MyHomecareBiz OASIS B/C Crosswalk

Highlights of Changes between OASIS-B and OASIS-C:

1. OASIS-C has 42 new questions. The new questions relate to
    - Flu & pneumonia vaccines,
    - Pain assessment & treatment,
    - Detailed wound assessment & treatment,
    - Heart failure,
    - Depression,
    - Risk for falls,
    - Medication management.
2. 21 OASIS-B questions have been deleted/omitted from OASIS-C.
3. Many of the remaining OASIS-B questions now have a different selection of answers.
4. Except for the Tracking Sheet and Clinical Record Items, all remaining OASIS-B questions (that haven't been deleted or omitted from OASIS-C) have new numbers, i.e. M0175 Inpatient Facilities is now M1000 Inpatient Facilities.
5. Review this document alongside the MyHomecareBiz OASIS B/C Crosswalk Video.

SECTION 1 - TRACKING SHEET

Old #	*Old Question*	*Different?*	*New #*	*New Question*	*How different?*
M0010	Agency Medicare Provider Number	Changed	M0010	**CMS Certification Number**	*Question is different*
		Omitted	M0012	**Agency Medicaid Provider Number**	
M0014	Branch State:		M0014	**Branch State:**	
M0016	Branch ID Number		M0016	**Branch ID Number**	
M0018	Physician UPIN	Changed	M0072	**Physician National Provider Identifier (NPI)**	*M0 number and question are different*
M0020	Patient ID Number:		M0020	**Patient ID Number:**	
M0030	Start of Care Date		M0030	**Start of Care Date**	
M0032	Resumption of Care Date		M0032	**Resumption of Care Date**	
M0040	Patient Name:		M0040	**Patient Name:**	
M0050	Patient State of Residence		M0050	**Patient State of Residence**	
M0060	Patient Zip Code		M0060	**Patient Zip Code**	
M0063	Medicare Number		M0063	**Medicare Number**	
M0064	Social Security Number		M0064	**Social Security Number**	
M0065	Medicaid Number		M0065	**Medicaid Number**	
M0066	Birth Date		M0066	**Birth Date**	
M0069	Gender		M0069	**Gender**	
M0140	Race/Ethnicity: (Mark all that apply.)		M0140	**Race/Ethnicity: (Mark all that apply.)**	
M0150	Current Payment Sources for Home Care: (Mark all that apply		M0150	**Current Payment Sources for Home Care:** (Mark all that apply	

SECTION 2 - CLINICAL RECORD ITEMS

Old #	*Old Question*	*Different?*	*New #*	*New Question*	*How different?*
M0080	Discipline of Person Completing Assessment		M0080	**Discipline of Person** Completing Assessment	
M0090	Date Assessment Completed		M0090	**Date Assessment Completed**	
M0100	This Assessment is Currently Being Completed for the Following Reason		M0100	This Assessment is **Currently Being Completed for the Following Reason**	
		New	M0102	**Date of Referral**: Indicate the date the physician made the referral for this home health Start of Care (Resumption of Care	
		New	M0104	**Date of Physician-ordered Start of Care** (Resumption of Care): If the physician indicated a specific start of care (resumption of care) date when the patient was referred for home health services, record the date specified.	
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?		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?	
M0903	Date of Last (Most Recent) Home Visit:		M0903	**Date of Last (Most Recent) Home Visit:**	
M0906	Discharge/Transfer/Death Date: Enter the date of the discharge, transfer, or death (at home) of the patient.		M0906	**Discharge/Transfer/Death Date**: Enter the date of the discharge, transfer, or death (at home) of the patient.	

