COL	FIELD	LENGTH	NOTES
1	Patient ID **(patient_id)**	11	Use First 10 Characters only for SEER cases.
	SEER Cases (Patient ID)		
1	SEER Registry	2	02 = Connecticut 20 = Detroit 21 = Hawaii 22 = Iowa 23 = New Mexico 25 = Seattle 26 = Utah 42 = Kentucky 43 = Louisiana 44 = New Jersey 87 = Georgia 88 = California
3	Case Number	8	Encrypted SEER Case Number
11	Filler	1	Blank Space
	Non Cancer Patients – (Patient ID)		
1	HIC ID **(hicbic)**	11	Encrypted ID for Non Cancer Patients
12	Encrypted Assessment ID **(asmt_id)**	15	
27	Assessment Beginning Version Date **(ast_beg_ver_dt)**	8	MMDDYYYY
35	Assessment Correction Version Date **(ast_end_ver_dt)**	8	MMDDYYYY "12312099"
43	Assessment Effective Date **(asmt_eff_date)**	8	Determines Year of Assessment MMDDYYYY
51	Assessment Modification Indicator **(ast_mod_ind)**	1	C = Current M = Modified X = Inactive
52	Birthdate Submit Indicator **(birthdate_subm_ind)**	1	S = Date complete M = Only month submitted D = Only month and day submitted U = Unknown
53	Branch Identifier **(branch_identifier)**	10	

COL	FIELD	LENGTH	NOTES
63	Calculated HIPPS Code **(calc_hipps_code)**	5	Please refer to the CMS website for the latest information on the HIPPS Codes. The URL is: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ProspMedicareFeeSvcPmtGen/HIPPSCodes.html (paste into browser address bar without any spaces)
68	Calculated HIPPS Version **(calc_hipps_version)**	5	
73	Correction Number **(correction_num)**	2	00-12
75	Facility Internal ID **(fac_int_id)**	10	**Encrypted Data. * Special permission required to receive unencrypted data.**
85	HHA Assessment Internal ID **(hha_asmt_int_id)**	15	
100	HHA Submission Sequence Number **(hha_subm_seq_nbr)**	10	
130	Original Assessment Internal ID **(orig_asmt_int_id)**	15	
145	Resident Data Update Timestamp **(res_chg_timestamp)**	8	MMDDYYYY
153	Resident Matching Criteria **(res_match_criteria)**	2	00-11
155	Software Version **(sft_ver)**	9	
164	State ID **(state_id)**	2	US Postal state abbreviation – 2 letters
166	State Prepared Date **(st_prepd_dt)**	8	MMDDYYYY
174	Submission Date **(submission_date)**	8	MMDDYYYY

COL	FIELD	LENGTH	NOTES
182	Submitted HIPPS Code **(subm_hipps_code)**	5	Please refer to the CMS website for the latest information on the HIPPS Codes. The URL is: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ProspMedicareFeeSvcPmtGen/HIPPSCodes.html (paste into browser address bar without any spaces)
187	Submitted HIPPS Version **(subm_hipps_version)**	5	
192	Version Code **(version_cd)**	12	
204	Version Completed Code **(vcode2)**	5	
209	M0010 Agency Medicare Number **(m0010_medicare_id)**	6	**Encrypted Data. * Special permission required to receive unencrypted data.**
230	M0014 Branch State **(m0014_branch_state)**	2	US Postal state abbreviation – 2 letters
232	M0016 Branch Identifier Number **(m0016_branch_id)**	10	
242	M0018 (M0072) Physician NPI **(m0018_physician_id)**	10	The NPI assigned for the facility or provider. **Encrypted Data. * Special permission required to receive unencrypted data.**
252	M0030 Start of Care Date **(m0030_soc_dt)**	8	MMDDYYYY
260	M0032 Resumption of Care Date Not Applicable **(m0032_roc_dt_na)**	1	0 = Not Checked (Not NA) 1 = Checked (NA)
261	M0032 Resumption of Care Date **(m0032_roc_dt)**	8	MMDDYYYY
269	M0050 Patient State **(m0050_pat_st)**	2	US Postal state abbreviation – 2 letters
271	M0060 Patient ZIP Code **(m0060_pat_zip)**	11	Patient's zip code. ***Encrypted Data. * Special Permission required to receive unencrypted data.**
282	M0063 No Medicare Number **(m0063_medicare_na)**	1	0 = Not Checked (Not NA – No Medicare) 1 = Checked (NA – No Medicare)

