

Table G.2: OASIS-B1 and OASIS-C – Items Unchanged, Items Modified, Items Dropped, and New Items Added.**OASIS-B1 Items UNCHANGED on OASIS-C**

OASIS-C Item #	OASIS-B1 Item # & Description
M0014	(M0014) Branch State
M0016	(M0016) Branch I D Number
M0020	(M0020) Patient I D Number
M0030	(M0030) Start of Care Date
M0032	(M0032) Resumption of Care Date
M0040	(M0040) Patient Name
M0050	(M0050) Patient State of Residence
M0060	(M0060) Patient Zip Code
M0063	(M0063) Medicare Number
M0064	(M0064) Social Security Number
M0065	(M0065) Medicaid Number
M0066	(M0066) Birth Date
M0069	(M0069) Gender
M0080	(M0080) Discipline of Person Completing Assessment
M0090	(M0090) Date Assessment Completed
M0100	(M0100) Reason for Assessment
M0110	(M0110) Episode Timing
M0220	(M1018) Conditions Prior to Regimen Change or Inpatient Stay Within Past 14 Days
M1005	(M0180) Inpatient Discharge Date (most recent)
M1030	(M0250) Therapies the patient receives at home
M1200	(M0390) Vision
M1230	(M0410) Speech and Oral (Verbal) Expression of Language
M1324	(M0460) Stage of Most Problematic (Observable) Pressure Ulcer
M1610	(M0520) Urinary Incontinence or Urinary Catheter Presence
M1630	(M0550) Ostomy for Bowel Elimination
M1700	(M0560) Cognitive Functioning
M1750	(M0630) Patient Receiving Psychiatric Nursing Services
M2200	(M0826) Therapy Need
M2440	(M0900) Reason(s) for Admission to a Nursing Home
M0903	(M0903) Date of Last (Most Recent) Home Visit
M0906	(M0906) Discharge/Transfer/Death Date

***Note, item numbers are changed for most items. In addition, administration timepoints and skip logic (“go to” instructions) may have changed for items listed here as having no changes in *content*.**

Table G.2: OASIS-B1 and OASIS-C – Items Unchanged, Items Modified, Items Dropped, and New Items Added. (cont'd)**OASIS-B1 Items MODIFIED on OASIS-C**

OASIS-C Item #	OASIS-B1 Item # & Description
M0010	(M0010) Agency Medicare Provider Number
M0018	(M0072) Primary Referring Physician id
M0140	(M0140) Race/Ethnicity (as identified by patient)
M0150	(M0150) Current Payment Sources for Home Care
M1000	(M0175) Inpatient Facility Discharges during the past 14 days?
M1010	(M0190) Inpatient Diagnosis within the last 14 days
M1016	(M0210) Medical Diagnoses requiring changed medical or treatment regimen
M1020/1022/1024	M0230/240/246 Diagnoses, Severity Index, and Payment Diagnoses
M1036	(M0290) High Risk Factors
M1210	(M0400) Hearing and Ability to Understand Spoken Language
M1242	(M0420) Frequency of Pain interfering with patient's activity or movement
M1350	(M0440) Does this patient have a Skin Lesion or an Open Wound?
M1306	(M0445) Does this patient have a Pressure Ulcer?
M1308	(M0450 b-e) Current Number of Pressure Ulcers at Each Stage (2-4)
M1322	(M0450 a) Current Number of Pressure Ulcers at Stage 1
M1320	(M0464) Status of Most Problematic (Observable) Pressure Ulcer
M1330	(M0468) Does this patient have a Stasis Ulcer?
M1332	(M0470) Current Number of Observable Stasis Ulcer(s)
M1334	(M0476) Status of Most Problematic (Observable) Stasis Ulcer
M1340	(M0482) Does this patient have a Surgical Wound?
M1342	(M0488) Status of Most Problematic (Observable) Surgical Wound
M1400	(M0490) When is the patient dyspneic or noticeably Short of Breath?
M1410	(M0500) Respiratory Treatments utilized at home
M1600	(M0510) Patient treated for a Urinary Tract Infection in the past 14 days?
M1615	(M0530) When does Urinary Incontinence occur?
M1620	(M0540) Bowel Incontinence Frequency
M1710	(M0570) When Confused (Reported or Observed)
M1720	(M0580) When Anxious (Reported or Observed)
M1740	(M0610) Behaviors Demonstrated at Least Once a Week (Reported or Observed)
M1745	(M0620) Frequency of Behavior Problems (Reported or Observed)
M1800	(M0640) Grooming
M1810	(M0650) Ability to Dress Upper Body
M1820	(M0660) Ability to Dress Lower Body
M1830	(M0670) Bathing
M1840	(M0680) Toileting
M1850	(M0690) Transferring

