Comparison of OASIS-B1 to OASIS-C Draft Version 12.2 (3/4/2009) to OASIS C Final Version (August, 2009)

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M0010	(M0010) Agency Medicare Provider Number	M0010	***C M S Certification Number*** __ __ __ __ __ __	M0010	***C M S Certification Number*** __ __ __ __ __ __
M0012	(M0012) Agency Medicaid Provider Number		***<<ITEM DROPPED on OASIS-C<<***		***<<ITEM DROPPED on OASIS-C<<***
M0014	Branch State: __ __	M0014	Branch State: __ __	M0014	Branch State: __ __
M0016	Branch I D Number: __ __ __ __ __ __ __ __ __ __	M0016	Branch I D Number: __ __ __ __ __ __ __ __ __ __	M0016	Branch I D Number: __ __ __ __ __ __ __ __ __ __
M0020	Patient I D Number: __	M0020	Patient I D Number: __	M0020	Patient I D Number: __
M0030	Start of Care Date: month/ day /year	M0030	Start of Care Date: month/ day /year	M0030	Start of Care Date: month/ day /year
M0032	Resumption of Care Date: month/day/year/ NA	M0032	Resumption of Care Date: month/day/year/ NA	M0032	Resumption of Care Date: month/day/year/ NA
M0040	Patient Name: __ __ __ __ __ __ __ __ __ __ __ __ __ __ (First) (MI) __ (Last) (Suffix)	M0040	Patient Name: __ __ __ __ __ __ __ __ __ __ __ __ __ __ (First) (MI) __ (Last) (Suffix)	M0040	Patient Name: __ __ __ __ __ __ __ __ __ __ __ __ __ __ (First) (MI) __ (Last) (Suffix)
M0050	Patient State of Residence: __ __	M0050	Patient State of Residence: __ __	M0050	Patient State of Residence: __ __
M0060	Patient Zip Code: __ __ __ __ __ __ __ __ __ __	M0060	Patient Zip Code: __ __ __ __ __ __ __ __ __ __	M0060	Patient Zip Code: __ __ __ __ __ __ __ __ __ __
M0063	Medicare Number: __ __ __ __ __ __ __ __ __ __ __ __ (including suffix) • NA – No Medicare	M0063	Medicare Number: __ __ __ __ __ __ __ __ __ __ __ __ (including suffix) • NA – No Medicare	M0063	Medicare Number: __ __ __ __ __ __ __ __ __ __ __ __ (including suffix) • NA – No Medicare
M0064	Social Security Number: __ __ __ - __ __ - __ __ __ __ • UK – Unknown or Not Available	M0064	Social Security Number: __ __ __ - __ __ - __ __ __ __ • UK – Unknown or Not Available	M0064	Social Security Number: __ __ __ - __ __ - __ __ __ __ • UK – Unknown or Not Available
M0065	Medicaid Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ • NA – No Medicaid	M0065	Medicaid Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ • NA – No Medicaid	M0065	Medicaid Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ • NA – No Medicaid
M0066	(M0066) Birth Date: month/day/year	M0066	Birth Date: month/day/year	M0066	Birth Date: month/day/year

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M0069	(M0069) Gender: • 1 - Male • 2 - Female	M0069	Gender: • 1 - Male • 2 - Female	M0069	Gender: • 1 - Male • 2 – Female
M0072	(M0072) Primary Referring Physician id: (UPIN#) __ __ __ __ __ __ __ __ __ __ • UK - Unknown or Not Available	M0018	***National Provider identifier (NPI) for the attending physician who has signed the plan of care:*** __ __ __ __ __ __ __ __ __ __ • UK – Unknown or Not Available	M0018	***National Provider identifier (NPI) for the attending physician who has signed the plan of care:*** __ __ __ __ __ __ __ __ __ __ • UK – Unknown or Not Available
M0140	(M0140) Race/Ethnicity (as identified by patient): (Mark all that apply.) • 1 - American Indian or Alaska Native • 2 - Asian • 3 - Black or African-American • 4 - Hispanic or Latino • 5 - Native Hawaiian or Pacific Islander • 6 - White • UK – Unknown	M0140	Race/Ethnicity: (Mark all that apply.) • 1 - American Indian or Alaska Native • 2 - Asian • 3 - Black or African-American • 4 - Hispanic or Latino • 5 - Native Hawaiian or Pacific Islander • 6 – White ***<<DROPPED: ~~• UK – Unknown~~<<***	M0140	Race/Ethnicity: (Mark all that apply.) • 1 - American Indian or Alaska Native • 2 - Asian • 3 - Black or African-American • 4 - Hispanic or Latino • 5 - Native Hawaiian or Pacific Islander • 6 – White ***<<DROPPED: ~~• UK – Unknown~~<<***
M0150	(M0150) Current Payment Sources for Home Care: (Mark all that apply.) • 0 - None; no charge for current services • 1 - Medicare (traditional fee-for-service) • 2 - Medicare (HMO/managed care) • 3 - Medicaid (traditional fee-for-service) • 4 - Medicaid (HMO/managed care) • 5 - Workers' compensation • 6 - Title programs (e.g., Title III, V, or XX) • 7 - Other government (e.g., CHAMPUS, VA, etc.) • 8 - Private insurance • 9 - Private HMO/managed care • 10 - Self-pay • 11 - Other (specify) • UK – Unknown	M0150	Current Payment Sources for Home Care: (Mark all that apply.) • 0 - None; no charge for current services • 1 - Medicare (traditional fee-for-service) • 2 - Medicare (HMO/managed care***Advantage plan)*** • 3 - Medicaid (traditional fee-for-service) • 4 - Medicaid (HMO/managed care) • 5 - Workers' compensation • 6 - Title programs (e.g., Title III, V, or XX) • 7 - Other government (e.g., TriCare, VA, etc.) • 8 - Private insurance • 9 - Private HMO/managed care • 10 - Self-pay • 11 - Other (specify) • UK - Unknown	M0150	Current Payment Sources for Home Care: (Mark all that apply.) • 0 - None; no charge for current services • 1 - Medicare (traditional fee-for-service) • 2 - Medicare (HMO/managed care***Advantage plan)*** • 3 - Medicaid (traditional fee-for-service) • 4 - Medicaid (HMO/managed care) • 5 - Workers' compensation • 6 - Title programs (e.g., Title III, V, or XX) • 7 - Other government (e.g., TriCare, VA, etc.) • 8 - Private insurance • 9 - Private HMO/managed care • 10 - Self-pay • 11 - Other (specify) • UK – Unknown

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M0080	(M0080) Discipline of Person Completing Assessment: • 1-RN • 2-PT • 3-SLP/ST • 4-OT	M0080	Discipline of Person Completing Assessment: • 1-RN • 2-PT • 3-SLP/ST • 4-OT	M0080	Discipline of Person Completing Assessment: • 1-RN • 2-PT • 3-SLP/ST • 4-OT
M0090	(M0090) Date Assessment Completed: month/day /year	M0090	Date Assessment Completed: month/day/year	M0090	Date Assessment Completed: month/day/year
M0100	(M0100) This Assessment is Currently Being Completed for the Following Reason: Start/Resumption of Care 1 – Start of care—further visits planned 3 – Resumption of care (after inpatient stay) Follow-Up 4 – Recertification (follow-up) reassessment [Go to M0110] 5 – Other follow-up [Go to M0110] Transfer to an Inpatient Facility 6 – Transferred to an inpatient facility—patient not discharged from agency [Go to M0830] 7 – Transferred to an inpatient facility—patient discharged from agency [Go to M0830] Discharge from Agency — Not to an Inpatient Facility 8 – Death at home [Go to M0906] 9 – Discharge from agency [Go to M0200]	M0100	This Assessment is Currently Being Completed for the Following Reason: Start/Resumption of Care 1 – Start of care—further visits planned 3 – Resumption of care (after inpatient stay) Follow-Up 4 – Recertification (follow-up) reassessment [Go to M0110] 5 – Other follow-up [Go to M0110] Transfer to an Inpatient Facility 6 – Transferred to an inpatient facility—patient not discharged from agency [Go to M1040] 7 – Transferred to an inpatient facility—patient discharged from agency [Go to M1040] Discharge from Agency — Not to an Inpatient Facility 8 – Death at home [Go to M0906] 9 – Discharge from agency [Go to ***M1032***]	M0100	This Assessment is Currently Being Completed for the Following Reason: Start/Resumption of Care 1 – Start of care—further visits planned 3 – Resumption of care (after inpatient stay) Follow-Up 4 – Recertification (follow-up) reassessment [Go to M0110] 5 – Other follow-up [Go to M0110] Transfer to an Inpatient Facility 6 – Transferred to an inpatient facility—patient not discharged from agency [Go to M1040] 7 – Transferred to an inpatient facility—patient discharged from agency [Go to M1040] Discharge from Agency — Not to an Inpatient Facility 8 – Death at home [Go to ***M0903***] 9 – Discharge from agency [Go to ***M1040***]
	New item on OASIS-C	M0102	***Date of Physician-ordered Start of Care (Resumption of Care): If the physician (or physician designee) indicated a specific start of care (resumption of care) date when the patient was referred for home health services, record the date specified.*** ***__ __ /__ __ /__ __ __ __*** ***month / day / year*** ***(Go to M0110, if date entered)*** ***NA –No specific SOC date ordered by physician (or physician designee)***	M0102	***Date of Physician-ordered Start of Care (Resumption of Care): If the physician <<DROPPED: ~~(or physician designee)~~<< indicated a specific start of care (resumption of care) date when the patient was referred for home health services, record the date specified.*** ***__ __ /__ __ /__ __ __ __*** ***month / day / year*** ***(Go to M0110, if date entered)*** ***NA –No specific SOC date ordered by physician <<~~DROPPED: (or physician designee)~~<<***

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	New item on OASIS-C	M0104	***Date of Referral: Indicate the date that the written or documented orders from the physician or physician designee for initiation or resumption of care were received by the HHA.*** ***__ __ /__ __ /__ __ __ __*** ***month / day / year***	M0104	***Date of Referral: Indicate the date that the written or ~~<<DROPPED: documented orders from the physician or physician designee<<~~ verbal referral for initiation or resumption of care was received by the HHA.*** ***__ __ /__ __ /__ __ __ __*** ***month / day / year***
M0110	(M0110) Episode Timing: Is the Medicare home health payment episode for which this assessment will define a case mix group an "early" episode or a "later" episode in the patient's current sequence of adjacent Medicare home health payment episodes? • 1 - Early • 2 - Later • UK - Unknown • NA - Not Applicable: No Medicare case mix group to be defined by this assessment.	M0110	Episode Timing: Is the Medicare home health payment episode for which this assessment will define a case mix group an "early" episode or a "later" episode in the patient's current sequence of adjacent Medicare home health payment episodes? • 1 - Early • 2 - Later • UK - Unknown • NA - Not Applicable: No Medicare case mix group to be defined by this assessment.	M0110	Episode Timing: Is the Medicare home health payment episode for which this assessment will define a case mix group an "early" episode or a "later" episode in the patient's current sequence of adjacent Medicare home health payment episodes? • 1 - Early • 2 - Later • UK - Unknown • NA - Not Applicable: No Medicare case mix group to be defined by this assessment.
M0175	(M0175) From which of the following Inpatient Facilities was the patient discharged during the past 14 days? (Mark all that apply.) • 1 - Hospital • 2 - Rehabilitation facility • 3 - Skilled nursing facility • 4 - Other nursing home • 5 - Other (specify) • NA - Patient was not discharged from an inpatient facility [If NA, go to M0200]	M1000	From which of the following Inpatient Facilities was the patient discharged during the past 14 days? (Mark all that apply.) ***1 - Long-term nursing facility*** ***2 - Skilled nursing facility (S N F / T C U)*** ***3 - Hospital emergency department*** ***4 - Short-stay acute hospital (I P P S)*** ***5 - Long-term care hospital (L T C H)*** ***6 - Inpatient rehabilitation hospital or unit (I R F)*** ***7 - Psychiatric hospital or unit*** 8 - Other (specify) NA - Patient was not discharged from an inpatient facility [Go to M1016]	M1000	From which of the following Inpatient Facilities was the patient discharged during the past 14 days? (Mark all that apply.) ***1 - Long-term nursing facility (N F)*** ***2 - Skilled nursing facility (S N F / T C U)*** ***~~<<DROPPED: 3 - Hospital emergency department<<~~*** ***3 - Short-stay acute hospital (I P P S)*** ***4 - Long-term care hospital (L T C H)*** ***5 - Inpatient rehabilitation hospital or unit (I R F)*** ***6 - Psychiatric hospital or unit*** ***7 - Other (specify)*** NA - Patient was not discharged from an inpatient facility [Go to M1016]
M0180	(M0180) Inpatient Discharge Date (most recent): month/day/year • UK - Unknown	M1005	Inpatient Discharge Date (most recent): month/day/year • UK – Unknown	M1005	Inpatient Discharge Date (most recent): month/day/year • UK – Unknown

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M0190	(M0190) List each Inpatient Diagnosis and ICD 9 CM code at the level of highest specificity for only those conditions treated during an inpatient stay within the last 14 days (no surgical, E codes, or V codes): Inpatient Facility Diagnosis ICD-9-CM a. (__ __ __ • __ __) b. (__ __ __ • __ __)	M1010	List each Inpatient Diagnosis and ICD-9-CM code at the level of highest specificity for only those conditions treated during an inpatient stay within the last 14 days (no E codes, or V codes): Inpatient Facility Diagnosis ICD-9-CM Code a. _____ __ __ __ . __ __ b. _____ __ __ __ . __ __ *c.* _____ __ __ __ . __ __ *d.* _____ __ __ __ . __ __ *e.* _____ __ __ __ . __ __ *f.* _____ __ __ __ . __ __	M1010	List each Inpatient Diagnosis and ICD-9-CM code at the level of highest specificity for only those conditions treated during an inpatient stay within the last 14 days (no E codes, or V codes): Inpatient Facility Diagnosis ICD-9-CM Code a. _____ __ __ __ . __ __ b. _____ __ __ __ . __ __ *c.* _____ __ __ __ . __ __ *d.* _____ __ __ __ . __ __ *e.* _____ __ __ __ . __ __ *f.* _____ __ __ __ . __ __
	New item on OASIS-C	M1012	***List each Inpatient Procedure and the associated ICD-9-CM procedure code relevant to the plan of care.*** ***Inpatient Procedure Procedure Code*** ***a.*** _____ __ __ . __ __ ***b.*** _____ __ __ . __ __ ***c.*** _____ __ __ . __ __ ***d.*** _____ __ __ . __ __ ***NA - Not applicable*** ***UK - Unknown***	**M1012**	***List each Inpatient Procedure and the associated ICD-9-CM procedure code relevant to the plan of care.*** ***Inpatient Procedure Procedure Code*** ***a.*** _____ __ __ . __ __ ***b.*** _____ __ __ . __ __ ***c.*** _____ __ __ . __ __ ***d.*** _____ __ __ . __ __ ***NA - Not applicable*** ***UK - Unknown***
M0200	(M0200) Medical or Treatment Regimen Change Within Past 14 Days: Has this patient experienced a change in medical or treatment regimen (e.g., medication, treatment, or service change due to new or additional diagnosis, etc.) within the last 14 days? • 0 - No [If No, go to M0220; if No at Discharge, go to M0250] • 1 – Yes		***<<ITEM DROPPED on OASIS-C<<*** ***(incorporated as NA in M1016)***		***<<ITEM DROPPED on OASIS-C<<*** ***(incorporated as NA in M1016)***

