

Attachment C. OASIS-E2 Itemized List of Data Elements

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

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

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

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

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

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

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

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

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

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

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