SECTION 3 - DEMOGRAPHICS AND PATIENT HISTORY

Old #	*Old Question*	*Different?*	*New #*	*New Question*	*How different?*
M0175	From which of the following Inpatient Facilities was the patient discharged during the past 14 days? (Mark all that apply.)		M1000	From which of the following **Inpatient Facilities** was the patient discharged during the past 14 days? (Mark all that apply.)	
M0180	Inpatient Discharge Date (most recent):		M1005	**Inpatient Discharge Date** (most recent):	
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 E-codes, or V-codes):	Changed	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):	*Increased to 6 from 2 inpatient diagnoses*
		New	M1012	List each **Inpatient Procedure** and the associated ICD-9-CM procedure code	
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?		M1014	**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?	
M0210	List the patient's Medical Diagnoses and ICD-9-CM code categories (three digits required; five digits optional) for those conditions requiring changed medical or treatment regimen (no surgical or V-codes):	Changed	M1016	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):	*Increased to 6 from 4 diagnoses requiring treatment or medical change*
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.)		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.)	

DEMOGRAPHICS AND PATIENT HISTORY continued

Old #	*Old Question*	*Different?*	*New #*	*New Question*	*How different?*
M0230/ 240/246	Diagnoses, Severity Index, and Payment Diagnoses		M1020/ 1022/ 1024	**Diagnoses, Severity Index, and Payment Diagnoses**	
M0250	Therapies the patient receives at home: (Mark all that apply		M1030	**Therapies** the patient receives at home: (Mark all that apply.)	
		New	M1032	**Frailty Indicators**: Which of the following signs or symptoms characterize this patient as at risk for major decline or hospitalization? (Mark all that apply.)	
		New	M1034	**Stability Prognosis**: Which description best fits the patient's overall status? (Check one)	
M0260	Overall Prognosis: BEST description of patient's overall prognosis for recovery from this episode of illness.	Omitted			
M0270	Rehabilitative Prognosis: BEST description of patient's prognosis for functional status.	Omitted			
M0280	Life Expectancy: (Physician documentation is not required.)	Omitted			
M0290	High Risk Factors characterizing this patient: (Mark all that apply.)		M1036	**Risk Factors** characterizing this patient: (Mark all that apply.	
		New	M1038	**Guidelines for Physician Notification**: Does the physician-ordered plan of care establish parameters (limits) for physician notification of changes in vital signs or other clinical findings?	
		New	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?	

DEMOGRAPHICS AND PATIENT HISTORY continued

Old #	*Old Question*	*Different?*	*New #*	*New Question*	*How different?*
		New	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:	
		New	M1050	**Pneumococcal Vaccine:** Did the patient receive pneumococcal polysaccharide vaccine (PPV) from your agency during this episode of care (SOC/ROC to Transfer/Discharge)?	
		New	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:	

SECTION 4 - LIVING ARRANGEMENTS

Old #	*Old Question*	*Different?*	*New #*	*New Question*	*How different?*
M0300	Current Residence:	Omitted			
M0340	Patient Lives With: (Mark all that apply.)	Omitted			
		New	M1100	**Patient Living Situation**: Which of the following best describes the patient's residential circumstance and availability of assistance? (Check one box only).	

SECTION 5 - SUPPORTIVE ASSISTANCE

Old #	*Old Question*	*Different?*	*New #*	*New Question*	*How different?*
M0350	Assisting Person(s) Other than Home Care Agency Staff: (Mark all that apply.)	Omitted			
M0360	Primary Caregiver	Omitted			
M0370	How Often does the patient receive assistance from the primary caregiver?	Omitted			
M0380	Type of Primary Caregiver Assistance: (Mark all that apply.)	Omitted			

SECTION 6 - SENSORY STATUS

Old #	*Old Question*	*Different?*	*New #*	*New Question*	*How different?*
M0390	Vision with corrective lenses if the patient usually wears them:		M1200	**Vision with corrective lenses** if the patient usually wears them:	
M0400	Ability to hear (with hearing aid or hearing appliance if normally used):	Changed	M1210	**Ability to hear** (with hearing aid or hearing appliance if normally used):	*Different answers*
		New	M1220	**Understanding of Verbal Content** in patient's own language (with hearing aid or device if used):	
M0410	Speech and Oral (Verbal) Expression of Language (in patient's own language)		M1230	**Speech and Oral (Verbal) Expression of Language** (in patient's own language):	
M0420	Frequency of Pain interfering with patient's activity or movement	Changed	M1240	**Frequency of Pain** interfering with patient's activity or movement:	*Different Answers*
M0430	Intractable Pain	Omitted			
		New	M1242	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)?	
		New	M1244	**Planned Pain Intervention**: Does the current physician-ordered plan of care include intervention(s) to monitor and mitigate pain?	
		New	M1246	**Pain Intervention**: Since the previous OASIS assessment, have pain management steps in the physician-ordered plan of care been implemented to monitor and mitigate pain?	