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M0210	(M0210) List the patient's Medical Diagnoses and ICD 9 CM codes at the level of highest specificity for those conditions requiring changed medical or treatment regimen (no surgical, E codes, or V codes):: Changed Medical Regimen Diagnosis ICD-9-CM a. (__ __ __ • __ __) b. (__ __ __ • __ __) c. (__ __ __ • __ __) d. (__ __ __ • __ __)	M1016	Diagnoses Requiring Medical or Treatment Regimen Change Within Past 14 Days: List the patient's Medical Diagnoses and ICD-9-CM 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): Changed Medical Regimen Diagnosis ICD-9-CM Code a. _____ __ __ __ . __ __ b. _____ __ __ __ . __ __ c. _____ __ __ __ . __ __ d. _____ __ __ __ . __ __ ***e.*** _____ __ __ __ . __ __ ***f.*** _____ __ __ __ . __ __ ***NA - Not applicable (no medical or treatment regimen changes within the past 14 days)***	M1016	Diagnoses Requiring Medical or Treatment Regimen Change Within Past 14 Days: List the patient's Medical Diagnoses and ICD-9-CM 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): Changed Medical Regimen Diagnosis ICD-9-CM Code a. _____ __ __ __ . __ __ b. _____ __ __ __ . __ __ c. _____ __ __ __ . __ __ d. _____ __ __ __ . __ __ ***e.*** _____ __ __ __ . __ __ ***f.*** _____ __ __ __ . __ __ ***NA - Not applicable (no medical or treatment regimen changes within the past 14 days)***
M0220	(M0220) Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days: If this patient experienced an inpatient facility discharge or change in medical or treatment regimen within the past 14 days, indicate any conditions which existed prior to the inpatient stay or change in medical or treatment regimen. (Mark all that apply.) • 1 - Urinary incontinence • 2 - Indwelling/suprapubic catheter • 3 - Intractable pain • 4 - Impaired decision-making • 5 - Disruptive or socially inappropriate behavior • 6 - Memory loss to the extent that supervision required • 7 - None of the above • NA - No inpatient facility discharge and no change in medical or treatment regimen in past 14 days • UK - Unknown	M1018	Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days: If this patient experienced an inpatient facility discharge or change in medical or treatment regimen within the past 14 days, indicate any conditions which existed prior to the inpatient stay or change in medical or treatment regimen. (Mark all that apply.) 1 - Urinary incontinence 2 - Indwelling/suprapubic catheter 3 - Intractable pain 4 - Impaired decision-making 5 - Disruptive or socially inappropriate behavior 6 - Memory loss to the extent that supervision required 7 - None of the above NA - No inpatient facility discharge and no change in medical or treatment regimen in past 14 days UK - Unknown	M1018	Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days: If this patient experienced an inpatient facility discharge or change in medical or treatment regimen within the past 14 days, indicate any conditions which existed prior to the inpatient stay or change in medical or treatment regimen. (Mark all that apply.) 1 - Urinary incontinence 2 - Indwelling/suprapubic catheter 3 - Intractable pain 4 - Impaired decision-making 5 - Disruptive or socially inappropriate behavior 6 - Memory loss to the extent that supervision required 7 - None of the above NA - No inpatient facility discharge and no change in medical or treatment regimen in past 14 days UK - Unknown

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M0230	M0230/240/246 Diagnoses, Severity Index, and Payment Diagnoses: List each diagnosis for which the patient is receiving home care (Column 1) and enter its ICD-9-CM code at the level of highest specificity (no surgical/procedure codes) (Column 2) . Rate each condition (Column 2) using the severity index. (Choose one value that represents the most severe rating appropriate for each diagnosis.) V codes (for M0230 or M0240) or E codes (for M0240 only) may be used. ICD-9-CM sequencing requirements must be followed if multiple coding is indicated for any diagnoses. If a V code is reported in place of a case mix diagnosis, then optional item M0246 Payment Diagnoses (Columns 3 and 4) may be completed. A case mix diagnosis is a diagnosis that determines the Medicare PPS case mix group.	M1020, 1022, 1024	Diagnoses, Symptom Control, and Payment Diagnoses: List each diagnosis for which the patient is receiving home care (Column 1) and enter its ICD-9-CM code at the level of highest specificity (no surgical/procedure codes) (Column 2). Diagnoses are listed in the order that best reflect the seriousness of each condition and support the disciplines and services provided. Rate the degree of symptom control for each condition (Column 2). Choose one value that represents the degree of symptom control appropriate for each diagnosis: V codes (for M1020 or M1022) or E codes (for M1022 only) may be used. ICD-9-CM sequencing requirements must be followed if multiple coding is indicated for any diagnoses. If a V code is reported in place of a case mix diagnosis, then optional item M1024 Payment Diagnoses (Columns 3 and 4) may be completed. A case mix diagnosis is a diagnosis that determines the Medicare PPS case mix group. ***Do not assign symptom control ratings for V or E codes.***	M1020, 1022, 1024	Diagnoses, Symptom Control, and Payment Diagnoses: List each diagnosis for which the patient is receiving home care (Column 1) and enter its ICD-9-CM code at the level of highest specificity (no surgical/procedure codes) (Column 2). Diagnoses are listed in the order that best reflect the seriousness of each condition and support the disciplines and services provided. Rate the degree of symptom control for each condition (Column 2). Choose one value that represents the degree of symptom control appropriate for each diagnosis: V codes (for M1020 or M1022) or E codes (for M1022 only) may be used. ICD-9-CM sequencing requirements must be followed if multiple coding is indicated for any diagnoses. If a V code is reported in place of a case mix diagnosis, then optional item M1024 Payment Diagnoses (Columns 3 and 4) may be completed. A case mix diagnosis is a diagnosis that determines the Medicare PPS case mix group. ***Do not assign symptom control ratings for V or E codes.***

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M230, cont.	Code each row as follows: Column 1: Enter the description of the diagnosis. Column 2: Enter the ICD-9-CM code for the diagnosis described in Column 1; Rate the severity of the condition listed in Column 1 using the following scale: 0 - Asymptomatic, no treatment needed at this time 1 - Symptoms well controlled with current therapy 2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring 3 - Symptoms poorly controlled; patient needs frequent adjustment in treatment and dose monitoring 4 - Symptoms poorly controlled; history of re-hospitalizations Column 3: (OPTIONAL) If a V code reported in any row in Column 2 is reported in place of a case mix diagnosis, list the appropriate case mix diagnosis (the description and the ICD-9-CM code) in the same row in Column 3. Otherwise, leave Column 3 blank in that row. Column 4: (OPTIONAL) If a V code in Column 2 is reported in place of a case mix diagnosis that requires multiple diagnosis codes under ICD-9-CM coding guidelines, enter the diagnosis descriptions and the ICD-9-CM codes in the same row in Columns 3 and 4. For example, if the case mix diagnosis is a manifestation code, record the diagnosis description and ICD-9-CM code for the underlying condition in Column 3 of that row and the diagnosis description and ICD-9-CM code for the manifestation in Column 4 of that row. Otherwise, leave Column 4 blank in that row.	M1020, 1022, 1024 cont.	Code each row ***according to the following directions for each column:*** Column 1: Enter the description of the diagnosis. Column 2: Enter the ICD-9-CM code for the diagnosis described in Column 1; Rate the degree of symptom control for the condition listed in Column 1 using the following scale: 0 - Asymptomatic, no treatment needed at this time 1 - Symptoms well controlled with current therapy 2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring 3 - Symptoms poorly controlled; patient needs frequent adjustment in treatment &dose monitoring 4 - Symptoms poorly controlled; history of re-hospitalizations ***- Note that in Column 2 the rating for symptom control of each diagnosis should not be used to determine the sequencing of the diagnoses listed in Column 1. These are separate items and sequencing may not coincide. Sequencing of diagnoses should reflect the seriousness of each condition and support the disciplines and services provided.*** Column 3: (OPTIONAL) ***If a V code is assigned to any row in Column 2, in place of a case mix diagnosis, it may be necessary to complete optional item M1024 Payment Diagnoses (Columns 3 and 4). See OASIS C Guidance Manual.*** Column 4: (OPTIONAL) If a V code in Column 2 is reported in place of a case mix diagnosis that requires multiple diagnosis codes under ICD-9-CM coding guidelines, enter the diagnosis descriptions and the -ICD-9-CM codes in the same row in Columns 3 and 4. For example, if the case mix diagnosis is a manifestation code, record the diagnosis description and ICD-9-CM code for the underlying condition in Column 3 of that row and the diagnosis description and ICD-9-CM code for the manifestation in Column 4 of that row. Otherwise, leave Column 4 blank in that row.	M1020, 1022, 1024 cont.	Code each row ***according to the following directions for each column:*** Column 1: Enter the description of the diagnosis. Column 2: Enter the ICD-9-CM code for the diagnosis described in Column 1; Rate the degree of symptom control for the condition listed in Column 1 using the following scale: 0 - Asymptomatic, no treatment needed at this time 1 - Symptoms well controlled with current therapy 2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring 3 - Symptoms poorly controlled; patient needs frequent adjustment in treatment &dose monitoring 4 - Symptoms poorly controlled; history of re-hospitalizations ***- Note that in Column 2 the rating for symptom control of each diagnosis should not be used to determine the sequencing of the diagnoses listed in Column 1. These are separate items and sequencing may not coincide. Sequencing of diagnoses should reflect the seriousness of each condition and support the disciplines and services provided.*** Column 3: (OPTIONAL) ***If a V code is assigned to any row in Column 2, in place of a case mix diagnosis, it may be necessary to complete optional item M1024 Payment Diagnoses (Columns 3 and 4). See OASIS C Guidance Manual.*** Column 4: (OPTIONAL) If a V code in Column 2 is reported in place of a case mix diagnosis that requires multiple diagnosis codes under ICD-9-CM coding guidelines, enter the diagnosis descriptions and the -ICD-9-CM codes in the same row in Columns 3 and 4. For example, if the case mix diagnosis is a manifestation code, record the diagnosis description and ICD-9-CM code for the underlying condition in Column 3 of that row and the diagnosis description and ICD-9-CM code for the manifestation in Column 4 of that row. Otherwise, leave Column 4 blank in that row.

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M0240	**COLUMN HEADINGS** Column 2 - ICD-9-CM and severity rating for each condition - **ICD-9-CM / Severity Rating** Column 3 - Complete only if a V code in Column 2 is reported in place of a case mix diagnosis. - **Description/ ICD-9-CM** Column 4 - Complete only if the V code in Column 2 is reported in place of a case mix diagnosis that is a multiple coding situation (e.g., a manifestation code).- **Description/ICD-9-CM**	M1020, 1022, 1024 cont.	**COLUMN HEADINGS** for (M1020) Primary Diagnosis, (M1022) Other Diagnoses, & (M1024) Payment Diagnoses (OPTIONAL) ***Column 1 - Diagnoses - (Sequencing of diagnoses should reflect the seriousness of each condition and support the disciplines and services provided.) - Description*** Column 2 - ICD-9-CM and ***symptom control*** rating for each condition ***(Note that the sequencing of these ratings may not match the sequencing of the diagnoses.) ICD-9-CM / Symptom Control Rating*** Column 3 - Complete if a V code ***is assigned under certain circumstances*** to Column 2 in place of a case mix diagnosis. - **Description/ICD-9-CM** Column 4 - Complete only if the V code in Column 2 is reported in place of a case mix diagnosis that is a multiple coding situation (e.g., a manifestation code).- **Description/ICD-9-CM**	M1020, 1022, 1024 cont.	**COLUMN HEADINGS** for (M1020) Primary Diagnosis, (M1022) Other Diagnoses, & (M1024) Payment Diagnoses (OPTIONAL) ***Column 1 - Diagnoses - (Sequencing of diagnoses should reflect the seriousness of each condition and support the disciplines and services provided.) - Description*** Column 2 - ICD-9-CM and ***symptom control*** rating for each condition ***(Note that the sequencing of these ratings may not match the sequencing of the diagnoses.) ICD-9-CM / Symptom Control Rating*** Column 3 - Complete if a V code ***is assigned under certain circumstances*** to Column 2 in place of a case mix diagnosis. - **Description/ICD-9-CM** Column 4 - Complete only if the V code in Column 2 is reported in place of a case mix diagnosis that is a multiple coding situation (e.g., a manifestation code).- **Description/ICD-9-CM**
M0246	-see M0230	M1020, 1022, 1024 cont.	See above	M1020, 1022, 1024 cont.	See above
M0250	(M0250) Therapies the patient receives at home: (Mark all that apply.) 1 - Intravenous or infusion therapy (excludes TPN) 2 - Parenteral nutrition (TPN or lipids) 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal) 4 - None of the above	M1030	Therapies the patient receives at home: (Mark all that apply.) 1 - Intravenous or infusion therapy (excludes TPN) 2 - Parenteral nutrition (TPN or lipids) 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal) 4 - None of the above	M1030	Therapies the patient receives at home: (Mark all that apply.) 1 - Intravenous or infusion therapy (excludes TPN) 2 - Parenteral nutrition (TPN or lipids) 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal) 4 - None of the above

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M0260	(M0260) Overall Prognosis: BEST description of patient's overall prognosis for recovery from this episode of illness. • 0 - Poor: little or no recovery is expected and/or further decline is imminent • 1 - Good/Fair: partial to full recovery is expected • UK – Unknown		***<<ITEM DROPPED on OASIS-C<<***		***<<ITEM DROPPED on OASIS-C<<***
M0270	(M0270) Rehabilitative Prognosis: BEST description of patient's prognosis for functional status. • 0 - Guarded: minimal improvement in functional status is expected; decline is possible • 1 - Good: marked improvement in functional status is expected • UK - Unknown		***<<ITEM DROPPED on OASIS-C<<***		***<<ITEM DROPPED on OASIS-C<<***
M0280	(M0280) Life Expectancy: (Physician documentation is not required.) • 0 - Life expectancy is greater than 6 months • 1 - Life expectancy is 6 months or fewer		***<<ITEM DROPPED on OASIS-C<<***		***<<ITEM DROPPED on OASIS-C<<***
	New item on OASIS-C	M1032	***Risk for Hospitalization: Which of the following signs or symptoms characterize this patient as at risk for hospitalization? (Mark all that apply.)*** ***1 - Recent decline in mental, emotional, or behavioral status*** ***2 - Multiple hospitalizations (2 or more) in the past 12 months*** ***3 - History of falls (2 or more falls - or any fall with an injury - in the past year)*** ***4 - Taking five or more medications*** ***5 - Frailty indicators, e.g., weight loss, self-reported exhaustion*** ***6 - Other*** ***7 - None of the above***	M1032	***Risk for Hospitalization: Which of the following signs or symptoms characterize this patient as at risk for hospitalization? (Mark all that apply.)*** ***1 - Recent decline in mental, emotional, or behavioral status*** ***2 - Multiple hospitalizations (2 or more) in the past 12 months*** ***3 - History of falls (2 or more falls - or any fall with an injury - in the past year)*** ***4 - Taking five or more medications*** ***5 - Frailty indicators, e.g., weight loss, self-reported exhaustion*** ***6 - Other*** ***7 - None of the above*** ***<<Note: No longer collected at Discharge, No change at other collection timepoints.<<***

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	New item on OASIS-C	M1034	***Overall Status: Which description best fits the patient's overall status? (Check one)*** ***0 - The patient is stable with no heightened risk(s) for serious complications and death (beyond those typical of the patient's age).*** ***1 - The patient is temporarily facing high health risk(s) but is likely to return to being stable without heightened risk(s) for serious complications and death (beyond those typical of the patient's age).*** ***2 - The patient is likely to remain in fragile health and have ongoing high risk(s) of serious complications and death.*** ***3 - The patient has serious progressive conditions that could lead to death within a year.*** ***UK - The patient's situation is unknown or unclear.***	M1034	***Overall Status: Which description best fits the patient's overall status? (Check one)*** ***0 - The patient is stable with no heightened risk(s) for serious complications and death (beyond those typical of the patient's age).*** ***1 - The patient is temporarily facing high health risk(s) but is likely to return to being stable without heightened risk(s) for serious complications and death (beyond those typical of the patient's age).*** ***2 - The patient is likely to remain in fragile health and have ongoing high risk(s) of serious complications and death.*** ***3 - The patient has serious progressive conditions that could lead to death within a year.*** ***UK - The patient's situation is unknown or unclear.*** ***<<Note: No longer collected at Discharge, No change at other collection timepoints.<<.***
M0290	(M0290) High Risk Factors characterizing this patient: (Mark all that apply.) • 1 - Heavy smoking • 2 - Obesity • 3 - Alcohol dependency • 4 - Drug dependency • 5 - None of the above • UK – Unknown	M1036	Risk Factors, either present or past, likely to affect current health status and/or outcome: (Mark all that apply.) 1 - ***<<DROPPED: ~~Heavy~~ <<*** Smoking 2 - Obesity 3 - Alcohol dependency 4 - Drug dependency 5 - None of the above UK – Unknown	M1036	Risk Factors, either present or past, likely to affect current health status and/or outcome: (Mark all that apply.) 1 - ***<<DROPPED: ~~Heavy~~ <<*** Smoking 2 - Obesity 3 - Alcohol dependency 4 - Drug dependency 5 - None of the above UK – Unknown ***<<Note: No longer collected at Discharge, No change at other collection timepoints.<<***