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OASIS-B1 Items MODIFIED on OASIS-C

OASIS-C Item #	OASIS-B1 Item # & Description
M1860	(M0700) Ambulation/Locomotion
M1870	(M0710) Feeding or Eating
M1880	(M0720) Planning and Preparing Light Meals
M1890	(M0770) Ability to Use Telephone
M2020	(M0780) Management of Oral Medications
M2030	(M0800) Management of Injectable Medications
M2300	(M0830) Emergent Care
M2310	(M0840) Emergent Care Reason
M2410	(M0855) Inpatient Facility Patient Been Admitted
M2420	(M0870) Discharge Disposition
M2430	(M0895) Reason for Hospitalization

Table G.2: OASIS-B1 and OASIS-C – Items Unchanged, Items Modified, Items Dropped, and New Items Added. (cont'd)

OASIS-B1 items DROPPED on OASIS-C

OASIS-B1 Item # & Description

(M0012) Agency Medicaid Provider Number

(M0200) Medical or Treatment Regimen Change Within Past 14 Days

(M0260) Overall Prognosis

(M0270) Rehabilitative Prognosis

(M0280) Life Expectancy

(M0300) Current Residence

(M0340) Patient Lives With:

(M0350) Assisting Person(s) Other than Home Care Agency Staff

(M0360) Primary Caregiver

(M0370) Frequency of assistance from the primary caregiver?

(M0380) Type of Primary Caregiver Assistance

(M0430) Intractable Pain

(M0474) Stasis Ulcer that Cannot be Observed

(M0484) Current Number of (Observable) Surgical Wounds

(M0486) Surgical Wound that Cannot be Observed

(M0590) Depressive Feelings Reported or Observed in Patient

(M0730) Transportation

(M0740) Laundry

(M0750) Housekeeping

(M0760) Shopping

(M0790) Management of Inhalant/Mist Medications

(M0810) Patient Management of Equipment

(M0820) Caregiver Management of Equipment

(M0880) Health, personal, or support Services or Assistance after discharge?

(M0890) Acute care Hospital Admission Reason

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New items ADDED to OASIS-C

OASIS-C Item # & Description

M0102) Date of Physician-ordered Start of Care (Resumption of Care)

M0104) Date of Referral

(M1012) Inpatient Procedures

(M1032) Risk for Hospitalization

(M1034) Overall Status

(M1040) Influenza Vaccine

(M1045) Reason Influenza Vaccine Not Received

(M1050) Pneumococcal Vaccine (PPV) Received?

(M1055) Reason PPV Not Received

(M1100) Patient Living Situation

(M1220) Understanding of Verbal Content

(M1240) Patient had a formal Pain Assessment?

(M1300) Patient had a Pressure Ulcer Risk Assessment

(M1302) Risk of Developing Pressure Ulcers

(M1307) Oldest Non-epithelialized Stage II Pressure Ulcer

(M1310) Length Largest Pressure Ulcer

(M1312) Width Largest Pressure Ulcer

(M1314) Depth Largest Pressure Ulcer

(M1500) Symptoms in Heart Failure Patients

(M1510) Heart Failure Symptom Follow-up

(M1730) Depression Screening/PHQ2

(M1845) Toileting Hygiene

(M1900) Prior Functioning ADL/IADL

(M1910) Patient Had Fall Risk Assessment?

(M2000) Patient Had Drug Regimen Review?

(M2002) Medication Follow-up

(M2004) Medication Intervention

(M2010) Patient/Caregiver Had High Risk Drug Education?

(M2015) Patient/Caregiver Drug Education Intervention

(M2040) Prior Medication Management

(M2100) Types and Sources of Assistance

(M2110) Frequency of ADL or IADL Assistance?

(M2250) Plan of Care Synopsis

(M2400) Intervention Synopsis