COL	FIELD	LENGTH	NOTES
283	M0065 No Medicaid Number **(m0065_medicaid_na)**	1	0 = Not Checked (Not NA – No Medicare) 1 = Checked (NA – No Medicare)
284	M0069 Gender **(m0069_pat_gender)**	1	1 = Male 2 = Female
285	M0080 Discipline of Person Completing Assessment **(m0080_assr_discipl)**	2	01 = RN 02 = PT 03 = SLP/ST 04 = OT
287	M0090 Date Assessment Completed **(m0090_asmt_cplt_dt)**	8	MMDDYYYY
295	M0100 Assessment Reason **(m0100_assmt_reason)**	2	(Refer to appendix table OASIS_ASSMT_REASON)
297	M0102 Physician Ordered SOC ROC **(m0102_physn_ordrd_socroc _dt)**	8	MMDDYYYY
305	M0102 Physician Ordered SOC ROC - NA **(m0102_physn_ordrd_socroc _dt_na)**	1	0 = Not Checked (Not NA) 1 = Checked (NA)
306	M0104 Physician Date of Referral **(m0104_physn_rfrl_dt)**	8	MMDDYYYY
314	M0140 American Indian or Alaska Native **(m0140_ethnic_ai_an)**	1	0 = Not Checked (No) 1 = Checked (Yes)
315	M0140 Asian **(m0140_ethnic_asian)**	1	0 = Not Checked (No) 1 = Checked (Yes)
316	M0140 Black or African-American **(m0140_ethnic_black)**	1	0 = Not Checked (No) 1 = Checked (Yes)
317	M0140 Hispanic or Latino **(m0140_ethnic_hisp)**	1	0 = Not Checked (No) 1 = Checked (Yes)
318	M0140 Native Hawaiian or Pacific Islander **(m0140_ethnic_nh_pi)**	1	0 = Not Checked (No) 1 = Checked (Yes)

COL	FIELD	LENGTH	NOTES
319	M0140 Unknown Race/Ethnicity **(m0140_ethnic_uk)**	1	* Never known
320	M0140 White **(m0140_ethnic_white)**	1	0 = Not Checked (No) 1 = Checked (Yes)
321	M0150 Medicaid Fee-For-Service **(m0150_cpy_mcaidffs)**	1	0 = Not Checked (No) 1 = Checked (Yes)
322	M0150 Medicaid HMO/Managed Care **(m0150_cpy_mcaidhmo)**	1	0 = Not Checked (No) 1 = Checked (Yes)
323	M0150 Medicare Fee-For-Service **(m0150_cpy_mcareffs)**	1	0 = Not Checked (No) 1 = Checked (Yes)
324	M0150 Medicare HMO/Managed Care **(m0150_cpy_mcarehmo)**	1	0 = Not Checked (No) 1 = Checked (Yes)
325	M0150 No Charge for Current Services **(m0150_cpy_none)**	1	0 = Not Checked (No) 1 = Checked (Yes)
326	M0150 Other Government **(m0150_cpy_oth_govt)**	1	0 = Not Checked (No) 1 = Checked (Yes)
327	M0150 Other Payment Source **(m0150_cpy_other)**	1	0 = Not Checked (No) 1 = Checked (Yes)
328	M0150 Private HMO/Managed Care **(m0150_cpy_priv_hmo)**	1	0 = Not Checked (No) 1 = Checked (Yes)
329	M0150 Private Insurance **(m0150_cpy_priv_ins)**	1	0 = Not Checked (No) 1 = Checked (Yes)
330	M0150 Self-Pay **(m0150_cpy_selfpay)**	1	0 = Not Checked (No) 1 = Checked (Yes)
331	M0150 Title Programs **(m0150_cpy_titlepgm)**	1	0 = Not Checked (No) 1 = Checked (Yes)
332	M0150 Unknown Payment Source **(m0150_cpy_uk)**	1	0 = Not Checked (No) 1 = Checked (Yes)
333	M0150 Workers Compensation **(m0150_cpy_wrkcomp)**	1	0 = Not Checked (No) 1 = Checked (Yes)
334	M0903 Date of Last Home Visit **(m0903_lst_hm_visit)**	8	MMDDYYYY
342	M0906 Discharge/Transfer/Death Date **(m0906_dc_tr_dth_dt)**	8	MMDDYYYY