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	New item on OASIS-C	M1040	*Influenza Vaccine: 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?* *0 - No* *1 - Yes [Go to M1050]* *NA - Does not apply because entire episode of care (SOC/ROC to Transfer/Discharge) is outside this influenza season. [Go to M1050]*	**M1040**	*Influenza Vaccine: 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?* *0 - No* *1 - Yes [Go to M1050]* *NA - Does not apply because entire episode of care (SOC/ROC to Transfer/Discharge) is outside this influenza season. [Go to M1050]*
	New item on OASIS-C	M1045	*Reason Influenza Vaccine not received: If the patient did not receive the influenza vaccine from your agency during this episode of care, state reason:* *1 - Received from another health care provider (e.g., physician)* *2 - Received from your agency previously during this year's flu season* *3 - Offered and declined* *4 - Assessed and determined to have medical contraindication(s)* *5 - Not indicated; patient does not meet age/ condition guidelines for influenza vaccine* *6 - Inability to obtain vaccine due to declared shortage* *7 - None of the above*	M1045	*Reason Influenza Vaccine not received: If the patient did not receive the influenza vaccine from your agency during this episode of care, state reason:* *1 - Received from another health care provider (e.g., physician)* *2 - Received from your agency previously during this year's flu season* *3 - Offered and declined* *4 - Assessed and determined to have medical contraindication(s)* *5 - Not indicated; patient does not meet age/ condition guidelines for influenza vaccine* *6 - Inability to obtain vaccine due to declared shortage* *7 - None of the above*
	New item on OASIS-C	M1050	*Pneumococcal Vaccine: Did the patient receive pneumococcal polysaccharide vaccine (PPV) from your agency during this episode of care (SOC/ROC to Transfer/Discharge)?* *0 - No* *1 - Yes [Go to M1304 at TRN; Go to M1100 at DC]*	M1050	*Pneumococcal Vaccine: Did the patient receive pneumococcal polysaccharide vaccine (PPV) from your agency during this episode of care (SOC/ROC to Transfer/Discharge)?* *0 - No* *1 - Yes [Go to M1500 at TRN; Go to M1230 at DC]*

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	New item on OASIS-C	M1055	***Reason PPV not received: 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:*** ***1 - Patient has received PPV in the past*** ***2 - Offered and declined*** ***3 - Assessed and determined to have medical contraindication(s)*** ***4 - Not indicated; patient does not meet age/condition guidelines for PPV*** ***5 - None of the above***	M1055	***Reason PPV not received: 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:*** ***1 - Patient has received PPV in the past*** ***2 - Offered and declined*** ***3 - Assessed and determined to have medical contraindication(s)*** ***4 - Not indicated; patient does not meet age/condition guidelines for PPV*** ***5 - None of the above***
M0300	(M0300) Current Residence: • 1 - Patient's owned or rented residence (house, apartment, or mobile home owned or rented by patient/couple/significant other) • 2 - Family member's residence • 3 - Boarding home or rented room • 4 - Board and care or assisted living facility • 5 - Other (specify)		***<<ITEM DROPPED on OASIS-C<<***		***<<ITEM DROPPED on OASIS-C<<***
M0340	(M0340) Patient Lives With: (Mark all that apply.) • 1 - Lives alone • 2 - With spouse or significant other • 3 - With other family member • 4 - With a friend • 5 - With paid help (other than home care agency staff) • 6 - With other than above		***<<ITEM DROPPED on OASIS-C<<***		***<<ITEM DROPPED on OASIS-C<<***
M0350	(M0350) Assisting Person(s) Other than Home Care Agency Staff: (Mark all that apply.) • 1 - Relatives, friends, or neighbors living outside the home • 2 - Person residing in the home (EXCLUDING paid help) • 3 - Paid help • 4 - None of the above [If None of the above, go to M0390] • UK - Unknown [If Unknown, go to M0390]		***<<ITEM DROPPED on OASIS-C<<***		***<<ITEM DROPPED on OASIS-C<<***

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M0360	(M0360) Primary Caregiver taking lead responsibility for providing or managing the patient's care, providing the most frequent assistance, etc. (other than home care agency staff): • 0 - No one person [If No one person, go to M0390] • 1 - Spouse or significant other • 2 - Daughter or son • 3 - Other family member • 4 - Friend or neighbor or community or church member • 5 - Paid help • UK - Unknown [If Unknown, go to M0390]		***<<ITEM DROPPED on OASIS-C<<***		***<<ITEM DROPPED on OASIS-C<<***
M0370	(M0370) How Often does the patient receive assistance from the primary caregiver? • 1 - Several times during day and night • 2 - Several times during day • 3 - Once daily • 4 - Three or more times per week • 5 - One to two times per week • 6 - Less often than weekly • UK - Unknown		***<<ITEM DROPPED on OASIS-C<<***		***<<ITEM DROPPED on OASIS-C<<***
M0380	(M0380) Type of Primary Caregiver Assistance: (Mark all that apply.) • 1 - ADL assistance (e.g., bathing, dressing, toileting, bowel/bladder, eating/feeding) • 2 - IADL assistance (e.g., meds, meals, housekeeping, laundry, telephone, shopping, finances) • 3 - Environmental support (housing, home maintenance) • 4 - Psychosocial support (socialization, companionship, recreation) • 5 - Advocates or facilitates patient's participation in appropriate medical care • 6 - Financial agent, power of attorney, or conservator of finance • 7 - Health care agent, conservator of person, or medical power of attorney • UK - Unknown		***<<ITEM DROPPED on OASIS-C<<***		***<<ITEM DROPPED on OASIS-C<<***

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	New item on OASIS-C	M1100	*Patient Living Situation: Which of the following best describes the patient's residential circumstance and availability of assistance? (Check one box only).* *MATRIX* *ROWS: Living Arrangement* *a Patient lives alone • 01 • 02 • 03 • 04 • 05* *b Patient lives with other person(s) in the home • 06 • 07 • 08 • 09 • 10* *c Patient lives in congregate situation (e.g., assisted living) • 11 • 12 • 13 • 14 • 15* *BY COLUMNS: Availability of Assistance:* *- Around the clock 01-06-11* *- Regular daytime 02-07-12* *- Regular nighttime 03-08-13* *- Occasional / short-term assistance 04-09-14* *- No assistance available 05-10-15*	M1100	*Patient Living Situation: Which of the following best describes the patient's residential circumstance and availability of assistance? (Check one box only).* *MATRIX* *ROWS: Living Arrangement* *a Patient lives alone • 01 • 02 • 03 • 04 • 05* *b Patient lives with other person(s) in the home • 06 • 07 • 08 • 09 • 10* *c Patient lives in congregate situation (e.g., assisted living) • 11 • 12 • 13 • 14 • 15* *BY COLUMNS: Availability of Assistance:* *- Around the clock 01-06-11* *- Regular daytime 02-07-12* *- Regular nighttime 03-08-13* *- Occasional / short-term assistance 04-09-14* *- No assistance available 05-10-15* *<<Note: No longer collected at Discharge, No change at other collection timepoints.<<*
M0390	(M0390) Vision with corrective lenses if the patient usually wears them: • 0 - Normal vision: sees adequately in most situations; can see medication labels, newsprint. • 1 - Partially impaired: cannot see medication labels or newsprint, but can see obstacles in path, and the surrounding layout; can count fingers at arm's length. • 2 - Severely impaired: cannot locate objects without hearing or touching them or patient nonresponsive.	M1200	**Vision *(*with corrective lenses if the patient usually wears them*)*:** **0 - Normal vision: sees adequately in most situations; can see medication labels, newsprint.** **1 - Partially impaired: cannot see medication labels or newsprint, but can see obstacles in path, and the surrounding layout; can count fingers at arm's length.** **2 - Severely impaired: cannot locate objects without hearing or touching them or patient nonresponsive.**	M1200	**Vision *(*with corrective lenses if the patient usually wears them*)*:** **0 - Normal vision: sees adequately in most situations; can see medication labels, newsprint.** **1 - Partially impaired: cannot see medication labels or newsprint, but can see obstacles in path, and the surrounding layout; can count fingers at arm's length.** **2 - Severely impaired: cannot locate objects without hearing or touching them or patient nonresponsive.**

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M0400	(M0400) Hearing and Ability to Understand Spoken Language in patient's own language (with hearing aids if the patient usually uses them): • 0 - No observable impairment. Able to hear and understand complex or detailed instructions and extended or abstract conversation. • 1 - With minimal difficulty, able to hear and understand most multi-step instructions and ordinary conversation. May need occasional repetition, extra time, or louder voice. • 2 - Has moderate difficulty hearing and understanding simple, one-step instructions and brief conversation; needs frequent prompting or assistance. • 3 - Has severe difficulty hearing and understanding simple greetings and short comments. Requires multiple repetitions, restatements, demonstrations, additional time. • 4 - Unable to hear and understand familiar words or common expressions consistently, or patient nonresponsive.	M1210	***Ability to hear (with hearing aid or hearing appliance if normally used):*** ***0 - Adequate: hears normal conversation without difficulty.*** ***1 - Mildly to Moderately Impaired: difficulty hearing in some environments or speaker may need to increase volume or speak distinctly.*** ***2 - Severely Impaired: absence of useful hearing.*** ***UK - Unable to assess hearing.***	M1210	***Ability to hear (with hearing aid or hearing appliance if normally used):*** ***0 - Adequate: hears normal conversation without difficulty.*** ***1 - Mildly to Moderately Impaired: difficulty hearing in some environments or speaker may need to increase volume or speak distinctly.*** ***2 - Severely Impaired: absence of useful hearing.*** ***UK - Unable to assess hearing.***
	New item on OASIS-C	M1220	***Understanding of Verbal Content in patient's own language (with hearing aid or device if used):*** ***0 - Understands: clear comprehension without cues or repetitions.*** ***1 - Usually Understands: understands most conversations, but misses some part/intent of message. Requires cues at times to understand.*** ***2 - Sometimes Understands: understands only basic conversations or simple, direct phrases. Frequently requires cues to understand.*** ***3 - Rarely/Never Understands*** ***UK - Unable to assess understanding.***	M1220	***Understanding of Verbal Content in patient's own language (with hearing aid or device if used):*** ***0 - Understands: clear comprehension without cues or repetitions.*** ***1 - Usually Understands: understands most conversations, but misses some part/intent of message. Requires cues at times to understand.*** ***2 - Sometimes Understands: understands only basic conversations or simple, direct phrases. Frequently requires cues to understand.*** ***3 - Rarely/Never Understands*** ***UK - Unable to assess understanding.***

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M0410	(M0410) Speech and Oral (Verbal) Expression of Language (in patient's own language): • 0 - Expresses complex ideas, feelings, and needs clearly, completely, and easily in all situations with no observable impairment. • 1 - Minimal difficulty in expressing ideas and needs (may take extra time; makes occasional errors in word choice, grammar or speech intelligibility; needs minimal prompting or assistance). • 2 - Expresses simple ideas or needs with moderate difficulty (needs prompting or assistance, errors in word choice, organization or speech intelligibility). Speaks in phrases or short sentences. • 3 - Has severe difficulty expressing basic ideas or needs and requires maximal assistance or guessing by listener. Speech limited to single words or short phrases. • 4 - Unable to express basic needs even with maximal prompting or assistance but is not comatose or unresponsive (e.g., speech is nonsensical or unintelligible). • 5 - Patient nonresponsive or unable to speak.	M1230	Speech and Oral (Verbal) Expression of Language (in patient's own language): 0 - Expresses complex ideas, feelings, and needs clearly, completely, and easily in all situations with no observable impairment. 1 - Minimal difficulty in expressing ideas and needs (may take extra time; makes occasional errors in word choice, grammar or speech intelligibility; needs minimal prompting or assistance) 2 - Expresses simple ideas or needs with moderate difficulty (needs prompting or assistance, errors in word choice, organization or speech intelligibility). Speaks in phrases or short sentences. 3 - Has severe difficulty expressing basic ideas or needs and requires maximal assistance or guessing by listener. Speech limited to single words or short phrases. 4 - Unable to express basic needs even with maximal prompting or assistance but is not comatose or unresponsive (e.g., speech is nonsensical or unintelligible). 5 - Patient nonresponsive or unable to speak.	M1230	Speech and Oral (Verbal) Expression of Language (in patient's own language): 0 - Expresses complex ideas, feelings, and needs clearly, completely, and easily in all situations with no observable impairment. 1 - Minimal difficulty in expressing ideas and needs (may take extra time; makes occasional errors in word choice, grammar or speech intelligibility; needs minimal prompting or assistance) 2 - Expresses simple ideas or needs with moderate difficulty (needs prompting or assistance, errors in word choice, organization or speech intelligibility). Speaks in phrases or short sentences. 3 - Has severe difficulty expressing basic ideas or needs and requires maximal assistance or guessing by listener. Speech limited to single words or short phrases. 4 - Unable to express basic needs even with maximal prompting or assistance but is not comatose or unresponsive (e.g., speech is nonsensical or unintelligible). 5 - Patient nonresponsive or unable to speak.
	New item on OASIS-C	M1240	***Has this patient had a formal Pain Assessment using a standardized pain assessment tool (appropriate to the patient's ability to communicate the severity of pain)?*** ***• 0 - No standardized assessment conducted*** ***• 1 - Yes, and it does not indicate severe pain*** ***• 2 - Yes, and it indicates severe pain***	M1240	***Has this patient had a formal Pain Assessment using a standardized pain assessment tool (appropriate to the patient's ability to communicate the severity of pain)?*** ***• 0 - No standardized assessment conducted*** ***• 1 - Yes, and it does not indicate severe pain*** ***• 2 - Yes, and it indicates severe pain***
M0420	(M0420) Frequency of Pain interfering with patient's activity or movement: • 0 - Patient has no pain or pain does not interfere with activity or movement • 1 - Less often than daily • 2 - Daily, but not constantly • 3 - All of the time	M1242	**Frequency of Pain Interfering with patient's activity or movement:** ***0 - Patient has no pain*** ***1 - Patient has pain that does not interfere with activity or movement*** ***2 -*** **Less often than daily** ***3 -*** **Daily, but not constantly** ***4 -*** **All of the time**	M1242	**Frequency of Pain Interfering with patient's activity or movement:** ***0 - Patient has no pain*** ***1 - Patient has pain that does not interfere with activity or movement*** ***2 -*** **Less often than daily** ***3 -*** **Daily, but not constantly** ***4 -*** **All of the time**

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M0430	(M0430) Intractable Pain: Is the patient experiencing pain that is not easily relieved, occurs at least daily, and affects the patient's sleep, appetite, physical or emotional energy, concentration, personal relationships, emotions, or ability or desire to perform physical activity? • 0 - No • 1 – Yes		***<<ITEM DROPPED on OASIS-C<<***		***<<ITEM DROPPED on OASIS-C<<***
	New item on OASIS-C	M1300	***Pressure Ulcer Assessment: Was this patient assessed for Risk of Developing Pressure Ulcers?*** ***0 - No assessment conducted [Go to M1306]*** ***1 - Yes, based on an evaluation of clinical factors, e.g., mobility, incontinence, nutrition, etc., without use of standardized tool*** ***2 - Yes, using a standardized tool, e.g., Braden, Norton, other***	M1300	***Pressure Ulcer Assessment: Was this patient assessed for Risk of Developing Pressure Ulcers?*** ***0 - No assessment conducted [Go to M1306]*** ***1 - Yes, based on an evaluation of clinical factors, e.g., mobility, incontinence, nutrition, etc., without use of standardized tool*** ***2 - Yes, using a standardized tool, e.g., Braden, Norton, other***
	New item on OASIS-C	M1302	***Does this patient have a Risk of Developing Pressure Ulcers?*** ***0 - No*** ***1 – Yes***	M1302	***Does this patient have a Risk of Developing Pressure Ulcers?*** ***0 - No*** ***1 – Yes***
M0445	(M0445) Does this patient have a Pressure Ulcer? • 0 - No [If No, go to M0468] • 1 - Yes	M1306	Does this patient have ***at least one unhealed (non-epithelialized)*** **Pressure Ulcer** ***at Stage II or higher or designated as "not stageable"?*** 0 - No [Go to M1322] 1 – Yes	M1306	Does this patient have ***at least one unhealed*** ***<<DROPPED: ~~(non-epithelialized)<<~~*** **Pressure Ulcer** ***at Stage II or higher or designated as "unstageable"***? 0 - No [Go to M1322] 1 – Yes

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	New item on OASIS-C	M1307	*Date of Onset of Oldest Unhealed Stage II Pressure Ulcer identified since most recent SOC/ROC assessment:* *__ __ /__ __ /__ __ __ __* *month / day / year* *UK - Present at most recent SOC/ROC assessment* *NA - No new Stage II pressure ulcer identified since most recent SOC/ROC assessment*	M1307	*(M1307) The Oldest Non-epithelialized Stage II Pressure Ulcer that is present at discharge* *1-Was present at the most recent SOC/ROC assessment* *2-Developed since the most recent SOC/ROC assessment: record date pressure ulcer first identified:* *__ __ /__ __ /__ __ __ __* *month / day / year* *NA - No non-epithelialized Stage II pressure ulcers are present at discharge*