SECTION 7 - INTEGUMENTARY STATUS

Old #	*Old Question*	*Different?*	*New #*	*New Question*	*How different?*
M0445	Does this patient have a Pressure Ulcer?	Omitted			
M0450	Current Number of Pressure Ulcers at Each Stage: (Circle one response for each stage.) Observable Stasis Ulcer(s):	Omitted			
		New	M1300	**Pressure Ulcer Assessment**: Was this patient assessed for Risk of Developing Pressure Ulcers?	
		New	M1302	Does this patient have a **Risk of Developing Pressure Ulcers**?	
		New	M1304	**Planned Pressure Ulcer Prevention**: Does the current physician-ordered plan of care include intervention(s) to prevent pressure ulcers?	
		New	M1306	**Pressure Ulcer Prevention**: Since the previous OASIS assessment, were intervention(s) on the current physician-ordered plan of care to prevent pressure ulcers implemented?	
		New	M1308	Does this patient have at least **one unhealed** (non-epithelialized**) Pressure Ulcer** at Stage II or higher or designated as "not stageable"?	
M0450 a-e	Current Number of Pressure Ulcers at Each Stage	Changed	M1310	**Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage**: (Enter “0” if none; enter “4” if “4 or more”; enter “UK” for rows d.1 – d.3 if “Unknown”)	Different wording of question
		New	M1312	**Pressure Ulcer Length**: Longest length in any direction | ___ | ___ | . | ___ | (cm)	
		New	M1314	**Pressure Ulcer Width**: Width of the same pressure ulcer, greatest width measured at right angles to length | ___ | ___ | . | ___ | (cm)	

INTEGUMENTARY STATUS continued

Old #	*Old Question*	*Different?*	*New #*	*New Question*	*How different?*
M0464	Status of Most Problematic (Observable) Pressure Ulcer:	Changed	M1320	**Status of Most Problematic (Observable) Pressure Ulcer**:	*Different answers to same question*
M0450a		Changed	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.	*Different wording of question*
M0460	Stage of Most Problematic (Observable) Pressure Ulcer:		M1324	**Stage of Most Problematic (Observable) Pressure Ulcer**:	
		New	M1326	**Pressure Ulcer Intervention**: Are moisture retentive dressings specified on the physician-ordered plan of care?	
		New	M1328	**Pressure Ulcer Intervention**: Since the previous OASIS assessment, were moisture retentive dressings used?	
M0468	Does this patient have a Stasis Ulcer	Changed	M1330	**Does this patient have a Stasis Ulcer?**	*Different answers*
M0470	Current Number of Observable Stasis Ulcer(s):	Changed	M1332	**Current Number of (Observable) Stasis Ulcer(s):**	*Different answers*
M0474	Does this patient have at least one Stasis Ulcer that Cannot be Observed due to the presence of a nonremovable dressing?	Omitted			
M0476	Status of Most Problematic (Observable) Stasis Ulcer:	Changed	M1334	**Status of Most Problematic (Observable) Stasis Ulcer**:	*Different answers*
M0482	Does this patient have a Surgical Wound?	Changed	M1340	**Does this patient have a Surgical Wound**?	*Different answers*
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.)	Omitted			

INTEGUMENTARY STATUS continued

Old #	*Old Question*	*Different?*	*New #*	*New Question*	How different?
M0486	Does this patient have at least one Surgical Wound that Cannot be Observed due to the presence of a nonremovable dressing?	Omitted			
M0488	Status of Most Problematic (Observable) Surgical Wound	Changed	M1342	**Status of Most Problematic (Observable) Surgical Wound**:	Different answers
M0440	Does this patient have a Skin Lesion or an Open Wound? This excludes "OSTOMIES."	Changed	M1350	**Does this patient have a Skin Lesion** or Open Wound, excluding bowel ostomy, other than those described above that is receiving assessment and/or intervention by the home health agency?	Different wording of question
		New	M1360	**Diabetic Foot Care Plan**: Does the physician-ordered plan of care include for the presence of skin lesions on the lower extremities and patient education on proper foot care?	
		New	M1365	**Diabetic Foot Care Plan Follow-up**: Since the previous OASIS assessment, was the physician-ordered plan of care regarding patient education and regular monitoring for the presence of lesions on the lower extremities followed?	