COL	FIELD	LENGTH	NOTES
350	National Provider Identifier **(natl_prvdr_id)**	10	The NPI assigned for the facility or provider. **Encrypted Data. * Special permission required to receive unencrypted data.**
360	M0110 Episode Timing **(m0110_epsd_timing_cd)**	2	01 = Early 02 = Later NA = Not Applicable UK
362	M1000 Discharged Past 14 Days From IPPS **(m1000_dc_ipps_14_da)**	1	0 = Not Checked (No) 1 = Checked (Yes)
363	M1000 Discharged Past 14 Days From IRF **(m1000_dc_irf_14_da)**	1	0 = Not Checked (No) 1 = Checked (Yes)
364	M1000 Discharged Past 14 Days From LTC **(m1000_dc_ltc_14_da)**	1	0 = Not Checked (No) 1 = Checked (Yes)
365	M1000 Discharged Past 14 Days From LTCH **(m1000_dc_ltch_14_da)**	1	0 = Not Checked (No) 1 = Checked (Yes)
366	M1000 Discharged Past 14 Days From Other **(m1000_dc_oth_14_da)**	1	0 = Not Checked (No) 1 = Checked (Yes)
367	M1000 Discharged Past 14 Days From Psychiatric Hospital or Unit **(m1000_dc_psych_14_da)**	1	0 = Not Checked (No) 1 = Checked (Yes)
368	M1000 (M0175) Discharged Past 14 Days From SNF/TCU **(m1000_dc_snf_14_da)**	1	0 = Not Checked (No) 1 = Checked (Yes)
369	M1000 (M0175) Discharged Past 14 Days - NA **(m1000_dc_non_14_da)**	1	0 = Not Checked (Not NA) 1 = Checked (NA)
370	M1005 (M0180) Most Recent Inpatient Discharge Date - UK **(m1005_dschg_uk)**	1	0 = Not Checked (Not Unknown) 1 = Checked (Unknown)
371	M1005 (M0180) Most Recent Inpatient Discharge Date **(m1005_inp_dschg_dt)**	8	MMDDYYYY

COL	FIELD	LENGTH	NOTES
379	M1010 (M0190) Inpatient Diagnosis1 ICD Code **(m1010_14d_inp1_icd)**	7	ICD 9
386	M1010 (M0190) Inpatient Diagnosis2 ICD Code **(m1010_14d_inp2_icd)**	7	ICD 9
393	M1010 Inpatient Diagnosis3 ICD Code **(m1010_14_day_inp3_icd)**	7	ICD 9
400	M1010 Inpatient Diagnosis4 ICD Code **(m1010_14_day_inp4_icd)**	7	ICD 9
407	M1010 Inpatient Diagnosis5 ICD Code **(m1010_14_day_inp5_icd)**	7	ICD 9
414	M1010 Inpatient Diagnosis6 ICD Code **(m1010_14_day_inp6_icd)**	7	ICD 9
421	M1012 Inpatient ICD Procedure Code - NA **(m1012_inp_na_icd)**	1	0 = Not Checked 1 = Checked
422	M1012 Inpatient ICD Procedure Code - UK **(m1012_inp_uk_icd)**	1	0 = Not Checked 1 = Checked
423	M1012 Inpatient ICD Procedure1 Code **(m1012_inp_prcdr1_icd)**	7	ICD 9
430	M1012 Inpatient ICD Procedure2 Code **(m1012_inp_prcdr2_icd)**	7	ICD 9
437	M1012 Inpatient ICD Procedure3 Code **(m1012_inp_prcdr3_icd)**	7	ICD 9
444	M1012 Inpatient ICD Procedure4 Code **(m1012_inp_prcdr4_icd)**	7	ICD 9
451	M1016 (M0210) Regimen Change - Diagnosis1 ICD Code **(m1016_chgreg_icd1)**	7	ICD 9