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M0450 b-e (M0450 a: see below)	(M0450 b-e) Current Number of Pressure Ulcers at Each Stage: (Circle one response for each stage.) Pressure Ulcer Stages - Number of Pressure Ulcers b) Stage 2: Partial thickness skin loss involving epidermis and/or dermis. The ulcer is superficial and presents clinically as an abrasion, blister, or shallow crater. 0 1 2 3 4 or more c) Stage 3: Full-thickness skin loss involving damage or necrosis of subcutaneous tissue which may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue. 0 1 2 3 4 or more d) Stage 4: Full-thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (e.g., tendon, joint capsule, etc.) 0 1 2 3 4 or more e) In addition to the above, is there at least one pressure ulcer that cannot be observed due to the presence of eschar or a nonremovable dressing, including casts? • 0 - No • 1 - Yes	M1308	Current Number of ***Unhealed (non-epithelialized)*** Pressure Ulcers at Each Stage: (MATRIX) ***(Enter "0" if none; enter "4" if "4 or more"; enter "UK" for rows d.1 – d.3 if "Unknown")*** ROWS: Stage description - unhealed pressure ulcers a. Stage II: Partial thickness loss of ***dermis presenting as a shallow open ulcer with red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.*** b. Stage III: Full thickness ***tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscles are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.*** c. Stage IV: Full thickness tissue loss ***with visible bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.*** ***d.1 Unstageable: Known or likely but not stageable due to non-removable dressing or device*** ***d.2 Unstageable: Known or likely but not stageable due to coverage of wound bed by slough and/or eschar.*** ***d.3 Unstageable: Suspected deep tissue injury in evolution.*** **BY COLUMNS:** ***Number Present*** ***Number of these that were present on admission (most recent SOC / ROC)***	M1308	Current Number of ***Unhealed (non-epithelialized)*** Pressure Ulcers at Each Stage: (MATRIX) ***(Enter "0" if none; excludes Stage I pressure ulcers)*** ***<<DROPPED: ~~enter "4" if "4 or more"; enter "UK" for rows d.1 – d.3 if "Unknown")~~ <<*** ROWS: Stage description - unhealed pressure ulcers a. Stage II: Partial thickness loss of ***dermis presenting as a shallow open ulcer with red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.*** b. Stage III: Full thickness ***tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscles are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.*** c. Stage IV: Full thickness tissue loss ***with visible bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.*** ***d.1 Unstageable: Known or likely but not stageable due to non-removable dressing or device*** ***d.2 Unstageable: Known or likely but not stageable due to coverage of wound bed by slough and/or eschar.*** ***d.3 Unstageable: Suspected deep tissue injury in evolution.*** **BY COLUMNS:** ***COLUMN 1: Complete at SOC/ROC/FU & DC, Number Currently Present*** ***COLUMN 2: Complete at FU and DC – Number of those listed in column 1 that were present on admission (most recent SOC/ROC)***

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	New item on OASIS-C	M1310	***Directions for M1310 and M1312: If the patient has one or more unhealed (non-epithelialized) Stage III or IV pressure ulcers, identify the pressure ulcer with the largest surface dimension (length x width) and record in centimeters:*** ***Pressure Ulcer Length: Longest length "head-to-toe"*** ***| ___ | ___ | . | ___ | (cm)***	M1310	***Directions for M1310, M1312 and M1314: If the patient has one or more unhealed (non-epithelialized) Stage III or IV pressure ulcers, identify the pressure ulcer with the largest surface dimension (length x width) and record in centimeters. If no Stage III or Stage IV pressure ulcers, go to M1320.*** ***Pressure Ulcer Length: Longest length "head-to-toe"*** ***| ___ | ___ | . | ___ | (cm)***
	New item on OASIS-C	M1312	***Pressure Ulcer Width: Width of the same pressure ulcer; greatest width perpendicular to the length*** ***| ___ | ___ | . | ___ | (cm)***	M1312	***Pressure Ulcer Width: Width of the same pressure ulcer; greatest width perpendicular to the length*** ***| ___ | ___ | . | ___ | (cm)***
	New item on OASIS-C	M1314	***Pressure Ulcer Depth: Depth of the same pressure ulcer; from visible surface to the deepest area*** ***| ___ | ___ | . | ___ | (cm)***	M1314	***Pressure Ulcer Depth: Depth of the same pressure ulcer; from visible surface to the deepest area*** ***| ___ | ___ | . | ___ | (cm)***
M0464	(M0464) Status of Most Problematic (Observable) Pressure Ulcer: • 1 - Fully granulating • 2 - Early/partial granulation • 3 - Not healing • NA - No observable pressure ulcer	M1320	**Status of Most Problematic (Observable) Pressure Ulcer:** ***0 - Re-epithelialized*** **1 - Fully granulating** **2 - Early/partial granulation** **3 - Not healing** **NA - No observable pressure ulcer**	M1320	**Status of Most Problematic (Observable) Pressure Ulcer:** ***0 – Newly epithelialized*** **1 - Fully granulating** **2 - Early/partial granulation** **3 - Not healing** **NA - No observable pressure ulcer**
M0450a (stage 1) (M0450 b-e: see above)	(M0450) Current Number of Pressure Ulcers at Each Stage: (Circle one response for each stage.) a) Stage 1: Nonblanchable erythema of intact skin; the heralding of skin ulceration. In darker-pigmented skin, warmth, edema, hardness, or discolored skin may be indicators. 0, 1, 2, 3, 4 or more	M1322	***Current Number of Stage I Pressure Ulcers:*** ***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.*** ***• 0 • 1 • 2 • 3 • 4 or more***	M1322	***Current Number of Stage I Pressure Ulcers:*** ***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.*** ***• 0 • 1 • 2 • 3 • 4 or more***

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M0460	[At follow-up, skip to M0470 if patient has no pressure ulcers] (M0460) Stage of Most Problematic (Observable) Pressure Ulcer: • 1 - Stage 1 • 2 - Stage 2 • 3 - Stage 3 • 4 - Stage 4 • NA - No observable pressure ulcer	M1324	***<<DROPPED: ~~[At follow-up, skip to M0470 if patient has no pressure ulcers]~~<<*** Stage of Most Problematic (Observable) Pressure Ulcer: • 1 - Stage I • 2 - Stage II • 3 - Stage III • 4 - Stage IV • NA - No observable pressure ulcer	M1324	***<<DROPPED: ~~[At follow-up, skip to M0470 if patient has no pressure ulcers]~~*** Stage of Most Problematic (Observable) Pressure Ulcer: • 1 - Stage I • 2 - Stage II • 3 - Stage III • 4 - Stage IV • NA - No observable pressure ulcer
M0468	(M0468) Does this patient have a Stasis Ulcer? 0 - No [If No, go to M0482] 1 - Yes	M1330	Does this patient have a Stasis Ulcer? • 0 - No ***[Go to M1340]*** • 1 - Yes, ***patient has one or more (observable) stasis ulcers*** ***• 2 - Stasis ulcer known or likely but not observable due to non-removable dressing [Go to M1340]***	M1330	Does this patient have a Stasis Ulcer? • 0 - No ***[Go to M1340]*** • ***1 - Yes, patient has BOTH observable and unobservable stasis ulcers*** ***• 2 - Yes, patient has observable stasis ulcers ONLY*** ***• 3 - Yes, patient has unobservable stasis ulcers ONLY (known but not observable due to non-removable dressing) [Go to M1340]***
M0470	(M0470) Current Number of Observable Stasis Ulcer(s): 0 - Zero 1 – One 2 - Two 3 - Three 4 - Four or more	M1332	Current Number of (Observable) Stasis Ulcer(s): ***<<DROPPED: ~~0 - Zero~~ <<*** • 1 - One • 2 - Two • 3 - Three • 4 - Four or more	M1332	Current Number of (Observable) Stasis Ulcer(s): ***<<DROPPED: ~~0 - Zero~~ <<*** • 1 - One • 2 - Two • 3 - Three • 4 - Four or more
M0474	(M0474) Does this patient have at least one Stasis Ulcer that Cannot be Observed due to the presence of a nonremovable dressing? • 0 - No • 1 - Yes		***<<ITEM DROPPED on OASIS-C<<*** ***(incorporated as responses #2 in M1330)***		***<<ITEM DROPPED on OASIS-C<<*** ***(incorporated as responses <<DROPPED:~~#2~~<< in M1330)***

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M0476	[At follow-up, skip to M0488 if patient has no stasis ulcers] (M0476) Status of Most Problematic (Observable) Stasis Ulcer: 1 - Fully granulating 2 - Early/partial granulation 3 - Not healing NA - No observable stasis ulcer	M1334	Status of Most Problematic (Observable) Stasis Ulcer: • 1 - Fully granulating • 2 - Early/partial granulation • 3 - Not healing ***<<DROPPED: ~~NA - No observable stasis ulcer~~<<***	M1334	Status of Most Problematic (Observable) Stasis Ulcer: ***• 0 – Newly epithelialized*** • 1 - Fully granulating • 2 - Early/partial granulation • 3 - Not healing ***<<NA - No observable stasis ulcer<<***
M0482	(M0482) Does this patient have a Surgical Wound? 0 - No [If No, go to M0490] 1 - Yes	M1340	Does this patient have a Surgical Wound? • 0 - No ***[Go to M1350]*** • 1 - Yes, ***patient has at least one (observable) surgical wound*** ***• 2 - Surgical wound known but not observable due to non-removable dressing [Go to M1350]***	M1340	Does this patient have a Surgical Wound? • 0 - No ***[Go to M1350]*** • 1 - Yes, ***patient has at least one (observable) surgical wound*** ***• 2 - Surgical wound known but not observable due to non-removable dressing [Go to M1350]***
M0484	(M0484) Current Number of (Observable) Surgical Wounds: (If a wound is partially closed but has more than one opening, consider each opening as a separate wound.) • 0 - Zero • 1 - One • 2 - Two • 3 - Three • 4 - Four or more		***<<ITEM DROPPED on OASIS-C<<***		***<<ITEM DROPPED on OASIS-C<<***
M0486	(M0486) Does this patient have at least one Surgical Wound that Cannot be Observed due to the presence of a nonremovable dressing? • 0 - No • 1 - Yes		***<<ITEM DROPPED on OASIS-C<<***		***<<ITEM DROPPED on OASIS-C<<***

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M0488	(M0488) [At follow-up, skip to M0490 if patient has no surgical wounds] Status of Most Problematic (Observable) Surgical Wound: 1 - Fully granulating 2 - Early/partial granulation 3 - Not healing NA - No observable surgical wound	M1342	Status of Most Problematic (Observable) Surgical Wound: ***0 - Re-epithelialized*** 1 - Fully granulating 2 - Early/partial granulation 3 - Not healing ***<<DROPPED: ~~NA - No observable surgical wound~~<<***	M1342	Status of Most Problematic (Observable) Surgical Wound: 0 - ***Newly epithelialized*** 1 - Fully granulating 2 - Early/partial granulation 3 - Not healing ***<<DROPPED: ~~NA - No observable surgical wound~~<<***
M0440	(M0440) Does this patient have a Skin Lesion or an Open Wound? This excludes "OSTOMIES." • 0 - No [If No, go to M0490] • 1 - Yes	M1350	Does this patient have a Skin Lesion or Open Wound, ***excluding bowel ostomy, other than those described above that is receiving intervention by the home health agency?*** 0 - No 1 – Yes	M1350	Does this patient have a Skin Lesion or Open Wound, ***excluding bowel ostomy, other than those described above that is receiving intervention by the home health agency?*** 0 - No 1 – Yes
M0490	(M0490) When is the patient dyspneic or noticeably Short of Breath? 0 - Never, patient is not short of breath 1 - When walking more than 20 feet, climbing stairs 2 - With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet) 3 - With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation 4 - At rest (during day or night)	M1400	When is the patient dyspneic or noticeably Short of Breath? ***0 - Patient is not short of breath*** 1 - When walking more than 20 feet, climbing stairs 2 - With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet) 3 - With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation 4 - At rest (during day or night)	M1400	When is the patient dyspneic or noticeably Short of Breath? ***0 - Patient is not short of breath*** 1 - When walking more than 20 feet, climbing stairs 2 - With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet) 3 - With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation 4 - At rest (during day or night)
M0500	(M0500) Respiratory Treatments utilized at home: (Mark all that apply.) • 1 - Oxygen (intermittent or continuous) • 2 - Ventilator (continually or at night) • 3 - Continuous positive airway pressure • 4 - None of the above	M1410	Respiratory Treatments utilized at home: (Mark all that apply.) 1 - Oxygen (intermittent or continuous) 2 - Ventilator (continually or at night) 3 - Continuous / ***Bi-level*** positive airway pressure 4 - None of the above	M1410	Respiratory Treatments utilized at home: (Mark all that apply.) 1 - Oxygen (intermittent or continuous) 2 - Ventilator (continually or at night) 3 - Continuous / ***Bi-level*** positive airway pressure 4 - None of the above

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	New item on OASIS-C	M1500	***Symptoms in Heart Failure Patients: 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?*** ***0 - No [Go to M1732 at TRN; Go to M1600 at DC]*** ***1 - Yes*** ***2 - Not assessed [Go to M1732 at TRN; Go to M1600 at DC]*** ***NA - Patient does not have diagnosis of heart failure [Go to M1732 at TRN; Go to M1600 at DC]***	M1500	***Symptoms in Heart Failure Patients: 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?*** ***0 - No [Go to M1732 at TRN; Go to M1600 at DC]*** ***1 - Yes*** ***2 - Not assessed [Go to M1732 at TRN; Go to M1600 at DC]*** ***NA - Patient does not have diagnosis of heart failure [Go to M2004 at TRN; Go to M1600 at DC]***
	New item on OASIS-C	M1510	***Heart Failure Follow-up: 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.)*** ***0 - No action taken*** ***1 - Patient's physician (or other primary care practitioner) contacted the same day*** ***2 - Patient advised to get emergency treatment (e.g., call 911 or go to emergency room)*** ***3 - Implement physician-ordered patient-specific established parameters for treatment*** ***4 - Patient education or other clinical interventions*** ***5 - Obtained change in care plan orders (e.g., increased monitoring by agency, change in visit frequency, telehealth, etc.)***	M1510	***Heart Failure Follow-up: 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.)*** ***0 - No action taken*** ***1 - Patient's physician (or other primary care practitioner) contacted the same day*** ***2 - Patient advised to get emergency treatment (e.g., call 911 or go to emergency room)*** ***3 - Implement physician-ordered patient-specific established parameters for treatment*** ***4 - Patient education or other clinical interventions*** ***5 - Obtained change in care plan orders (e.g., increased monitoring by agency, change in visit frequency, telehealth, etc.)***
M0510	(M0510) Has this patient been treated for a Urinary Tract Infection in the past 14 days? • 0 - No • 1 - Yes • NA - Patient on prophylactic treatment • UK - Unknown	M1600	Has this patient been treated for a Urinary Tract Infection in the past 14 days? 0 - No 1 - Yes NA - Patient on prophylactic treatment UK - Unknown	M1600	Has this patient been treated for a Urinary Tract Infection in the past 14 days? 0 - No 1 - Yes NA - Patient on prophylactic treatment UK – Unknown ***[Omit UK option at DC]***

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M0520	(M0520) Urinary Incontinence or Urinary Catheter Presence: 0 - No incontinence or catheter (includes anuria or ostomy for urinary drainage) [If No, go to M0540] 1 - Patient is incontinent 2 - Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic) [Go to M0540]	M1610	Urinary Incontinence or Urinary Catheter Presence: 0 - No incontinence or catheter (includes anuria or ostomy for urinary drainage) [Go to M1620] 1 - Patient is incontinent 2 - Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic) [***Go to M1620***]	M1610	Urinary Incontinence or Urinary Catheter Presence: 0 - No incontinence or catheter (includes anuria or ostomy for urinary drainage) [Go to M1620] 1 - Patient is incontinent 2 - Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic) [***Go to M1620***]
M0530	(M0530) When does Urinary Incontinence occur? 0 - Timed-voiding defers incontinence 1 - During the night only 2 - During the day and night	M1615	When does Urinary Incontinence occur? 0 - Timed-voiding defers incontinence ***1 - Occasional stress incontinence*** *2* - During the night only ***3 - During the day only*** *4* - During the day and night	M1615	When does Urinary Incontinence occur? 0 - Timed-voiding defers incontinence ***1 - Occasional stress incontinence*** *2* - During the night only ***3 - During the day only*** *4* - During the day and night
M0540	(M0540) Bowel Incontinence Frequency: 0 - Very rarely or never has bowel incontinence 1 - Less than once weekly 2 - One to three times weekly 3 - Four to six times weekly 4 - On a daily basis 5 - More often than once daily NA - Patient has ostomy for bowel elimination UK - Unknown	M1620	Bowel Incontinence Frequency: 0 - Very rarely or never has bowel incontinence 1 - Less than once weekly 2 - One to three times weekly 3 - Four to six times weekly 4 - On a daily basis 5 - More often than once daily NA - Patient has ostomy for bowel elimination UK - Unknown	M1620	Bowel Incontinence Frequency: 0 - Very rarely or never has bowel incontinence 1 - Less than once weekly 2 - One to three times weekly 3 - Four to six times weekly 4 - On a daily basis 5 - More often than once daily NA - Patient has ostomy for bowel elimination UK – Unknown ***[Omit UK option at FU, TF,DC]***