SECTION 8 - RESPIRATORY STATUS

Old #	*Old Question*	*Different?*	*New #*	*New Question*	*How different?*
M0490	When is the patient dyspneic or noticeably Short of Breath?		M1400	When is the patient **dyspneic** or noticeably **Short of Breath**?	
M0500	Respiratory Treatments utilized at home: (Mark all that apply.)		M1410	**Respiratory Treatments** utilized at home: (Mark all that apply.)	

SECTION 9 - CARDIAC STATUS

Old #	*Old Question*	*Different?*	*New #*	*New Question*	*How different?*
		New	M1500	**Symptoms of Heart Failure**: Since the previous OASIS assessment, did the patient exhibit symptoms of heart failure indicated by clinical heart failure guidelines (including dyspnea, orthopnea, edema, or weight gain) at any point?	
		New	M1510	**Heart Failure Follow-up**: Since the previous OASIS assessment, what action(s) has (have) been taken to respond to each instance of heart failure? (Mark all that apply.)	

SECTION 10 - ELIMINATION STATUS

Old #	*Old Question*	*Different?*	*New #*	*New Question*	*How different?*
M0510	Has this patient been treated for a Urinary Tract Infection in the past 14 days?		M1600	Has this patient been treated for a **Urinary Tract Infection** in the past 14 days?	
M0520	Urinary Incontinence or Urinary Catheter Presence:		M1610	**Urinary Incontinence** or **Urinary Catheter Presence**:	
M0530	When does Urinary Incontinence occur?	Changed	M1615	**When** does **Urinary Incontinence** occur?	*Different answers*
M0540	Bowel Incontinence Frequency:		M1620	**Bowel Incontinence** Frequency:	
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?		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?	

SECTION 11 - NEURO/EMOTIONAL/BEHAVIORAL

Old #	*Old Question*	*Different?*	*New #*	*New Question*	*How different?*
M0560	Cognitive Functioning: (Patient's current level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.)		M1700	**Cognitive Functioning**: (Patient's current level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.)	
M0570	When Confused (Reported or Observed):		M1710	**When Confused** (Reported or Observed):	
M0580	When Anxious (Reported or Observed):		M1720	**When Anxious** (Reported or Observed):	
		New	M1730	**Depression Screening**: Has the patient been screened for depression, using a standardized depression screening tool?	
M0590	Depressive Feelings Reported or Observed in Patient: (Mark all that apply.)	Changed	M1732	**Depressive Symptoms** Reported or Observed in Patient in past 14 days: (Mark all that apply.)	*Different wording of question*
		New	M1734	**Depression Intervention Plan**: Does the current physician-ordered plan of care include intervention(s) for symptoms of depression, such as medication, or a monitoring plan for current treatment?	
		New	M1736	**Depression Intervention Implementation**: Since the previous OASIS assessment, were intervention(s) in the physician-ordered plan of care to address depression implemented?	
M0610	Behaviors Demonstrated at Least Once a Week (Reported or Observed): (Mark all that apply.)		M1740	**Behaviors Demonstrated** at Least Once a Week (Reported or Observed): (Mark all that apply.)	
M0620	Frequency of Behavior Problems (Reported or Observed) (e.g., wandering episodes, self abuse, verbal disruption, physical aggression, etc.):		M1745	**Frequency of Behavior Problems** (Reported or Observed) (e.g., wandering episodes, self abuse, verbal disruption, physical aggression, etc.):	
M0630	Is this patient receiving Psychiatric Nursing Services at home provided by a qualified psychiatric nurse?		M1750	Is this patient receiving **Psychiatric Nursing Services** at home provided by a qualified psychiatric nurse?	