COL	FIELD	LENGTH	NOTES
458	M1016 (M0210) Regimen Change - Diagnosis2 ICD Code **(m1016_chgreg_icd2)**	7	ICD 9
465	M1016 (M0210) Regimen Change - Diagnosis3 ICD Code **(m1016_chgreg_icd3)**	7	ICD 9
472	M1016 (M0210) Regimen Change - Diagnosis4 ICD Code **(m1016_chgreg_icd4)**	7	ICD 9
479	M1016 Regimen Change - Diagnosis5 ICD Code **(m1016_chgreg_icd5)**	7	ICD 9
486	M1016 Regimen Change - Diagnosis6 ICD Code **(m1016_chgreg_icd6)**	7	ICD 9
493	M1016 Regimen Change in Past 14 Days - NA **(m1016_chgreg_icd_na)**	1	0 = Not Checked (Not NA) 1 = Checked (NA)
494	M1018 (M0220) Prior Condition - Catheter **(m1018_pr_cath)**	1	0 = Not Checked (No) 1 = Checked (Yes)
495	M1018 (M0220) Prior Condition - Disruptive Behavior **(m1018_pr_disrupt)**	1	0 = Not Checked (No) 1 = Checked (Yes)
496	M1018 (M0220) Prior Condition - Impaired Decision-Making **(m1018_pr_imp_dcsn)**	1	0 = Not Checked (No) 1 = Checked (Yes)
497	M1018 (M0220) Prior Condition - Intractable Pain **(m1018_pr_intr_pain)**	1	0 = Not Checked (No) 1 = Checked (Yes)
498	M1018 (M0220) Prior Condition - Memory Loss **(m1018_pr_mem_loss)**	1	0 = Not Checked (No) 1 = Checked (Yes)
499	M1018 (M0220) Prior Condition - NA (m1018_pr_nochg_14d)	1	0 = Not Checked (Not NA) 1 = Checked (NA)
500	M1018 (M0220) Prior Condition - None of the Above **(m1018_pr_none)**	1	0 = Not Checked (No) 1 = Checked (Yes)

COL	FIELD	LENGTH	NOTES
501	M1018 (M0220) Prior Condition - UK **(m1018_pr_uk)**	1	0 = Not Checked (Not Unknown) 1 = Checked (Unknown)
502	M1018 (M0220) Prior Condition - Urinary Incontinence **(m1018_pr_ur_incon)**	1	0 = Not Checked (No) 1 = Checked (Yes)
503	M1020 (M0230) Primary Diagnosis ICD Code **(m1020_pri_dgn_icd)**	7	ICD 9
510	M1020 (M0230) Primary Diagnosis Severity **(m1020_pri_dgn_sev)**	2	(Refer to appendix table OASIS_DGN_ICD)
512	M1022 (M0240) Other Diagnosis1 ICD Code **(m1022_oth_dgn1_icd)**	7	ICD 9
519	M1022 (M0240) Other Diagnosis1 Severity **(m1022_oth_dgn1_sev)**	2	(Refer to appendix table OASIS_DGN_ICD)
521	M1022 (M0240) Other Diagnosis2 ICD Code **(m1022_oth_dgn2_icd)**	7	ICD 9
528	M1022 (M0240) Other Diagnosis2 Severity **(m1022_oth_dgn2_sev)**	2	(Refer to appendix table OASIS_DGN_ICD)
530	M1022 (M0240) Other Diagnosis3 ICD Code **(m1022_oth_dgn3_icd)**	7	ICD 9
537	M1022 (M0240) Other Diagnosis3 Severity **(m1022_oth_dgn3_sev)**	2	(Refer to appendix table OASIS_DGN_ICD)
539	M1022 (M0240) Other Diagnosis4 ICD Code **(m1022_oth_dgn4_icd)**	7	ICD 9
546	M1022 (M0240) Other Diagnosis4 Severity **(m1022_oth_dgn4_sev)**	2	(Refer to appendix table OASIS_DGN_ICD)
548	M1022 (M0240) Other Diagnosis5 ICD Code **(m1022_oth_dgn5_icd)**	7	ICD 9