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M0550	(M0550) Ostomy for Bowel Elimination: 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? 0 - Patient does not have an ostomy for bowel elimination. 1 - Patient's ostomy was not related to an inpatient stay and did not necessitate change in medical or treatment regimen. 2 - The ostomy was related to an inpatient stay or did necessitate change in medical or treatment regimen.	M1630	Ostomy for Bowel Elimination: 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? 0 - Patient does not have an ostomy for bowel elimination. 1 - Patient's ostomy was not related to an inpatient stay and did not necessitate change in medical or treatment regimen. 2 - The ostomy was related to an inpatient stay or did necessitate change in medical or treatment regimen.	M1630	Ostomy for Bowel Elimination: 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? 0 - Patient does not have an ostomy for bowel elimination. 1 - Patient's ostomy was not related to an inpatient stay and did not necessitate change in medical or treatment regimen. 2 - The ostomy was related to an inpatient stay or did necessitate change in medical or treatment regimen.
M0560	(M0560) Cognitive Functioning: (Patient's current level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.) • 0 - Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently. • 1 - Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions. • 2 - Requires assistance and some direction in specific situations (e.g., on all tasks involving shifting of attention), or consistently requires low stimulus environment due to distractibility. • 3 - Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time. • 4 - Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.	M1700	Cognitive Functioning: Patient's current (day of assessment) level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands. 0 - Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently. 1 - Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions. 2 - Requires assistance and some direction in specific situations (e.g., on all tasks involving shifting of attention), or consistently requires low stimulus environment due to distractibility. 3 - Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time. 4 - Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.	M1700	Cognitive Functioning: Patient's current (day of assessment) level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands. 0 - Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently. 1 - Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions. 2 - Requires assistance and some direction in specific situations (e.g., on all tasks involving shifting of attention), or consistently requires low stimulus environment due to distractibility. 3 - Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time. 4 - Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.

Comparison of OASIS-B1 to OASIS-C Draft Version 12.2 (3/4/2009) to OASIS C Final Version (August, 2009)

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M0570	(M0570) When Confused (Reported or Observed): • 0 - Never • 1 - In new or complex situations only • 2 - On awakening or at night only • 3 - During the day and evening, but not constantly • 4 - Constantly • NA - Patient nonresponsive	M1710	When Confused (Reported or Observed ***Within the Last 14 Days***): 0 - Never 1 - In new or complex situations only 2 - On awakening or at night only 3 - During the day and evening, but not constantly 4 - Constantly NA - Patient nonresponsive	M1710	When Confused (Reported or Observed ***Within the Last 14 Days***): 0 - Never 1 - In new or complex situations only 2 - On awakening or at night only 3 - During the day and evening, but not constantly 4 - Constantly NA - Patient nonresponsive
M0580	(M0580) When Anxious (Reported or Observed): • 0 - None of the time • 1 - Less often than daily • 2 - Daily, but not constantly • 3 - All of the time • NA - Patient nonresponsive	M1720	When Anxious (Reported or Observed ***Within the Last 14 Days***): 0 - None of the time 1 - Less often than daily 2 - Daily, but not constantly 3 - All of the time NA - Patient nonresponsive	M1720	When Anxious (Reported or Observed ***Within the Last 14 Days***): 0 - None of the time 1 - Less often than daily 2 - Daily, but not constantly 3 - All of the time NA - Patient nonresponsive

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	New item on OASIS-C	M1730	***Depression Screening: Has the patient been screened for depression, using a standardized depression screening tool?*** ***0 - No*** ***1 - Yes, patient was screened using the PHQ-2© scale. (Instructions for this two-question tool: Ask patient: "Over the last two weeks, how often have you been bothered by any of the following problems")*** ***(Matrix)*** ***ROWS:*** ***a) Little interest or pleasure in doing things*** ***b) Feeling down, depressed, or hopeless?*** ***by COLUMNS:*** ***- Not at all (0 - 1 day) (0)*** ***- Several days (2 - 6 days) (1)*** ***- More than half of the days (7 – 11 days) (2)*** ***- Nearly every day (12 – 14 days) (3)*** ***- N/A - Unable to respond*** ***2 - Yes, with a different standardized assessment-and the patient meets criteria for further evaluation for depression.*** ***3 - Yes, patient was screened with a different standardized assessment-and the patient does not meet criteria for further evaluation for depression.***	M1730	***Depression Screening: Has the patient been screened for depression, using a standardized depression screening tool?*** ***0 - No*** ***1 - Yes, patient was screened using the PHQ-2©* scale. (Instructions for this two-question tool: Ask patient: "Over the last two weeks, how often have you been bothered by any of the following problems")*** ***(Matrix)*** ***ROWS:*** ***a) Little interest or pleasure in doing things*** ***b) Feeling down, depressed, or hopeless?*** ***by COLUMNS:*** ***- Not at all (0 - 1 day) (0)*** ***- Several days (2 - 6 days) (1)*** ***- More than half of the days (7 – 11 days) (2)*** ***- Nearly every day (12 – 14 days) (3)*** ***- N/A - Unable to respond*** ***2 - Yes, with a different standardized assessment-and the patient meets criteria for further evaluation for depression.*** ***3 - Yes, patient was screened with a different standardized assessment-and the patient does not meet criteria for further evaluation for depression.*** ****Copyright© Pfizer Inc. All rights reserved. Reproduced with permission.***
M0590	(M0590) Depressive Feelings Reported or Observed in Patient: (Mark all that apply.) • 1 - Depressed mood (e.g., feeling sad, tearful) • 2 - Sense of failure or self reproach • 3 - Hopelessness • 4 - Recurrent thoughts of death • 5 - Thoughts of suicide • 6 - None of the above feelings observed or reported		***<<ITEM DROPPED on OASIS-C<<***		***<<ITEM DROPPED on OASIS-C<<***

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M0610	(M0610) Behaviors Demonstrated at Least Once a Week (Reported or Observed): (Mark all that apply.) • 1 - Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required • 2 - Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions • 3 - Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc. • 4 - Physical aggression: aggressive or combative to self and others (e.g., hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects) • 5 - Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions) • 6 - Delusional, hallucinatory, or paranoid behavior • 7 - None of the above behaviors demonstrated	M1740	***Cognitive, behavioral, and psychiatric symptoms*** that are demonstrated at least once a week (Reported or Observed): (Mark all that apply.) 1 - Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required 2 - Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions 3 - Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc. 4 - Physical aggression: aggressive or combative to self and others (e.g., hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects) 5 - Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions) 6 - Delusional, hallucinatory, or paranoid behavior 7 - None of the above behaviors demonstrated	M1740	***Cognitive, behavioral, and psychiatric symptoms*** that are demonstrated at least once a week (Reported or Observed): (Mark all that apply.) 1 - Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required 2 - Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions 3 - Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc. 4 - Physical aggression: aggressive or combative to self and others (e.g., hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects) 5 - Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions) 6 - Delusional, hallucinatory, or paranoid behavior 7 - None of the above behaviors demonstrated
M0620	(M0620) Frequency of Behavior Problems (Reported or Observed) (e.g., wandering episodes, self abuse, verbal disruption, physical aggression, etc.): • 0 - Never • 1 - Less than once a month • 2 - Once a month • 3 - Several times each month • 4 - Several times a week • 5 - At least daily	M1745	Frequency of ***Disruptive*** Behavior ***Symptoms*** (Reported or Observed) ***Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety***. 0 - Never 1 - Less than once a month 2 - Once a month 3 - Several times each month 4 - Several times a week 5 - At least daily	M1745	Frequency of ***Disruptive*** Behavior ***Symptoms*** (Reported or Observed) ***Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety***. 0 - Never 1 - Less than once a month 2 - Once a month 3 - Several times each month 4 - Several times a week 5 - At least daily
M0630	(M0630) Is this patient receiving Psychiatric Nursing Services at home provided by a qualified psychiatric nurse? • 0 - No • 1 - Yes	M1750	Is this patient receiving Psychiatric Nursing Services at home provided by a qualified psychiatric nurse? 0 – No 1 - Yes	M1750	Is this patient receiving Psychiatric Nursing Services at home provided by a qualified psychiatric nurse? 0 – No 1 - Yes ***<<Note: No longer collected at Discharge, No change at other collection timepoints.<<***

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M0640	(M0640) Grooming: Ability to tend to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care). Prior 0 - Able to groom self unaided, with or without the use of assistive devices or adapted methods. 1 - Grooming utensils must be placed within reach before able to complete grooming activities. 2 - Someone must assist the patient to groom self. 3 - Patient depends entirely upon someone else for grooming needs UK - Unknown Current 0 - Able to groom self unaided, with or without the use of assistive devices or adapted methods. 1 - Grooming utensils must be placed within reach before able to complete grooming activities. 2 - Someone must assist the patient to groom self. 3 - Patient depends entirely upon someone else for grooming needs	M1800	Grooming: ***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). ***<<PRIOR STATUS NO LONGER COLLECTED<<*** 0 - Able to groom self unaided, with or without the use of assistive devices or adapted methods. 1 - Grooming utensils must be placed within reach before able to complete grooming activities. 2 - Someone must assist the patient to groom self. 3 - Patient depends entirely upon someone else for grooming needs.	M1800	Grooming: ***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). ***<<PRIOR STATUS NO LONGER COLLECTED<<*** 0 - Able to groom self unaided, with or without the use of assistive devices or adapted methods. 1 - Grooming utensils must be placed within reach before able to complete grooming activities. 2 - Someone must assist the patient to groom self. 3 - Patient depends entirely upon someone else for grooming needs.

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M0650	(M0650) Ability to Dress Upper Body (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps: Prior 0 - Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance. 1 - Able to dress upper body without assistance if clothing is laid out or handed to the patient. 2 - Someone must help the patient put on upper body clothing. 3 - Patient depends entirely upon another person to dress the upper body. UK - Unknown Current 0 - Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance. 1 - Able to dress upper body without assistance if clothing is laid out or handed to the patient. 2 - Someone must help the patient put on upper body clothing. 3 - Patient depends entirely upon another person to dress the upper body.	M1810	***Current*** Ability to Dress Upper Body ***safely*** (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps: ***<<PRIOR STATUS NO LONGER COLLECTED<<*** 0 - Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance. 1 - Able to dress upper body without assistance if clothing is laid out or handed to the patient. 2 - Someone must help the patient put on upper body clothing. 3 - Patient depends entirely upon another person to dress the upper body.	M1810	***Current*** Ability to Dress Upper Body ***safely*** (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps: ***<<PRIOR STATUS NO LONGER COLLECTED<<*** 0 - Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance. 1 - Able to dress upper body without assistance if clothing is laid out or handed to the patient. 2 - Someone must help the patient put on upper body clothing. 3 - Patient depends entirely upon another person to dress the upper body.

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M0660	(M0660) Ability to Dress Lower Body (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes: Prior 0 - Able to obtain, put on, and remove clothing and shoes without assistance. 1 - Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient. 2 - Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes. 3 - Patient depends entirely upon another person to dress lower body. UK - Unknown Current 0 - Able to obtain, put on, and remove clothing and shoes without assistance. 1 - Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient. 2 - Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes. 3 - Patient depends entirely upon another person to dress lower body.	M1820	***Current*** Ability to Dress Lower Body ***safely*** (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes: ***<<PRIOR STATUS NO LONGER COLLECTED<<*** 0 - Able to obtain, put on, and remove clothing and shoes without assistance. 1 - Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient. 2 - Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes. 3 - Patient depends entirely upon another person to dress lower body.	M1820	***Current*** Ability to Dress Lower Body ***safely*** (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes: ***<<PRIOR STATUS NO LONGER COLLECTED<<*** 0 - Able to obtain, put on, and remove clothing and shoes without assistance. 1 - Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient. 2 - Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes. 3 - Patient depends entirely upon another person to dress lower body.

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M0670	(M0670) Bathing: Ability to wash entire body. Excludes grooming (washing face and hands only). Prior 0 - Able to bathe self in shower or tub independently. 1 - With the use of devices, is able to bathe self in shower or tub independently. 2 - Able to bathe in shower or tub with the assistance of another person: (a) for intermittent supervision or encouragement or reminders, OR (b) to get in and out of the shower or tub, OR (c) for washing difficult to reach areas. 3 - Participates in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision. 4 - Unable to use the shower or tub and is bathed in bed or bedside chair. 5 - Unable to effectively participate in bathing and is totally bathed by another person. UK - Unknown Current 0 - Able to bathe self in shower or tub independently. 1 - With the use of devices, is able to bathe self in shower or tub independently. 2 - Able to bathe in shower or tub with the assistance of another person: (a) for intermittent supervision or encouragement or reminders, OR (b) to get in and out of the shower or tub, OR (c) for washing difficult to reach areas. 3 - Participates in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision. 4 - Unable to use the shower or tub and is bathed in bed or bedside chair. 5 - Unable to effectively participate in bathing and is totally bathed by another person.	M1830	Bathing***: Current*** ability to wash entire body ***safely***. Excludes grooming (washing face and hands only) ***<<PRIOR STATUS NO LONGER COLLECTED<<*** 0 - Able to bathe self in shower or tub independently, ***including getting in and out of tub/shower.*** 1 - With the use of devices, is able to bathe self in shower or tub independently, ***including getting in and out of the tub/shower.*** 2 - Able to bathe in shower or tub with the intermittent assistance of another person: (a) for intermittent supervision or encouragement or reminders, OR (b) to get in and out of the shower or tub, OR (c) for washing difficult to reach areas. 3 - ***Able to*** participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision. 4 - Unable to use the shower or tub, ***but able to bathe self independently, with or without the use of devices, at the sink, in chair, or on commode.*** ***5 - Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person throughout the bath.*** 6 - Unable to participate effectively in bathing and is bathed totally by another person.	M1830	Bathing***: Current*** ability to wash entire body ***safely***. Excludes grooming (washing face and hands ***and shampooing hair***) ***<<PRIOR STATUS NO LONGER COLLECTED<<*** 0 - Able to bathe self in shower or tub independently, ***including getting in and out of tub/shower.*** 1 - With the use of devices, is able to bathe self in shower or tub independently, ***including getting in and out of the tub/shower.*** 2 - Able to bathe in shower or tub with the intermittent assistance of another person: (a) for intermittent supervision or encouragement or reminders, OR (b) to get in and out of the shower or tub, OR (c) for washing difficult to reach areas. 3 - ***Able to*** participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision. 4 - Unable to use the shower or tub, ***but able to bathe self independently, with or without the use of devices, at the sink, in chair, or on commode.*** ***5 - Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person throughout the bath.*** 6 - Unable to participate effectively in bathing and is bathed totally by another person.

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M0680	(M0680) Toileting: Ability to get to and from the toilet or bedside commode. Prior 0 - Able to get to and from the toilet independently with or without a device. 1 - When reminded, assisted, or supervised by another person, able to get to and from the toilet. 2 - Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance). 3 - Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently. 4 - Is totally dependent in toileting. UK - Unknown Current 0 - Able to get to and from the toilet independently with or without a device. 1 - When reminded, assisted, or supervised by another person, able to get to and from the toilet. 2 - Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance). 3 - Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently. 4 - Is totally dependent in toileting.	M1840	Toilet Transferring: ***Current*** ability to get to and from the toilet or bedside commode ***safely and transfer on and off toilet/commode.*** ***<<PRIOR STATUS NO LONGER COLLECTED<<*** 0 - Able to get to and from the toilet ***and transfer*** independently with or without a device. 1 - When reminded, assisted, or supervised by another person, able to get to and from the toilet ***and transfer.*** 2 - Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance). 3 - Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently. 4 - Is totally dependent in toileting.	M1840	Toilet Transferring: ***Current*** ability to get to and from the toilet or bedside commode ***safely and transfer on and off toilet/commode.*** ***<<PRIOR STATUS NO LONGER COLLECTED<<*** 0 - Able to get to and from the toilet ***and transfer*** independently with or without a device. 1 - When reminded, assisted, or supervised by another person, able to get to and from the toilet ***and transfer.*** 2 - Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance). 3 - Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently. 4 - Is totally dependent in toileting.

