OASIS-C 4-Recertification/5-Followup

Clinical Record Items

#	Question	Answer	To prevent emergent care… Considerations
M0080	Discipline of Person Completing Assessment	☐ 1-RN ☐ 2-PT ☐ 3-SLP/ST ☐ 4-OT	
M0090	Date Assessment Completed		
M0100	This Assessment is Currently Being Completed for the Following Reason	☐ 1 – Start of care—further visits planned ☐ 3 – Resumption of care (after inpatient stay) ☐ 4 – Recertification (follow-up) reassessment [Go to M0110] ☐ 5 – Other follow-up [Go to M0110] ☐ 6 – Transferred to an inpatient facility—patient not discharged from agency [Go to M2300] ☐ 7 – Transferred to an inpatient facility—patient discharged from agency [Go to M2300] ☐ 8 – Death at home [Go to M0906] ☐ 9 – Discharge from agency [Go to M1032]	
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.	The answer to this item affects the Medicare reimbursement calculation. An early episode is considered the first 2 certification periods of a patient's admission. Later episodes represent anything after the first 2 certification periods.

Demographics and Patient History

#	Question	Answer	To prevent emergent care…	Considerations
M1020/ 1022/ 1024	Diagnoses* Severity Index* and Payment Diagnoses	Refer to M1010 and M1016 for related codes. Try to obtain codes during referral phone call.		
M1030	Therapies the patient receives at home: (Mark all that apply.)	☐ 1 - Intravenous or infusion therapy (ex. 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	Document physician orders for this treatment, the ability of the patient/family/caregiver to properly manage this treatment, and if home care is needed to manage this treatment.	Assessment should include how well patient/family/caregiver manages nutritional therapy.

Sensory Status

#	Question	Answer	To prevent emergent care…	Considerations
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 non-responsive.	Modified teaching materials for vision limitations need to be available. Visual impairment increases safety and falls risk.	Document how vision impairment affects teaching and safety and include necessary interventions in the careplan.
M1240	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	A baseline pain assessment is necessary to make timely adjustments to pain treatment as needed.	If the patient has pain, document a complete pain assessment including current treatment and effectiveness.

Integumentary Status

#	Question	Answer	To prevent emergent care…	Considerations
M1308	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 at SOC/ROC/DC; Go to M1324 at FU] ☐ 1 - Yes		
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)	If the patient has unhealed pressure ulcers, a comprehensive baseline assessment (including measurements) for each pressure ulcer is necessary to track effectiveness of treatment.	Perform a comprehensive baseline assessment (including measurements) for each pressure ulcer.	
M1324	Stage of Most Problematic (Observable) Pressure Ulcer:	☐ 1 - Stage I [Go to M1330 at SOC/ROC/FU] ☐ 2 - Stage II ☐ 3 - Stage III ☐ 4 - Stage IV ☐ NA - No observable pressure ulcer [Go to M1330 at SOC/ROC/FU]	Answer according to findings on 1310.	
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]	In order to track effectiveness of treatment, the comprehensive assessment should have a comprehensive baseline integumentary assessment for all skin anomalies including wounds (with measurements) and their type.	Answer according to findings on 1310.
M1332	Current Number of (Observable) Stasis Ulcer(s):	☐ 1 - One ☐ 2 - Two ☐ 3 - Three ☐ 4 - Four or more	Answer according to findings on 1310.	
M1334	Status of Most Problematic (Observable) Stasis Ulcer:	☐ 0 - Re-epithelialized or healed ☐ 1 - Fully granulating ☐ 2 - Early/partial granulation ☐ 3 - Not healing	Answer according to findings on 1310.	

Integumentary Status continued

#	Question	Answer	To prevent emergent care…	Considerations
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 or likely but not observable due to non-removable dressing [Go to M1350]	Answer according to findings on 1310.	
M1342	Status of Most Problematic (Observable) Surgical Wound:	☐ 0 - Re-epithelialized or healed ☐ 1 - Fully granulating ☐ 2 - Early/partial granulation ☐ 3 - Not healing	Answer according to findings on 1310.	
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	☐ 0 - No ☐ 1 - Yes	Answer according to findings on 1310.	

Respiratory Status

#	Question	Answer	To prevent emergent care…	Considerations
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)	SOB needs to be controlled.	If SOB is present, tracking the effectiveness of treatment should be included on every progress note. Notify physician if there's no improvement.