COL	FIELD	LENGTH	NOTES
555	M1022 (M0240) Other Diagnosis5 Severity **(m1022_oth_dgn5_sev)**	2	(Refer to appendix table OASIS_DGN_ICD)
557	M1024 (M0246) Case Mix Dx - Primary ICD, Col3 **(m1024_pmt_dgns_icd_a3_cd)**	7	ICD 9
564	M1024 (M0246) Case Mix Dx - Primary ICD, Col4 **(m1024_pmt_dgns_icd_a4_cd)**	7	ICD 9
571	M1024 (M0246) Case Mix Dx - Secondary ICD1, Col3 **(m1024_pmt_dgns_icd_b3_cd)**	7	ICD 9
578	M1024 (M0246) Case Mix Dx - Secondary ICD1, Col4 **(m1024_pmt_dgns_icd_b4_cd)**	7	ICD 9
585	M1024 (M0246) Case Mix Dx - Secondary ICD2, Col3 **(m1024_pmt_dgns_icd_c3_cd)**	7	ICD 9
592	M1024 (M0246) Case Mix Dx - Secondary ICD2, Col4 **(m1024_pmt_dgns_icd_c4_cd)**	7	ICD 9
599	M1024 (M0246) Case Mix Dx - Secondary ICD3, Col3 **(m1024_pmt_dgns_icd_d3_cd)**	7	ICD 9
606	M1024 (M0246) Case Mix Dx - Secondary ICD3, Col4 **(m1024_pmt_dgns_icd_d4_cd)**	7	ICD 9
613	M1024 (M0246) Case Mix Dx - Secondary ICD4, Col3 **(m1024_pmt_dgns_icd_e3_cd)**	7	ICD 9

COL	FIELD	LENGTH	NOTES
620	M1024 (M0246) Case Mix Dx - Secondary ICD4, Col4 **(m1024_pmt_dgns_icd_e4_cd)**	7	ICD 9
627	M1024 (M0246) Case Mix Dx - Secondary ICD5, Col3 **(m1024_pmt_dgns_icd_f3_cd)**	7	ICD 9
634	M1024 (M0246) Case Mix Dx - Secondary ICD5, Col4 **(m1024_pmt_dgns_icd_f4_cd)**	7	ICD 9
641	M1030 (M0250) Therapies in Home - Enteral Nutrition **(m1030_thh_ent_nutr)**	1	0 = Not Checked (No) 1 = Checked (Yes)
642	M1030 (M0250) Therapies in Home - IV Infusion **(m1030_thh_iv_infus)**	1	0 = Not Checked (No) 1 = Checked (Yes)
643	M1030 (M0250) Therapies in Home - None Above **(m1030_thh_none_abv)**	1	0 = Not Checked (No) 1 = Checked (Yes)
644	M1030 (M0250) Therapies in Home - Parenteral Nutrition **(m1030_thh_par_nutr)**	1	0 = Not Checked (No) 1 = Checked (Yes)
645	M1032 Risk for Hospitalization - Decline in Mental, Emotional, Behavioral **(m1032_hosp_risk_rcnt_dcln)**	1	0 = Not Checked 1 = Checked
646	M1032 Risk for Hospitalization - Frailty Indicators **(m1032_hosp_risk_frailty)**	1	0 = Not Checked 1 = Checked
647	M1032 Risk for Hospitalization - History of Falls **(m1032_hosp_risk_hstry_falls)**	1	0 = Not Checked 1 = Checked
648	M1032 Risk for Hospitalization - More Than 1 Hospital In 12 Mo **(m1032_hosp_risk_mltpl_hos pztn)**	1	0 = Not Checked 1 = Checked