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	New item on OASIS-C	M1845	***Toileting Hygiene: Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, include cleaning area around stoma, but not managing equipment.*** ***0 - Able to manage toileting hygiene and clothing management without assistance.*** ***1 - Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.*** ***2 - Someone must help the patient to maintain toileting hygiene and/or adjust clothing.*** ***3 - Patient depends entirely upon another person to maintain toileting hygiene.***	M1845	***Toileting Hygiene: Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, include cleaning area around stoma, but not managing equipment.*** ***0 - Able to manage toileting hygiene and clothing management without assistance.*** ***1 - Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.*** ***2 - Someone must help the patient to maintain toileting hygiene and/or adjust clothing.*** ***3 - Patient depends entirely upon another person to maintain toileting hygiene.***

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M0690	(M0690) Transferring: Ability to move from bed to chair, on and off toilet or commode, into and out of tub or shower, and ability to turn and position self in bed if patient is bedfast. Prior • 0 - Able to independently transfer. • 1 - Transfers with minimal human assistance or with use of an assistive device. • 2 - Unable to transfer self but is able to bear weight and pivot during the transfer process. • 3 - Unable to transfer self and is unable to bear weight or pivot when transferred by another person. • 4 - Bedfast, unable to transfer but is able to turn and position self in bed. • 5 - Bedfast, unable to transfer and is unable to turn and position self. • UK - Unknown Current • 0 - Able to independently transfer. • 1 - Transfers with minimal human assistance or with use of an assistive device. • 2 - Unable to transfer self but is able to bear weight and pivot during the transfer process. • 3 - Unable to transfer self and is unable to bear weight or pivot when transferred by another person. • 4 - Bedfast, unable to transfer but is able to turn and position self in bed. • 5 - Bedfast, unable to transfer and is unable to turn and position self.	M1850	Transferring: ***Current*** ability to move ***safely*** from bed to chair***, <<DROPPED: ~~on and off toilet or commode, into and out of tub or shower~~<<*** or ability to turn and position self in bed if patient is bedfast***.*** ***<<PRIOR STATUS NO LONGER COLLECTED<<*** 0 - Able to independently transfer. 1 - Able to transfer with minimal human assistance or with use of an assistive device. 2 - Able to bear weight and pivot during the transfer process but unable to transfer self. 3 - Unable to transfer self and is unable to bear weight or pivot when transferred by another person. 4 - Bedfast, unable to transfer but is able to turn and position self in bed. 5 - Bedfast, unable to transfer and is unable to turn and position self.	M1850	Transferring: ***Current*** ability to move ***safely*** from bed to chair***, <<DROPPED: ~~on and off toilet or commode, into and out of tub or shower~~<<*** or ability to turn and position self in bed if patient is bedfast***.*** ***<<PRIOR STATUS NO LONGER COLLECTED<<*** 0 - Able to independently transfer. 1 - Able to transfer with minimal human assistance or with use of an assistive device. 2 - Able to bear weight and pivot during the transfer process but unable to transfer self. 3 - Unable to transfer self and is unable to bear weight or pivot when transferred by another person. 4 - Bedfast, unable to transfer but is able to turn and position self in bed. 5 - Bedfast, unable to transfer and is unable to turn and position self.

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M0700	(M0700) Ambulation/Locomotion: Ability to SAFELY walk, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces. Prior 0 - Able to independently walk on even and uneven surfaces and climb stairs with or without railings (i.e., needs no human assistance or assistive device). 1 - Requires use of a device (e.g., cane, walker) to walk alone or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces. 2 - Able to walk only with the supervision or assistance of another person at all times. 3 - Chairfast, unable to ambulate but is able to wheel self independently. 4 - Chairfast, unable to ambulate and is unable to wheel self. 5 - Bedfast, unable to ambulate or be up in a chair. UK - Unknown Current 0 - Able to independently walk on even and uneven surfaces and climb stairs with or without railings (i.e., needs no human assistance or assistive device). 1 - Requires use of a device (e.g., cane, walker) to walk alone or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces. 2 - Able to walk only with the supervision or assistance of another person at all times. 3 - Chairfast, unable to ambulate but is able to wheel self independently. 4 - Chairfast, unable to ambulate and is unable to wheel self. 5 - Bedfast, unable to ambulate or be up in a chair.	M1860	Ambulation/Locomotion: ***Current*** ability to ***walk safely***, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces. ***<<PRIOR STATUS NO LONGER COLLECTED<<*** 0 - Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (i.e., needs no human assistance or assistive device). ***1 - With the use of a one-handed device (e.g. cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.*** ***2 - Requires use of a two-handed device (e.g., walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.*** 3 - Able to walk only with the supervision or assistance of another person at all times. 4 - Chairfast, unable to ambulate but is able to wheel self independently. 5 - Chairfast, unable to ambulate and is unable to wheel self. 6 - Bedfast, unable to ambulate or be up in a chair	M1860	Ambulation/Locomotion: ***Current*** ability to ***walk safely***, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces. ***<<PRIOR STATUS NO LONGER COLLECTED<<*** 0 - Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (i.e., needs no human assistance or assistive device). ***1 - With the use of a one-handed device (e.g. cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.*** ***2 - Requires use of a two-handed device (e.g., walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.*** 3 - Able to walk only with the supervision or assistance of another person at all times. 4 - Chairfast, unable to ambulate but is able to wheel self independently. 5 - Chairfast, unable to ambulate and is unable to wheel self. 6 - Bedfast, unable to ambulate or be up in a chair

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M0710	(M0710) Feeding or Eating: Ability to feed self meals and snacks. Note: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten. Prior 0 - Able to independently feed self. 1 - Able to feed self independently but requires: (a) meal set-up; OR (b) intermittent assistance or supervision from another person; OR (c) a liquid, pureed or ground meat diet. 2 - Unable to feed self and must be assisted or supervised throughout the meal/snack. 3 - Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy. 4 - Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy. 5 - Unable to take in nutrients orally or by tube feeding. UK - Unknown Current 0 - Able to independently feed self. 1 - Able to feed self independently but requires: (a) meal set-up; OR (b) intermittent assistance or supervision from another person; OR (c) a liquid, pureed or ground meat diet. 2 - Unable to feed self and must be assisted or supervised throughout the meal/snack. 3 - Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy. 4 - Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy. 5 - Unable to take in nutrients orally or by tube feeding.	M1870	Feeding or Eating***: Current*** ability to feed self meals and snacks ***safely***. Note: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten. ***<<PRIOR STATUS NO LONGER COLLECTED<<*** 0 - Able to independently feed self. 1 - Able to feed self independently but requires: (a) meal set-up; OR (b) intermittent assistance or supervision from another person; OR (c) a liquid, pureed or ground meat diet. 2 - Unable to feed self and must be assisted or supervised throughout the meal/snack. 3 - Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy. 4 - Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy. 5 - Unable to take in nutrients orally or by tube feeding.	M1870	Feeding or Eating***: Current*** ability to feed self meals and snacks ***safely***. Note: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten. ***<<PRIOR STATUS NO LONGER COLLECTED<<*** 0 - Able to independently feed self. 1 - Able to feed self independently but requires: (a) meal set-up; OR (b) intermittent assistance or supervision from another person; OR (c) a liquid, pureed or ground meat diet. 2 - Unable to feed self and must be assisted or supervised throughout the meal/snack. 3 - Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy. 4 - Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy. 5 - Unable to take in nutrients orally or by tube feeding.

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M0720	(M0720) Planning and Preparing Light Meals (e.g., cereal, sandwich) or reheat delivered meals: Prior 0 - (a) Able to independently plan and prepare all light meals for self or reheat delivered meals; OR (b) Is physically, cognitively, and mentally able to prepare light meals on a regular basis but has not routinely performed light meal preparation in the past (i.e., prior to this home care admission). 1 - Unable to prepare light meals on a regular basis due to physical, cognitive, or mental limitations. 2 - Unable to prepare any light meals or reheat any delivered meals. UK - Unknown Current 0 - (a) Able to independently plan and prepare all light meals for self or reheat delivered meals; OR (b) Is physically, cognitively, and mentally able to prepare light meals on a regular basis but has not routinely performed light meal preparation in the past (i.e., prior to this home care admission). 1 - Unable to prepare light meals on a regular basis due to physical, cognitive, or mental limitations. 2 - Unable to prepare any light meals or reheat any delivered meals.	M1880	***Current*** Ability to Plan and Prepare Light Meals (e.g., cereal, sandwich) or reheat delivered meals ***safely***: ***<<PRIOR STATUS NO LONGER COLLECTED<<*** 0 - (a) Able to independently plan and prepare all light meals for self or reheat delivered meals; OR (b) Is physically, cognitively, and mentally able to prepare light meals on a regular basis but has not routinely performed light meal preparation in the past (i.e., prior to this home care admission). 1 - Unable to prepare light meals on a regular basis due to physical, cognitive, or mental limitations. 2 - Unable to prepare any light meals or reheat any delivered meals.	M1880	***Current*** Ability to Plan and Prepare Light Meals (e.g., cereal, sandwich) or reheat delivered meals ***safely***: ***<<PRIOR STATUS NO LONGER COLLECTED<<*** 0 - (a) Able to independently plan and prepare all light meals for self or reheat delivered meals; OR (b) Is physically, cognitively, and mentally able to prepare light meals on a regular basis but has not routinely performed light meal preparation in the past (i.e., prior to this home care admission). 1 - Unable to prepare light meals on a regular basis due to physical, cognitive, or mental limitations. 2 - Unable to prepare any light meals or reheat any delivered meals.

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	New item on OASIS-C	M1900	***Prior Functioning ADL/IADL: Indicate the patient's usual ability with everyday activities prior to this current illness, exacerbation, or injury. Check only one box in each row.*** ***MATRIX:*** ***ROWS - Functional Area*** ***a. Self-Care (e.g., grooming, dressing, and bathing)*** ***b. Ambulation*** ***c. Transfer*** ***d. Household tasks (e.g., light meal preparation, laundry, shopping)*** ***by COLUMNS*** ***Independent*** ***Needed Some Help*** ***Dependent***	M1900	***Prior Functioning ADL/IADL: Indicate the patient's usual ability with everyday activities prior to this current illness, exacerbation, or injury. Check only one box in each row.*** ***MATRIX:*** ***ROWS - Functional Area*** ***a. Self-Care (e.g., grooming, dressing, and bathing)*** ***b. Ambulation*** ***c. Transfer*** ***d. Household tasks (e.g., light meal preparation, laundry, shopping)*** ***by COLUMNS*** ***Independent*** ***Needed Some Help*** ***Dependent***
M0730	(M0730) Transportation: Physical and mental ability to safely use a car, taxi, or public transportation (bus, train, subway). Prior • 0 - Able to independently drive a regular or adapted car; OR uses a regular or handicap-accessible public bus. • 1 - Able to ride in a car only when driven by another person; OR able to use a bus or handicap van only when assisted or accompanied by another person. • 2 - Unable to ride in a car, taxi, bus, or van, and requires transportation by ambulance. • UK - Unknown Current • 0 - Able to independently drive a regular or adapted car; OR uses a regular or handicap-accessible public bus. • 1 - Able to ride in a car only when driven by another person; OR able to use a bus or handicap van only when assisted or accompanied by another person. • 2 - Unable to ride in a car, taxi, bus, or van, and requires transportation by ambulance.		***<<ITEM DROPPED on OASIS-C<<***		***<<ITEM DROPPED on OASIS-C<<***

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M0740	(M0740) Laundry: Ability to do own laundry to carry laundry to and from washing machine, to use washer and dryer, to wash small items by hand. Prior • 0 - (a) Able to independently take care of all laundry tasks; OR (b) Physically, cognitively, and mentally able to do laundry and access facilities, but has not routinely performed laundry tasks in the past (i.e., prior to this home care admission). • 1 - Able to do only light laundry, such as minor hand wash or light washer loads. Due to physical, cognitive, or mental limitations, needs assistance with heavy laundry such as carrying large loads of laundry. • 2 - Unable to do any laundry due to physical limitation or needs continual supervision and assistance due to cognitive or mental limitation. • UK - Unknown Current • 0 - (a) Able to independently take care of all laundry tasks; OR (b) Physically, cognitively, and mentally able to do laundry and access facilities, but has not routinely performed laundry tasks in the past (i.e., prior to this home care admission). • 1 - Able to do only light laundry, such as minor hand wash or light washer loads. Due to physical, cognitive, or mental limitations, needs assistance with heavy laundry such as carrying large loads of laundry. • 2 - Unable to do any laundry due to physical limitation or needs continual supervision and assistance due to cognitive or mental limitation.		***<<ITEM DROPPED on OASIS-C<<***		***<<ITEM DROPPED on OASIS-C<<***

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M0750	(M0750) Housekeeping: Ability to safely and effectively perform light housekeeping and heavier cleaning tasks. Prior • 0 - (a) Able to independently perform all housekeeping tasks; OR (b) Physically, cognitively, and mentally able to perform all housekeeping tasks but has not routinely participated in housekeeping tasks in the past (i.e., prior to this home care admission). • 1 - Able to perform only light housekeeping (e.g., dusting, wiping kitchen counters) tasks independently. • 2 - Able to perform housekeeping tasks with intermittent assistance or supervision from another person. • 3 - Unable to consistently perform any housekeeping tasks unless assisted by another person throughout the process. • 4 - Unable to effectively participate in any housekeeping tasks. • UK - Unknown Current • 0 - (a) Able to independently perform all housekeeping tasks; OR (b) Physically, cognitively, and mentally able to perform all housekeeping tasks but has not routinely participated in housekeeping tasks in the past (i.e., prior to this home care admission). • 1 - Able to perform only light housekeeping (e.g., dusting, wiping kitchen counters) tasks independently. • 2 - Able to perform housekeeping tasks with intermittent assistance or supervision from another person. • 3 - Unable to consistently perform any housekeeping tasks unless assisted by another person throughout the process. • 4 - Unable to effectively participate in any housekeeping tasks.		***<<ITEM DROPPED on OASIS-C<<***		***<<ITEM DROPPED on OASIS-C<<***

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M0760	(M0760) Shopping: Ability to plan for, select, and purchase items in a store and to carry them home or arrange delivery. Prior • 0 - (a) Able to plan for shopping needs and independently perform shopping tasks, including carrying packages; OR (b) Physically, cognitively, and mentally able to take care of shopping, but has not done shopping in the past (i.e., prior to this home care admission). • 1 - Able to go shopping, but needs some assistance: (a) By self is able to do only light shopping and carry small packages, but needs someone to do occasional major shopping; OR (b) Unable to go shopping alone, but can go with someone to assist. • 2 - Unable to go shopping, but is able to identify items needed, place orders, and arrange home delivery. • 3 - Needs someone to do all shopping & errands. • UK - Unknown Current • 0 - (a) Able to plan for shopping needs and independently perform shopping tasks, including carrying packages; OR (b) Physically, cognitively, and mentally able to take care of shopping, but has not done shopping in the past (i.e., prior to this home care admission). • 1 - Able to go shopping, but needs some assistance: (a) By self is able to do only light shopping and carry small packages, but needs someone to do occasional major shopping; OR (b) Unable to go shopping alone, but can go with someone to assist. • 2 - Unable to go shopping, but is able to identify items needed, place orders, and arrange home delivery. • 3 - Needs someone to do all shopping & errands.		***<<ITEM DROPPED on OASIS-C<<***		***<<ITEM DROPPED on OASIS-C<<***

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M0770	(M0770) Ability to Use Telephone: Ability to answer the phone, dial numbers, and effectively use the telephone to communicate. Prior • 0 - Able to dial numbers and answer calls appropriately and as desired. • 1 - Able to use a specially adapted telephone (i.e., large numbers on the dial, teletype phone for the deaf) and call essential numbers. • 2 - Able to answer the telephone and carry on a normal conversation but has difficulty with placing calls. • 3 - Able to answer the telephone only some of the time or is able to carry on only a limited conversation. • 4 - Unable to answer the telephone at all but can listen if assisted with equipment. • 5 - Totally unable to use the telephone. • NA - Patient does not have a telephone. • UK - Unknown Current • 0 - Able to dial numbers and answer calls appropriately and as desired. • 1 - Able to use a specially adapted telephone (i.e., large numbers on the dial, teletype phone for the deaf) and call essential numbers. • 2 - Able to answer the telephone and carry on a normal conversation but has difficulty with placing calls. • 3 - Able to answer the telephone only some of the time or is able to carry on only a limited conversation. • 4 - Unable to answer the telephone at all but can listen if assisted with equipment. • 5 - Totally unable to use the telephone. • NA - Patient does not have a telephone.	M1890	Ability to Use Telephone: ***Current*** ability to answer the phone ***safely***, including dialing numbers, and effectively using the telephone to communicate. ***<<PRIOR STATUS NO LONGER COLLECTED<<*** 0 - Able to dial numbers and answer calls appropriately and as desired. 1 - Able to use a specially adapted telephone (i.e., large numbers on the dial, teletype phone for the deaf) and call essential numbers. 2 - Able to answer the telephone and carry on a normal conversation but has difficulty with placing calls. 3 - Able to answer the telephone only some of the time or is able to carry on only a limited conversation. 4 - Unable to answer the telephone at all but can listen if assisted with equipment. 5 - Totally unable to use the telephone. NA - Patient does not have a telephone.	M1890	Ability to Use Telephone: ***Current*** ability to answer the phone ***safely***, including dialing numbers, and effectively using the telephone to communicate. ***<<PRIOR STATUS NO LONGER COLLECTED<<*** 0 - Able to dial numbers and answer calls appropriately and as desired. 1 - Able to use a specially adapted telephone (i.e., large numbers on the dial, teletype phone for the deaf) and call essential numbers. 2 - Able to answer the telephone and carry on a normal conversation but has difficulty with placing calls. 3 - Able to answer the telephone only some of the time or is able to carry on only a limited conversation. 4 - Unable to answer the telephone at all but can listen if assisted with equipment. 5 - Totally unable to use the telephone. NA - Patient does not have a telephone.