SECTION 12 - ADLs/IADLs

Old #	*Old Question*	*Different?*	*New #*	*New Question*	*How different?*
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)	Changed	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).	*Assessment of current status only*
M0650	Ability to Dress Upper Body (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps	Changed	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:	*Assessment of current status only*
M0660	Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:	Changed	M1820	Current **Ability to Dress Lower Body** safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:	*Assessment of current status only*
M0670	Bathing: ability to wash entire body safely. Excludes grooming (washing face and hands only).	Changed	M1830	**Bathing**: Current ability to wash entire body safely. Excludes grooming (washing face and hands only).	*Assessment of current status only*
M0680	Toileting: Ability to get to and from the toilet or bedside commode.	Changed	M1840	**Toilet Transferring**: Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.	*Assessment of current status only, different wording of question*
		New	M1845	**Toileting Hygiene**: Current ability to maintain safely perineal hygiene, adjust clothes and/or incontinence commode, bedpan, urinal. If managing ostomy, include cleaning opening but not managing equipment.	
M0690	Transferring: Ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.	Changed	M1850	**Transferring**: Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.	*Assessment of current status only*
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.	Changed	M1860	**Ambulation/Locomotion**: Ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.	*Assessment of current status only*

ADLs/IADLs continued

Old #	*Old Question*	*Different?*	*New #*	*New Question*	*How different?*
M0710	Feeding or Eating: 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.	Changed	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.	*Assessment of current status only*
		New	M1880	**Change in Mobility**: Is the patient's ability to transfer and/or ambulate safely better, the same, or worse than prior level of functioning (i.e., before the onset of the illness or injury that initiated this episode of care)?	
		New	M1890	**Change in Self-care Ability**: Is the patient's ability to perform self-care activities safely (grooming, dressing, and bathing) better, the same, or worse than prior level of functioning (i.e., before the onset of the illness or injury that initiated this episode of care)?	
M0720	Planning and Preparing Light Meals (e.g., cereal, sandwich) or reheat delivered meals safely:	Changed	M1900	**Current Planning and Preparing Light Meals** (e.g., cereal, sandwich) or reheat delivered meals safely:	*Assessment of current status only*
M0730	Transportation: Physical and mental ability to safely use a car, taxi, or public transportation (bus, train, subway).	Omitted			
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.	Omitted			
M0750	Housekeeping: Ability to safely and effectively perform light housekeeping and heavier cleaning tasks.	Omitted			
M0760	Shopping: Ability to plan for, select, and purchase items in a store and to carry them home or arrange delivery.	Omitted			

ADLs/IADLs continued

Old #	*Old Question*	*Different?*	*New #*	*New Question*	*How different?*
M0770	Ability to Use Telephone: Ability to answer the phone safely, including dialing numbers, and effectively using the telephone to communicate.	Changed	M1910	Ability to Use Telephone: Current ability to answer the phone safely, including dialing numbers, and effectively using the telephone to communicate.	*Assessment of current status only*
		New	M1920	Change in Ability to Perform Routine Household Tasks: Is the patient's ability to perform routine household tasks safely (e.g., light meal preparation, laundry, shopping, etc.) better, the same, or worse than prior level of functioning (i.e., before the onset of the illness or injury that initiated this episode of care)?	
		New	M1930	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)?	
		New	M1940	Falls Risk Intervention: Does the current physician-ordered plan of care include intervention(s) to mitigate the risk of falls?	
		New	M1945	Falls Risk Intervention: Since the previous OASIS assessment, have fall prevention steps in the physician-ordered plan of care been implemented?	

