guidance.</li><li>• Response 1 revised to include "adverse drug reactions" to bring into alignment with current manual guidance</li><li>• 3) Changed "e.g." to "for example" in Responses 3 and 5.</li></ul>
M2400	<b>Intervention Synopsis</b> - Since the previous OASIS assessment, were the following interventions BOTH included in the physician-ordered plan of care AND implemented?	M2400	<b>Intervention Synopsis</b> - (Check only one box in each row.) At the time of or at any time since the previous OASIS assessment, were the following interventions BOTH included in the physician-ordered plan of care AND implemented?				X	X				<ul style="list-style-type: none"><li>• Wording in item stem revised to clarify that reporting period includes the time of the assessment</li><li>• Not Applicable responses have been modified to add detail, improve clarity, and be consistent with responses in M2250 and current manual guidance.</li><li>• 3) Change “na” to “NA” for consistency with other items.</li></ul>
M2410	To which <b>Inpatient Facility</b> has the patient been admitted?	M2410	To which <b>Inpatient Facility</b> has the patient been admitted?							X		Changed skip instruction for Response 3 due to deletion of M2440.

OASIS-C		OASIS-C1/ICD-9		Type of Change								
Item #	Item Description	Item #	Item Description	Item Added	Time point collected	Item Deleted	Item Stem	Response Option	Response Number	Skip Directions	New Item Number	Change Description
M2420	<b>Discharge Disposition:</b> Where is the patient after discharge from your agency? <b>(Choose only one answer.)</b>	M2420	<b>Discharge Disposition:</b> Where is the patient after discharge from your agency? <b>(Choose only one answer.)</b>									
M2430	<b>Reason for Hospitalization:</b> For what reason(s) did the patient require hospitalization? <b>(Mark all that apply.)</b>	M2430	<b>Reason for Hospitalization:</b> For what reason(s) did the patient require hospitalization? <b>(Mark all that apply.)</b>					X				<ul style="list-style-type: none"><li>Added "adverse drug reactions" to Response 1.</li><li>Eliminated "e.g." abbreviation and replaced with "for example" to improve clarity in responses 3 and 5.</li></ul>
M2440	For what <b>Reason(s)</b> was the patient <b>Admitted</b> to a <b>Nursing Home</b> ? <b>(Mark all that apply.)</b>					X						Deleted
M0903	Date of Last (Most Recent) Home Visit	M0903	Date of Last (Most Recent) Home Visit									
M0906	Discharge/Transfer/Death Date	M0906	Discharge/Transfer/Death Date									