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	New item on OASIS-C	M1910	*Has this patient had a multi-factor Fall Risk Assessment (such as falls history, use of multiple medications, mental impairment, toileting frequency, general mobility/transferring impairment, environmental hazards)?* *0 - No multi-factor falls risk assessment conducted.* *1 - Yes, and it does not indicate a risk for falls. [Go to M2000 at SOC/ROC]* *2 - Yes, and it indicates a risk for falls.*	M1910	*Has this patient had a multi-factor Fall Risk Assessment (such as falls history, use of multiple medications, mental impairment, toileting frequency, general mobility/transferring impairment, environmental hazards)?* *0 - No multi-factor falls risk assessment conducted.* *1 - Yes, and it does not indicate a risk for falls. [Go to M2000 at SOC/ROC]* *2 - Yes, and it indicates a risk for falls.*
	New item on OASIS-C	M2000	*Drug Regimen Review: 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?* *0 - Not assessed/reviewed [Go to M2010]* *1 - No problems found during review [Go to M2010]* *2 - Problems found during review* *NA - Patient is not taking any medications [Go to M2040]*	M2000	*Drug Regimen Review: 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?* *0 - Not assessed/reviewed [Go to M2010]* *1 - No problems found during review [Go to M2010]* *2 - Problems found during review* *NA - Patient is not taking any medications [Go to M2040]*
	New item on OASIS-C	M2002	*Medication Follow-up: Was a physician or the physician-designee contacted within one calendar day to resolve clinically significant medication issues, including reconciliation?* *0 - No* *1 – Yes*	M2002	*Medication Follow-up: Was a physician or the physician-designee contacted within one calendar day to resolve clinically significant medication issues, including reconciliation?* *0 - No* *1 – Yes*

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	New item on OASIS-C	M2004	*Medication Intervention: 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?* *0 - No* *1 - Yes* *NA - No clinically significant medication issues identified since the previous OASIS assessment*	M2004	*Medication Intervention: 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?* *0 - No* *1 - Yes* *NA - No clinically significant medication issues identified since the previous OASIS assessment*
	New item on OASIS-C	M2010	*Patient/Caregiver High Risk Drug Education: 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?* *0 - No* *1 - Yes* *NA - Patient not taking any high risk drugs OR patient/caregiver fully knowledgeable about special precautions associated with all high-risk medications*	M2010	*Patient/Caregiver High Risk Drug Education: 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?* *0 - No* *1 - Yes* *NA - Patient not taking any high risk drugs OR patient/caregiver fully knowledgeable about special precautions associated with all high-risk medications*
	New item on OASIS-C	M2015	*Patient/Caregiver Drug Education Intervention: Since the previous OASIS assessment, was the patient/caregiver instructed by agency staff or other health care provider to monitor the effectiveness of drug therapy, drug reactions, and side effects, and how and when to report problems that may occur?* *0 - No* *1 - Yes* *NA - Patient not taking any drugs*	M2015	*Patient/Caregiver Drug Education Intervention: Since the previous OASIS assessment, was the patient/caregiver instructed by agency staff or other health care provider to monitor the effectiveness of drug therapy, drug reactions, and side effects, and how and when to report problems that may occur?* *0 - No* *1 - Yes* *NA - Patient not taking any drugs*

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M0780	(M0780) Management of Oral Medications: Patient's ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.) Prior 0 - Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times. 1 - Able to take medication(s) at the correct times if: (a) individual dosages are prepared in advance by another person; OR (b) given daily reminders; OR (c) someone develops a drug diary or chart. 2 - Unable to take medication unless administered by someone else. NA - No oral medications prescribed. UK - Unknown Current 0 - Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times. 1 - Able to take medication(s) at the correct times if: (a) individual dosages are prepared in advance by another person; OR (b) given daily reminders; OR (c) someone develops a drug diary or chart. 2 - Unable to take medication unless administered by someone else. NA - No oral medications prescribed.	M2020	Management of Oral Medications: Patient's current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.) ***<<PRIOR STATUS NO LONGER COLLECTED<<*** 0 - Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times. 1 - Able to take medication(s) at the correct times if: (a) individual dosages are prepared in advance by another person; OR ***(b) another person develops a drug diary or chart.*** ***2 - Able to take medication(s) at the correct times if given reminders by another person at the appropriate times*** 3 - Unable to take medication unless administered by another person. NA - No oral medications prescribed.	M2020	Management of Oral Medications: Patient's current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.) ***<<PRIOR STATUS NO LONGER COLLECTED<<*** 0 - Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times. 1 - Able to take medication(s) at the correct times if: (a) individual dosages are prepared in advance by another person; OR ***(b) another person develops a drug diary or chart.*** ***2 - Able to take medication(s) at the correct times if given reminders by another person at the appropriate times*** 3 - Unable to take medication unless administered by another person. NA - No oral medications prescribed.

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M0790	(M0790) Management of Inhalant/Mist Medications: Patient's ability to prepare and take all prescribed inhalant/mist medications (nebulizers, metered dose devices) reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Excludes all other forms of medication (oral tablets, injectable and IV medications). Prior Current • 0 - Able to independently take the correct medication and proper dosage at the correct times. • 1 - Able to take medication at the correct times if: (a) individual dosages are prepared in advance by another person, OR (b) given daily reminders. • 2 - Unable to take medication unless administered by someone else. • NA - No inhalant/mist medications prescribed. • UK - Unknown		*<<ITEM DROPPED on OASIS-C<<*		*<<ITEM DROPPED on OASIS-C<<*

Comparison of OASIS-B1 to OASIS-C Draft Version 12.2 (3/4/2009) to OASIS C Final Version (August, 2009)

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M0800	(M0800) Management of Injectable Medications: Patient's ability to prepare and take all prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. Excludes IV medications. Prior 0 - Able to independently take the correct medication and proper dosage at the correct times. 1 - Able to take injectable medication at correct times if: (a) individual syringes are prepared in advance by another person, OR (b) given daily reminders. 2 - Unable to take injectable medications unless administered by someone else. NA - No injectable medications prescribed. UK - Unknown Current 0 - Able to independently take the correct medication and proper dosage at the correct times. 1 - Able to take injectable medication at correct times if: (a) individual syringes are prepared in advance by another person, OR (b) given daily reminders. 2 - Unable to take injectable medications unless administered by someone else. NA - No injectable medications prescribed.	M2030	Management of Injectable Medications: Patient's ***current*** ability to prepare and take all prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. Excludes IV medications. ***<<PRIOR STATUS NO LONGER COLLECTED<<*** 0 - Able to independently take the correct medication(s) and proper dosage(s) at the correct times. 1 - Able to take injectable medication(s) at the correct times if: (a) individual syringes are prepared in advance by another person; ***OR*** ***(b) another person develops a drug diary or chart.*** ***2 - Able to take medication(s) at the correct times if given reminders by another person based on the frequency of the injection*** 3 - Unable to take injectable medication unless administered by another person. NA - No injectable medications prescribed.	M2030	Management of Injectable Medications: Patient's ***current*** ability to prepare and take all prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. Excludes IV medications. ***<<PRIOR STATUS NO LONGER COLLECTED<<*** 0 - Able to independently take the correct medication(s) and proper dosage(s) at the correct times. 1 - Able to take injectable medication(s) at the correct times if: (a) individual syringes are prepared in advance by another person; ***OR*** ***(b) another person develops a drug diary or chart.*** ***2 - Able to take medication(s) at the correct times if given reminders by another person based on the frequency of the injection*** 3 - Unable to take injectable medication unless administered by another person. NA - No injectable medications prescribed.

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	New item on OASIS-C	M2040	***Prior Medication Management: Indicate the patient's usual ability with managing oral and injectable medications prior to this current illness, exacerbation, or injury. Check only one box in each row.*** ***MATRIX:*** ***ROWS - Functional Area*** ***a. Oral medications*** ***b. Injectable medications*** ***by COLUMNS*** ***- Independent*** ***- Needed Some Help*** ***- Dependent*** ***- Not Applicable***	M2040	***Prior Medication Management: Indicate the patient's usual ability with managing oral and injectable medications prior to this current illness, exacerbation, or injury. Check only one box in each row.*** ***MATRIX:*** ***ROWS - Functional Area*** ***a. Oral medications*** ***b. Injectable medications*** ***by COLUMNS*** ***- Independent*** ***- Needed Some Help*** ***- Dependent*** ***- Not Applicable***

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M0810	(M0810) Patient Management of Equipment (includes ONLY oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or supplies): Patient's ability to set up, monitor and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. (NOTE: This refers to ability, not compliance or willingness.) • 0 - Patient manages all tasks related to equipment completely independently. • 1 - If someone else sets up equipment (i.e., fills portable oxygen tank, provides patient with prepared solutions), patient is able to manage all other aspects of equipment. • 2 - Patient requires considerable assistance from another person to manage equipment, but independently completes portions of the task. • 3 - Patient is only able to monitor equipment (e.g., liter flow, fluid in bag) and must call someone else to manage the equipment. • 4 - Patient is completely dependent on someone else to manage all equipment. • NA - No equipment of this type used in care [If NA, go to M0826]		***<<ITEM DROPPED on OASIS-C<< (see M2100, row "e")***		***<<ITEM DROPPED on OASIS-C<< (see M2100, row "e")***

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M0820	(M0820) Caregiver Management of Equipment (includes ONLY oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies): Caregiver's ability to set up, monitor, and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. (NOTE: This refers to ability, not compliance or willingness.) • 0 - Caregiver manages all tasks related to equipment completely independently. • 1 - If someone else sets up equipment, caregiver is able to manage all other aspects. • 2 - Caregiver requires considerable assistance from another person to manage equipment, but independently completes significant portions of task. • 3 - Caregiver is only able to complete small portions of task (e.g., administer nebulizer treatment, clean/store/dispose of equipment or supplies). • 4 - Caregiver is completely dependent on someone else to manage all equipment. • NA - No caregiver • UK – Unknown		***<<ITEM DROPPED on OASIS-C<< (see M2100, row "e")***		***<<ITEM DROPPED on OASIS-C<< (see M2100, row "e")***

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	New item on OASIS-C	M2100	*Types and Sources of Assistance: Determine the level of caregiver ability and willingness to provide assistance for the following activities, if assistance is needed. (Check only one box in each row.)* *MATRIX:* *ROWS: Needing assistance = patient needs assistance on any item on the "e.g." list:* *a. ADL assistance (e.g., transfer/ ambulation, bathing, dressing, toileting, eating/feeding)* *b. IADL assistance (e.g., meals, housekeeping, laundry, telephone, shopping, finances)* *c. Medication administration (e.g., oral, inhaled or injectable)* *d. Medical procedures/ treatments (e.g., changing wound dressing)* *e. Management of Equipment (includes oxygen, IV/infusion equipment, enteral/ parenteral nutrition, ventilator therapy equipment or supplies)* *f. Supervision and safety (e.g., due to cognitive impairment)* *g. Advocacy or facilitation of patient's participation in appropriate medical care (includes transportation to or from appointments)* *BY COLUMNS:* *- No assistance needed in this area* *- Caregiver(s) currently provides assistance* *- Caregiver(s) need training/ supportive services to provide assistance* *- Caregiver(s) not likely to provide assistance* *- Unclear if Caregiver(s) will provide assistance* *- Assistance needed, but no Caregiver(s) available*	M2100	*Types and Sources of Assistance: Determine the level of caregiver ability and willingness to provide assistance for the following activities, if assistance is needed. (Check only one box in each row.)* *MATRIX* *ROWS: Type of Assistance <<DROPPED: ~~Needing assistance = patient needs assistance on any item on the "e.g." list~~<<* *a. ADL assistance (e.g., transfer/ ambulation, bathing, dressing, toileting, eating/feeding)* *b. IADL assistance (e.g., meals, housekeeping, laundry, telephone, shopping, finances)* *c. Medication administration (e.g., oral, inhaled or injectable)* *d. Medical procedures/ treatments (e.g., changing wound dressing)* *e. Management of Equipment (includes oxygen, IV/infusion equipment, enteral/ parenteral nutrition, ventilator therapy equipment or supplies)* *f. Supervision and safety (e.g., due to cognitive impairment)* *g. Advocacy or facilitation of patient's participation in appropriate medical care (includes transportation to or from appointments)* *BY COLUMNS:* *- No assistance needed in this area* *- Caregiver(s) currently provides assistance* *- Caregiver(s) need training/ supportive services to provide assistance* *- Caregiver(s) not likely to provide assistance* *- Unclear if Caregiver(s) will provide assistance* *- Assistance needed, but no Caregiver(s) available*

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	New item on OASIS-C	M2110	***How Often does the patient receive ADL or IADL assistance from any caregiver(s) (other than home health agency staff)?*** ***1 - At least daily*** ***2 - Three or more times per week*** ***3 - One to two times per week*** ***4 - Received, but less often than weekly*** ***5 - No assistance received*** ***UK - Unknown* [*at discharge, omit Unknown response.]***	M2110	***How Often does the patient receive ADL or IADL assistance from any caregiver(s) (other than home health agency staff)?*** ***1 - At least daily*** ***2 - Three or more times per week*** ***3 - One to two times per week*** ***4 - Received, but less often than weekly*** ***5 - No assistance received*** ***UK - Unknown* [*at discharge, omit Unknown response.]***
M0826	(M0826) Therapy Need: 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)? (Enter zero ["000"] if no therapy visits indicated.) (__ __ __) Number of therapy visits indicated (total of physical, occupational and speech-language pathology combined). • NA - Not Applicable: No case mix group defined by this assessment.	M2200	Therapy Need: 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)? (Enter zero ["000"] if no therapy visits indicated.) (__ __ __) Number of therapy visits indicated (total of physical, occupational and speech-language pathology combined). NA - Not Applicable: No case mix group defined by this assessment.	M2200	Therapy Need: 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)? (Enter zero ["000"] if no therapy visits indicated.) (__ __ __) Number of therapy visits indicated (total of physical, occupational and speech-language pathology combined). NA - Not Applicable: No case mix group defined by this assessment.