COL	FIELD	LENGTH	NOTES
649	M1032 Risk for Hospitalization - None of The Above **(m1032_hosp_risk_none_above)**	1	0 = Not Checked 1 = Checked
650	M1032 Risk for Hospitalization - Taking 5 or More Meds **(m1032_hosp_risk_5plus_mdctn)**	1	0 = Not Checked 1 = Checked
651	M1032 Risk for Hospitalization - Other **(m1032_hosp_risk_othr)**	1	0 = Not Checked 1 = Checked
652	M1034 Overall Status **(m1034_ptnt_ovral_stus)**	2	00 = The patient is stable with no heightened risk(s) for serious complications and death (beyond those typical of the patient's age). 01 = 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). 02 = The patient is likely to remain in fragile health and have ongoing high risk(s) of serious complications and death. 03 = The patient has serious progressive conditions that could lead to death within a year. UK = The patient's situation is unknown or unclear.
654	M1036 (M0290) High Risk Factor - Alcohol Dependency **(m1036_rsk_alcohol)**	1	0 = Not Checked (No) 1 = Checked (Yes)
655	M1036 (M0290) High Risk Factor - Drug Dependency **(m1036_rsk_drugs)**	1	0 = Not Checked (No) 1 = Checked (Yes)
656	M1036 (M0290) High Risk Factor - None of The Above **(m1036_rsk_none)**	1	0 = Not Checked (No) 1 = Checked (Yes)
657	M1036 (M0290) High Risk Factor - Obesity **(m1036_rsk_obesity)**	1	0 = Not Checked (No) 1 = Checked (Yes)

COL	FIELD	LENGTH	NOTES
658	M1036 (M0290) High Risk Factor - Smoking **(m1036_rsk_smoking)**	1	0 = Not Checked (No) 1 = Checked (Yes)
659	M1036 (M0290) High Risk Factor - UK **(m1036_rsk_uk)**	1	0 = Not Checked (Not Unknown) 1 = Checked (Unknown)
660	M1040 Influenza Vaccine Received in Agency **(m1040_inflnz_rcvd_agncy)**	2	00 = No 01 = Yes NA = Outside this influenza season
662	M1045 Influenza Vaccine - Reason not Received **(m1045_inflnz_rsn_not_rcvd)**	2	01 = Received from another health care provider (e.g. physician) 02 = Received from your agency previously during this year's flu season. 03 = Offered and declined. 04 = Assessed and determined to have medical contraindication(s). 05 = Not indicated: patient does not meet age/condition guidelines for influenza vaccine. 06 = Inability to obtain vaccine due to declared shortage. 07 = None of the above.
664	M1050 Pneumococcal Vaccine (PPV) Received in Agency **(m1050_ppv_rcvd_agncy)**	1	0 = No 1 = Yes
665	M1055 Pneumococcal Vaccine (PPV) - Reason Not Received **(m1055_ppv_rsn_not_rcvd_agncy)**	2	01 = Patient has received PPV in the past. 02 = Offered and declined. 03 = Assessed and determined to have medical contraindication(s). 04 = Not indicated; patient does not meet age/condition guidelines for PPV. 05 = None of the above.
667	M1100 Patient Living Situation **(m1100_ptnt_lvg_stutn)**	2	(Refer to appendix table OASIS_PTNT_LVG_STUTN)

COL	FIELD	LENGTH	NOTES
669	M1200 (M0390) Vision **(m1200_vision)**	2	00 = Normal vision; sees adequately in most situations; can see medication labels, newsprint. 01 = 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. 02 = Severely impaired; cannot locate object without hearing or touching them or patient nonresponsive.
671	M1210 Ability To Hear **(m1210_hearg_ablty)**	2	00 = Adequate: hears normal conversation without difficulty. 01 = Mildly to Moderately Impaired: difficulty hearing in some environments or speaker may need to increase volume or speak distinctly. 02 = Severely Impaired: absence of useful hearing. UK = Unable to assess hearing.
673	M1220 Understanding Of Verbal Content **(m1220_undrstg_verbal_cntnt)**	2	00 = Understands: clear comprehension without cues or repetitions 01 = Usually Understands: understands most conversations, but misses some part/intent of message. Requires cues at times to understand. 02 = Sometimes Understands: understands only basic conversations or simple, direct phrases. Frequently requires cues to understand. 03 = Rarely/Never Understands UK = Unable to assess understanding.