Elimination Status

#	Question	Answer	To prevent emergent care…	Considerations
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]	Urinary issues are significant re-hospitalization risk factors. If present close monitoring of urine status is needed.	If urinary problems are present close monitoring of urine status should be included in the careplan. Notify physician if there's no improvement.
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	If present, treatment for bowel incontinence is needed.	Include treatment for bowel incontinence on the careplan. Notify physician if there's no improvement.
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. ☐ 2 - The ostomy was related to an inpatient stay/did necessitate change in medical tx	if ostomy is new, monitoring is needed to prevent complications of the recent surgery.	If the ostomy is new, include monitoring of the new surgery in the careplan.

ADLs/IADLs

#	Question	Answer	To prevent emergent care…	Considerations
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).	☐ 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.	Patient/family must be able to manage activities of daily living.	If deficit is related to recent acute neuro, orthopedic or endurance deficit, therapy (OT) may be indicated. Document role of family/caregiver in managing deficit. Notify physician if there's no improvement.
M1820	Current Ability to Dress Lower Body safely (with or without dressing aids) including undergarments* slacks* socks or nylons* shoes:	☐ 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.	Patient/family must be able to manage activities of daily living.	If deficit is related to recent acute neuro, orthopedic or endurance deficit, therapy (OT) may be indicated. Document role of family/caregiver in managing deficit. Notify physician if there's no improvement.

ADLs/IADLs continued

#	Question	Answer	To prevent emergent care…	Considerations
M1830	Bathing: Current ability to wash entire body safely. Excludes grooming (washing face and hands only).	☐ 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 bath 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.	Patient/family must be able to manage activities of daily living.	If deficit is related to recent acute neuro, orthopedic or endurance deficit, therapy (OT) may be indicated. Document role of family/caregiver in deficit. Notify physician tif there's no improvement..
M1840	Toilet Transferring: Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.	☐ 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.	Patient/family must be able to manage activities of daily living.	If deficit is related to recent acute neuro, orthopedic or endurance deficit, therapy (OT) may be indicated. Document role of family/caregiver in managing deficit. Notify physician if there's no improvement.

ADLs/IADLs continued

#	Question	Answer	To prevent emergent care…	Considerations
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.	☐ 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 or adjust clothing. ☐ 3 - Patient depends entirely upon another person to maintain toileting hygiene.	Patient/family must be able to manage activities of daily living.	If deficit is related to recent acute neuro, orthopedic or endurance deficit, therapy (OT) may be indicated. Document role of family/caregiver in managing deficit. Notify physician if there's no improvement.
M1850	Transferring: Current ability to move safely from bed to chair* or ability to turn and position self in bed if patient is bedfast.	☐ 0 - Able to independently transfer. ☐ 1 - Able to transfer 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.	Patient/family must be able to manage activities of daily living.	If deficit is related to recent acute neuro, orthopedic or endurance deficit, therapy (PT) may be indicated. Document role of family/caregiver in managing deficit.Notify physician if there's no improvement.

ADLs/IADLs continued

#	Question	Answer	To prevent emergent care…	Considerations
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.	☐ 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 - 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 climb stairs with or without railings. ☐ 2 - Requires use of a two-handed device (e.g., 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.	Patient/family must be able to manage activities of daily living.	If deficit is related to recent acute neuro, orthopedic or endurance deficit, therapy (PT) may be indicated. Document role of family/caregiver in managing deficit.Notify physician if there's no improvement.

Medication Management

#	Question	Answer	To prevent emergent care…	Considerations
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.	☐ 0 - Able to independently take the correct medication and proper dosage at the correct times. ☐ 1 - Able to take injectable medication and prepared in advance by another person, OR (b) given reminders based on the frequency of the injection. ☐ 2 - Unable to take injectable medications unless administered by someone else. ☐ NA - No injectable medications prescribed.	Need to assess patient's ability to manage medications to provide teaching if necessary.	Assess patient's ability to manage medications. Include teaching in careplan as necessary.

Therapy Need

#	Question	Answer	To prevent emergent care…	Considerations
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	(__ __ __) 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.) (Enter zero [000] if no therapy visits indicated.)	In addition to physical intervention, therapy includes teaching, training and strategies to manage physical deficits. Therapy should be considered for all patients who have ADL deficits.	Most ADL/IADL questions are OT indicators.