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	New item on OASIS-C	M2250	*Plan of Care Synopsis: (Check only one box in each row.) Does the physician-ordered plan of care include the following:* *MATRIX:* *ROWS - Plan / Intervention* *a. Patient-specific parameters for notifying physician of changes in vital signs or other clinical findings* *COLUMNS = no, yes, NA - Physician has chosen not to establish patient-specific parameters for this patient. Agency will use standard-sized clinical guidelines accessible for all care providers to reference* *b. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care* *COLUMNS = no, yes, NA - Patient is not diabetic or is bilateral amputee* *c. Falls prevention interventions* *COLUMNS = no, yes, NA - Patient is not assessed to be at risk for falls* *d. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment* *COLUMNS = no, yes, NA - Patient has no diagnosis or symptoms of depression* *e. Intervention(s) to monitor and mitigate pain* *COLUMNS = no, yes, NA - No pain identified* *f. Intervention(s) to prevent pressure ulcers* *COLUMNS = no, yes, NA - Patient is not assessed to be at risk for pressure ulcers* *g. Pressure ulcer treatment based on principles of moist wound healing OR order for treatment based on moist wound healing has been requested from physician* *COLUMNS = no, yes, NA - Patient has no pressure ulcers with need for moist wound healing*		*Plan of Care Synopsis: (Check only one box in each row.) Does the physician-ordered plan of care include the following:* *MATRIX:* *ROWS - Plan / Intervention* *a. Patient-specific parameters for notifying physician of changes in vital signs or other clinical findings* *COLUMNS = no, yes, NA - Physician has chosen not to establish patient-specific parameters for this patient. Agency will use standard-sized clinical guidelines accessible for all care providers to reference* *b. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care* *COLUMNS = no, yes, NA - Patient is not diabetic or is bilateral amputee* *c. Falls prevention interventions* *COLUMNS = no, yes, NA - Patient is not assessed to be at risk for falls* *d. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment* *COLUMNS = no, yes, NA - Patient has no diagnosis or symptoms of depression* *e. Intervention(s) to monitor and mitigate pain* *COLUMNS = no, yes, NA - No pain identified* *f. Intervention(s) to prevent pressure ulcers* *COLUMNS = no, yes, NA - Patient is not assessed to be at risk for pressure ulcers* *g. Pressure ulcer treatment based on principles of moist wound healing OR order for treatment based on moist wound healing has been requested from physician* *COLUMNS = no, yes, NA - Patient has no pressure ulcers with need for moist wound healing*

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M0830	(M0830) Emergent Care: Since the last time OASIS data were collected, has the patient utilized any of the following services for emergent care (other than home care agency services)? (Mark all that apply.) • 0 - No emergent care services [If no emergent care, go to M0855] • 1 - Hospital emergency room (includes 23-hour holding) • 2 - Doctor's office emergency visit/house call • 3 - Outpatient department/clinic emergency (includes urgicenter sites) • UK - Unknown [If UK, go to M0855]	M2300	Emergent Care: Since the last time OASIS data were collected, has the patient utilized ***a hospital emergency department (includes holding/observation)*** 0 - No ***[Go to M2400]*** ***1 - Yes, used hospital emergency department WITHOUT hospital admission*** ***2 - Yes, used hospital emergency department WITH hospital admission*** UK - Unknown ***[Go to M2400]***	M2300	Emergent Care: Since the last time OASIS data were collected, has the patient utilized ***a hospital emergency department (includes holding/observation)*** 0 - No ***[Go to M2400]*** ***1 - Yes, used hospital emergency department WITHOUT hospital admission*** ***2 - Yes, used hospital emergency department WITH hospital admission*** UK - Unknown ***[Go to M2400]***
M0840	(M0840) Emergent Care Reason: For what reason(s) did the patient/family seek emergent care? (Mark all that apply.) • 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis • 2 - Nausea, dehydration, malnutrition, constipation, impaction • 3 - Injury caused by fall or accident at home • 4 - Respiratory problems (e.g., shortness of breath, respiratory infection, tracheobronchial obstruction) • 5 - Wound infection, deteriorating wound status, new lesion/ulcer • 6 - Cardiac problems (e.g., fluid overload, exacerbation of CHF, chest pain) • 7 - Hypo/Hyperglycemia, diabetes out of control • 8 - GI bleeding, obstruction • 9 - Other than above reasons • UK - Reason unknown	M2310	Reason for Emergent Care: For what reason(s) did the patient receive emergent care (with or without hospitalization)? (Mark all that apply.) 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis ***2 - Injury caused by fall*** ***3 - Respiratory infection (e.g. pneumonia, bronchitis)*** ***4 - Other respiratory problem*** ***5 - Heart failure (e.g., fluid overload)*** ***6 - Cardiac dysrhythmia (irregular heartbeat)*** ***7 - Myocardial infarction or chest pain*** ***8 - Other heart disease*** ***9 - Stroke (CVA) or TIA*** ***10 - Hypo/Hyperglycemia, diabetes out of control*** ***11 - GI bleeding, obstruction, constipation, impaction*** ***12 - Dehydration, malnutrition*** ***13 - Urinary tract infection*** ***14 - IV catheter-related infection or complication*** ***15 - Wound infection or deterioration*** ***16 - Uncontrolled pain*** ***17 - Acute mental/behavioral health problem*** ***18 - Deep vein thrombosis, pulmonary embolus*** ***19 - Other than above reasons*** UK - Reason unknown	M2310	Reason for Emergent Care: For what reason(s) did the patient receive emergent care (with or without hospitalization)? (Mark all that apply.) 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis ***2 - Injury caused by fall*** ***3 - Respiratory infection (e.g. pneumonia, bronchitis)*** ***4 - Other respiratory problem*** ***5 - Heart failure (e.g., fluid overload)*** ***6 - Cardiac dysrhythmia (irregular heartbeat)*** ***7 - Myocardial infarction or chest pain*** ***8 - Other heart disease*** ***9 - Stroke (CVA) or TIA*** ***10 - Hypo/Hyperglycemia, diabetes out of control*** ***11 - GI bleeding, obstruction, constipation, impaction*** ***12 - Dehydration, malnutrition*** ***13 - Urinary tract infection*** ***14 - IV catheter-related infection or complication*** ***15 - Wound infection or deterioration*** ***16 - Uncontrolled pain*** ***17 - Acute mental/behavioral health problem*** ***18 - Deep vein thrombosis, pulmonary embolus*** ***19 - Other than above reasons*** UK - Reason unknown

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	New item on OASIS-C	M2400	*Intervention Synopsis: (Check only one box in each row.) Since the previous OASIS assessment, were the following interventions BOTH included in the physician-ordered plan of care AND implemented?* *MATRIX ROWS - Plan / Intervention* *a. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care* *COLUMNS: yes, no, NA - Patient is not diabetic or is bilateral amputee* *b. Falls prevention interventions* *COLUMNS: yes, no, NA - Formal multi-factor Fall Risk Assessment indicates the patient was not at risk for falls since the last OASIS assessment* *c. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment* *COLUMNS: yes, no, NA - Formal assessment indicates patient did not meet criteria for depression AND patient did not have diagnosis of depression since the last OASIS assessment* *d. Intervention(s) to monitor and mitigate pain* *COLUMNS: yes, no, NA - Formal assessment did not indicate pain since the last OASIS assessment* *e. Intervention(s) to prevent pressure ulcers* *COLUMNS: yes, no, NA - Formal assessment indicates the patient was not at risk of pressure ulcers since the last OASIS assessment* *f. Pressure ulcer treatment based on principles of moist wound healing* *COLUMNS: yes, no, NA - Dressings that support the principles of moist wound healing not indicated for this patient's pressure ulcers OR patient has no pressure ulcers with need for moist wound healing*	M2400	*Intervention Synopsis: (Check only one box in each row.) Since the previous OASIS assessment, were the following interventions BOTH included in the physician-ordered plan of care AND implemented?* *MATRIX ROWS - Plan / Intervention* *a. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care* *COLUMNS: yes, no, NA - Patient is not diabetic or is bilateral amputee* *b. Falls prevention interventions* *COLUMNS: yes, no, NA - Formal multi-factor Fall Risk Assessment indicates the patient was not at risk for falls since the last OASIS assessment* *c. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment* *COLUMNS: yes, no, NA - Formal assessment indicates patient did not meet criteria for depression AND patient did not have diagnosis of depression since the last OASIS assessment* *d. Intervention(s) to monitor and mitigate pain* *COLUMNS: yes, no, NA - Formal assessment did not indicate pain since the last OASIS assessment* *e. Intervention(s) to prevent pressure ulcers* *COLUMNS: yes, no, NA - Formal assessment indicates the patient was not at risk of pressure ulcers since the last OASIS assessment* *f. Pressure ulcer treatment based on principles of moist wound healing* *COLUMNS: yes, no, NA - Dressings that support the principles of moist wound healing not indicated for this patient's pressure ulcers OR patient has no pressure ulcers with need for moist wound healing*

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M0855	(M0855) To which Inpatient Facility has the patient been admitted? 1 - Hospital [Go to M0890] 2 - Rehabilitation facility [Go to M0903] 3 - Nursing home [Go to M0900] 4 - Hospice [Go to M0903] NA - No inpatient facility admission	M2410	To which Inpatient Facility has the patient been admitted? 1 - Hospital ***[Go to M2430]*** 2 - Rehabilitation facility [Go to M0903] 3 - Nursing home ***[Go to M2440]*** 4 - Hospice [Go to M0903] NA - No inpatient facility admission	M2410	To which Inpatient Facility has the patient been admitted? 1 - Hospital ***[Go to M2430]*** 2 - Rehabilitation facility [Go to M0903] 3 - Nursing home ***[Go to M2440]*** 4 - Hospice [Go to M0903] NA - No inpatient facility admission ***(OMIT NA AT TFR)***
M0870	(M0870) Discharge Disposition: Where is the patient after discharge from your agency? (Choose only one answer.) 1 - Patient remained in the community (not in hospital, nursing home, or rehab facility) 2 - Patient transferred to a noninstitutional hospice [Go to M0903] 3 - Unknown because patient moved to a geographic location not served by this agency [Go to M0903] UK - Other unknown [Go to M0903]	M2420	Discharge Disposition: Where is the patient after discharge from your agency? (Choose only one answer.) 1 - Patient remained in the community ***(without formal assistive services)*** ***2 - Patient remained in the community (with formal assistive services)*** ***3*** - Patient transferred to a noninstitutional hospice ***4*** - Unknown because patient moved to a geographic location not served by this agency UK - Other unknown [Go to M0903]	M2420	Discharge Disposition: Where is the patient after discharge from your agency? (Choose only one answer.) 1 - Patient remained in the community ***(without formal assistive services)*** ***2 - Patient remained in the community (with formal assistive services)*** ***3*** - Patient transferred to a noninstitutional hospice ***4*** - Unknown because patient moved to a geographic location not served by this agency UK - Other unknown [Go to M0903]
M0880	(M0880) After discharge, does the patient receive health, personal, or support Services or Assistance? (Mark all that apply.) • 1 - No assistance or services received • 2 - Yes, assistance or services provided by family or friends • 3 - Yes, assistance or services provided by other community resources (e.g., meals-on-wheels, home health services, homemaker assistance, transportation assistance, assisted living, board and care)		***<<ITEM DROPPED on OASIS-C<<*** ***(see M2420)***		***<<ITEM DROPPED on OASIS-C<<*** ***(see M2420)***

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<<TEXT ENCLOSED IN DOUBLE "LESS THAN" SIGNS<< = DROPPED TEXT

OASIS B1 Item #	OASIS-B1 Item Text	OASIS-C Item #	*OASIS-C Draft Version 12.2 (3/2009) Item Text*	OASIS-C Item #	*OASIS C Final Version (August, 2009) Item Text*
M0890	(M0890) If the patient was admitted to an acute care Hospital, for what Reason was he/she admitted? • 1 - Hospitalization for emergent (unscheduled) care • 2 - Hospitalization for urgent (scheduled within 24 hours of admission) care • 3 - Hospitalization for elective (scheduled more than 24 hours before admission) care • UK – Unknown		***<<ITEM DROPPED on OASIS-C<<***		***<<ITEM DROPPED on OASIS-C<<***
M0895	(M0895) Reason for Hospitalization: (Mark all that apply.) • 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis • 2 - Injury caused by fall or accident at home • 3 - Respiratory problems (SOB, infection, obstruction) • 4 - Wound or tube site infection, deteriorating wound status, new lesion/ulcer • 5 - Hypo/Hyperglycemia, diabetes out of control • 6 - GI bleeding, obstruction • 7 - Exacerbation of CHF, fluid overload, heart failure • 8 - Myocardial infarction, stroke • 9 - Chemotherapy • 10 - Scheduled surgical procedure • 11 - Urinary tract infection • 12 - IV catheter-related infection • 13 - Deep vein thrombosis, pulmonary embolus • 14 - Uncontrolled pain • 15 - Psychotic episode • 16 - Other than above reasons	M2430	Reason for Hospitalization: For what reason(s) did the patient require hospitalization? (Mark all that apply.) 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis 2 - Injury caused by fall ***<<DROPPED: ~~or accident at home~~<<*** ***3 - Respiratory infection (e.g. pneumonia, bronchitis)*** ***4 - Other respiratory problem*** ***5 - Heart failure (e.g., fluid overload)*** ***6 - Cardiac dysrhythmia (irregular heartbeat)*** ***7 - Myocardial infarction or chest pain*** ***8 - Other heart disease*** ***9 - Stroke (CVA) or TIA*** ***10*** - Hypo/Hyperglycemia, diabetes out of control ***11*** - GI bleeding, obstruction***, constipation, impaction*** ***12 - Dehydration, malnutrition*** ***13 -*** Urinary tract infection ***14 -*** IV catheter-related infection ***or complication*** ***15 - Wound infection or deterioration*** ***16 -*** Uncontrolled pain ***17 - Acute mental/behavioral health problem*** ***18*** - Deep vein thrombosis, pulmonary embolus ***19 - Scheduled treatment or procedure*** ***20*** - Other than above reasons ***UK - Reason unknown*** ***[Go to M0903]***	M2430	Reason for Hospitalization: For what reason(s) did the patient require hospitalization? (Mark all that apply.) 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis 2 - Injury caused by fall ***<<DROPPED: ~~or accident at home~~<<*** ***3 - Respiratory infection (e.g. pneumonia, bronchitis)*** ***4 - Other respiratory problem*** ***5 - Heart failure (e.g., fluid overload)*** ***6 - Cardiac dysrhythmia (irregular heartbeat)*** ***7 - Myocardial infarction or chest pain*** ***8 - Other heart disease*** ***9 - Stroke (CVA) or TIA*** ***10*** - Hypo/Hyperglycemia, diabetes out of control ***11*** - GI bleeding, obstruction***, constipation, impaction*** ***12 - Dehydration, malnutrition*** ***13 -*** Urinary tract infection ***14 -*** IV catheter-related infection ***or complication*** ***15 - Wound infection or deterioration*** ***16 -*** Uncontrolled pain ***17 - Acute mental/behavioral health problem*** ***18*** - Deep vein thrombosis, pulmonary embolus ***19 - Scheduled treatment or procedure*** ***20*** - Other than above reasons ***UK - Reason unknown*** ***[Go to M0903]***

Comparison of OASIS-B1 to OASIS-C Draft Version 12.2 (3/4/2009) to OASIS C Final Version (August, 2009)

KEY TO CHANGES: ***RED ITALIC TEXT or //TEXT ENCLOSED WITH DOUBLE FORWARD SLASHES// = DIFFERS FROM OASIS B-1;***
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<<TEXT ENCLOSED IN DOUBLE "LESS THAN" SIGNS<< = DROPPED TEXT

OASIS B1 Item #	OASIS-B1 Item Text	OASIS-C Item #	*OASIS-C Draft Version 12.2 (3/2009) Item Text*	OASIS-C Item #	*OASIS C Final Version (August, 2009) Item Text*
M0900	(M0900) For what Reason(s) was the patient Admitted to a Nursing Home? (Mark all that apply.) • 1 - Therapy services • 2 - Respite care • 3 - Hospice care • 4 - Permanent placement • 5 - Unsafe for care at home • 6 - Other • UK - Unknown	M2440	For what Reason(s) was the patient Admitted to a Nursing Home? (Mark all that apply.) 1 - Therapy services 2 - Respite care 3 - Hospice care 4 - Permanent placement 5 - Unsafe for care at home 6 - Other UK - Unknown ***[Go to M0903]***	M2440	For what Reason(s) was the patient Admitted to a Nursing Home? (Mark all that apply.) 1 - Therapy services 2 - Respite care 3 - Hospice care 4 - Permanent placement 5 - Unsafe for care at home 6 - Other UK - Unknown ***[Go to M0903]***
M0903	(M0903) Date of Last (Most Recent) Home Visit: __ __ /__ __ / __ __ __ __ month day year	M0903	Date of Last (Most Recent) Home Visit: __ __ /__ __ / __ __ __ __ month / day / year	M0903	Date of Last (Most Recent) Home Visit: __ __ /__ __ / __ __ __ __ month / day / year
M0906	(M0906) Discharge/Transfer/Death Date: Enter the date of the discharge, transfer, or death (at home) of the patient. __ __ /__ __ / __ __ __ __ month day year	M0906	Discharge/Transfer/Death Date: Enter the date of the discharge, transfer, or death (at home) of the patient. __ __ /__ __ / __ __ __ __ month / day / year	M0906	Discharge/Transfer/Death Date: Enter the date of the discharge, transfer, or death (at home) of the patient. __ __ /__ __ / __ __ __ __ month / day / year