COL	FIELD	LENGTH	NOTES
675	M1230 (M0410) Speech And Oral Expression **(m1230_speech)**	2	00 = Expresses complex ideas, feelings, and needs clearly, completely, and easily in all situations with no observable impairment. 01 = 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). 02 = 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. 03 = Has severe difficulty expressing basic ideas or needs and requires maximal assistance or guessing by listener. Speech limited to single words or short phrases. 04 = Unable to express basic needs even with maximal prompting or assistance but is not comatose or unresponsive (e.g., speech is nonsensical or unintelligible). 05 = Patient unresponsive or unable to speak.
677	M1240 Formal Pain Assessment **(m1240_frml_pain_asmt)**	2	00 = No standardized assessment conducted 01 = Yes, and it does not indicate severe pain 02 = Yes, and it indicates severe pain
679	M1242 Frequency of Pain Interfering With Activity **(m1242_pain_freq_actvty_mv mt)**	2	00 = Patient has no pain 01 = Patient has pain that does not interfere with activity or movement 02=Less often than daily 03 = Daily, but not constantly 04 = All of the time
681	M1300 Pressure Ulcer Assessment **(m1300_prsr_ulcr_risk_asmt)**	2	00 = No assessment conducted. 01 = Yes, based on an evaluation of clinical factors, e.g., mobility, incontinence, nutrition, etc., without use of standardized tool. 02 = Yes, using a standardized tool, validated tool (e.g., Braden, Norton, other)

COL	FIELD	LENGTH	NOTES
683	M1302 Risk of Developing Pressure Ulcers **(m1302_risk_of_prsr_ulcr)**	1	0 = No 1 = Yes
684	M1306 Unhealed Pressure Ulcer at Least Stage II **(m1306_unhld_stg2_prsr_ulcr)**	1	0 = No 1 = Yes
685	M1307 Oldest Stage II Onset Date **(m1307_oldst_stg2_onst_dt)**	8	MMDDYYYY
693	M1307 Status Oldest Stg 2 Pressure Ulcer At Discharge **(m1307_oldst_stg2_at_dschrg)**	2	01 = Was present at the most recent SOC/ROC assessment 02 = Developed since the most recent SOC/ROC assessment NA = No non-epithelialized Stage II pressure ulcers are present at discharge
695	M1308 Number of Pressure Ulcers - Stage II **(m1308_nbr_prsulc_stg2)**	2	00 = None 99
697	M1308 Number of Pressure Ulcers - Stage II At SOC ROC **(m1308_nbr_stg2_at_soc_roc)**	2	00 = None 99
699	M1308 Number of Pressure Ulcers - Stage III **(m1308_nbr_prsulc_stg3)**	2	00 = None 99
701	M1308 Number of Pressure Ulcers - Stage III At SOC ROC **(m1308_nbr_stg3_at_soc_roc)**	2	00 = None 99
703	M1308 Number of Pressure Ulcers - Stage IV **(m1308_nbr_prsulc_stg4)**	2	00 = None 99
705	M1308 Number of Pressure Ulcers - Stage IV At SOC ROC **(m1308_nbr_stg4_at_soc_roc)**	2	00 = None 99
707	M1308 Number of Unstageable Pressure Ulcers Due To Non-Rmvble Dsg **(m1308_nstg_drsg)**	2	00 = None 99

COL	FIELD	LENGTH	NOTES
709	M1308 Number of Unstageable Pressure Ulcers Non-Rmvble Dsg @ SOC ROC **(m1308_nstg_drsg_soc_roc)**	2	00 = None 99
711	M1308 Number of Unstageable Pressure Ulcers D/T Coverage Slough @ SOC ROC **(m1308_nstg_cvrg_soc_roc)**	2	00 = None 99
713	M1308 Number of Unstageable Pressure Ulcers D/T Coverage By Slough/Eschar **(m1308_nstg_cvrg)**	2	00 = None 99
715	M1308 Number of Unstageable Pressure Ulcers D/T Deep Tissue Injury **(m1308_nstg_deep_tisue)**	2	00 = None 99
717	M1308 Number of Unstageable Pressure Ulcers D/T Deep Tissue Injury @ SOC ROC **(m1308_nstg_deep_tisue_soc _roc)**	2	00 = None 99
719	M1310 Largest Pressure Ulcer Length **(m1310_prsr_ulcr_lngth)**	4	nn.n Centimeters
723	M1312 Largest Pressure Ulcer Width **(m1312_prsr_ulcr_wdth)**	4	nn.n Centimeters
727	M1314 Largest Pressure Ulcer Depth **(m1314_prsr_ulcr_depth)**	4	nn.n Centimeters
731	M1320 Status Of Most Problematic Pressure Ulcer **(m1320_stus_prblm_prsr_ulcr)**	2	00 = Newly epithelialized 01 = Fully granulating 02 = Early/partial granulation 03 = Not healing NA = No observable pressure ulcer
733	M1322 (M0450) Current Number of Stage I Pressure Ulcers **(m1322_nbr_pru_stg1)**	2	00 = Zero 01 = One 02 = Two 03 = Three 04 = Four or more