SECTION 13 - MEDICATION MANAGEMENT

Old #	*Old Question*	*Different?*	*New #*	*New Question*	*How different?*
		New	M2000	**Potential Adverse Effects/Reaction**: Does a complete drug regimen review indicate potential clinically significant adverse effects or drug reactions, including ineffective drug therapy, side effects, drug interactions, duplicate therapy, omissions, dosage errors, or noncompliance?	
		New	M2002	**Medication Follow-up**: Was the patient's physician (or other primary care practitioner) contacted within one calendar day to resolve clinically significant medication issues, including reconciliation?	
		New	M2004	**Medication Intervention**: Since the previous OASIS assessment, was the patient's physician (or other primary care practitioner) contacted within one calendar day to resolve clinically significant medication issues, including reconciliation?	
		New	M2010	**Patient/Caregiver Drug Education**: Has the patient/caregiver received instruction on high-risk medications (such as hypoglycemics and anticoagulants) including monitoring the effectiveness of drug therapy, potential adverse effects, and how and when to report problems that may occur?	
		New	M2015	**Patient/Caregiver Drug Education Intervention**: Since the previous OASIS assessment, was the patient/caregiver instructed to monitor the effectiveness of drug therapy and potential adverse effects, and how and when to report problems that may occur?	

MEDICATION MANAGEMENT continued

Old #	*Old Question*	*Different?*	*New #*	*New Question*	*How different?*
M0780	Management of Oral Medications: Patient's ability to prepare and take all prescribed oral medicationsreliably 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.)	Changed	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.)	*Assessment of current status only*
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).	Omitted			
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.	Changed	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.	*Assessment of current status only*
		New	M2040	**Change in Ability to Manage Oral, Inhalant, or Injectable Medications**: Is the patient's ability to prepare and take all prescribed medications (oral and, if applicable, inhalant or injectable medications) reliably and safely (including administration of the correct dosage at the appropriate times/intervals) better or worse than before the onset of the illness or injury that initiated this episode of care?	

SECTION 14 - EQUIPMENT MANAGEMENT

Old #	*Old Question*	*Different?*	*New #*	*New Question*	*How different?*
M0810	Patient Management of Equipment (includes ONLY oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or supplies, ventilator therapy 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.)		M2100	**Patient Management of Equipment** (includes ONLY oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or supplies, ventilator therapy 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.)	
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.)	Omitted			
		New	M2110	**Types and Sources of Assistance**	
		New	M2120	**How Often does** the patient receive ADL or IADL assistance from any caregiver(s) (other than home health agency staff)?	

SECTION 15 - THERAPY NEED

Old #	*Old Question*	*Different?*	*New #*	*New Question*	*How different?*
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.)		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.)	

SECTION 16 - EMERGENT CARE

Old #	*Old Question*	*Different?*	*New #*	*New Question*	*How different?*
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.)	Changed	M2300	**Emergent Care**: Since the last time OASIS data were collected, has the patient utilized a hospital emergency department (includes holding/observation with or without hospital admission)?	*Different Answers*
M0840	Emergent Care Reason: For what reason(s) did the patient/family seek emergent care? (Mark all that apply.)	Changed	M2310	**Reason for Emergent Care**: For what reason(s) did the patient receive emergent care (with or without hospitalization)? (Mark all that apply.)	*Different Answers*

SECTION 17 - DATA ITEMS COLLECTED AT INPATIENT FACILITY ADMISSION OR AGENCY DISCHARGE ONLY

Old #	*Old Question*	*Different?*	*New #*	*New Question*	*How different?*
M0855	To which Inpatient Facility has the patient been admitted?		M2400	To which Inpatient Facility has the patient been admitted?	
M0870	Discharge Disposition: Where is the patient after discharge from your agency? (Choose only one answer.)		M2410	Discharge Disposition: Where is the patient after discharge from your agency? (Choose only one answer.)	
M0880	After discharge, does the patient receive health, personal, or support Services or Assistance? (Mark all that apply.)				
M0890	If the patient was admitted to an acute care Hospital, for what Reason was he/she admitted?		M2420	If the patient was admitted to an acute care Hospital, for what Reason was he/she admitted?	
M0895	Reason for Hospitalization: (Mark all that apply.)	Changed	M2430	Reason for Hospitalization: For what reason(s) did the patient require hospitalization? (Mark all that apply.)	*Different Answers*
M0900	For what Reason(s) was the patient Admitted to a Nursing Home? (Mark all that apply.)		M2440	For what Reason(s) was the patient Admitted to a Nursing Home? (Mark all that apply.)	