COL	FIELD	LENGTH	NOTES
735	M1324 (M0460) Stage of Most Problematic Pressure Ulcer **(m1324_stg_prbl_pru)**	2	01 = Stage I 02 = Stage II 03 = Stage III 04 = Stage IV NA = NA - Patient has no pressure ulcers or no stageable pressure ulcers
737	M1330 Stasis Ulcer Present **(m1330_stas_ulcr_prsnt)**	2	00 = No 01 = Yes, patient has BOTH observable and unobservable stasis ulcers. 02 = Yes, patient has observable stasis ulcers ONLY. 03 = Yes, patient has unobservable stasis ulcers ONLY (known but not observable due to non-removable dressing).
739	M1332 Current Number of (Observable) Stasis Ulcers **(m1332_num_stas_ulcr)**	2	01 = One 02 = Two 03 = Three 04 = Four or more
741	M1334 Status of Most Problematic Stasis Ulcer **(m1334_stus_prblm_stas_ulcr)**	2	00 = None 01 = Fully granulating 02 = Early/partial granulation 03 = Not healing
743	M1340 Does This Patient Have A Surgical Wound **(m1340_srgcl_wnd_prsnt)**	2	00 = No 01 = Yes, patient has at least one (observable) surgical wound 02 = Surgical wound known but not observable due to non-removable dressing
745	M1342 Status of Most Problematic Surgical Wound **(m1342_stus_prblm_srgcl_wnd)**	2	00 = Newly epithelialized 01 = Fully granulating 02 = Early/partial granulation 03 = Not healing NA
747	M1350 Skin Lesion Or Open Wound **(m1350_lesion_open_wnd)**	1	0 = No 1 = Yes

COL	FIELD	LENGTH	NOTES
748	M1400 (M0490) When Is Patient Dyspneic **(m1400_when_dyspnic)**	2	00 = Never, patient is not short of breath 01 = When walking more than 20 feet, climbing stairs 02 = With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet) 03 = With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation 04 = At rest (during day or night)
750	M1410 (M0500) Respiratory Treat At Home - Airway Press **(m1410_resptx_airpr)**	1	0 = Not Checked (No) 1 = Checked (Yes)
751	M1410 (M0500) Respiratory Treat At Home - None **(m1410_resptx_none)**	1	0 = Not Checked (No) 1 = Checked (Yes)
752	M1410 (M0500) Respiratory Treat At Home - Oxygen **(m1410_resptx_oxygn)**	1	0 = Not Checked (No) 1 = Checked (Yes)
753	M1410 (M0500) Respiratory Treat At Home - Ventilator **(m1410_resptx_vent)**	1	0 = Not Checked (No) 1 = Checked (Yes)
754	M1500 Symptoms in Heart Failure Patients **(m1500_symtm_hrt_failr_ptnts)**	2	00 = No 01 = Yes 02 = Not assessed NA = Patient does not have diagnosis of heart failure.
756	M1510 Heart Failure Follow-Up: Change In Care Plan **(m1510_hrt_failr_care_plan_chg)**	1	0 = Not Checked (No) 1 = Checked (Yes)
757	M1510 Heart Failure Follow-Up: Clinical Intervention **(m1510_hrt_failr_clncl_intrvtn)**	1	0 = Not Checked (No) 1 = Checked (Yes)
758	M1510 Heart Failure Follow-Up: ER Treatment Advised **(m1510_hrt_failr_er_trtmt)**	1	0 = Not Checked (No) 1 = Checked (Yes)

COL	FIELD	LENGTH	NOTES
759	M1510 Heart Failure Follow-Up: No Action Taken **(m1510_hrt_failr_no_actn)**	1	0 = Not Checked (No) 1 = Checked (Yes)
760	M1510 Heart Failure Follow-Up: Physician Contacted **(m1510_hrt_failr_physn_cntct)**	1	0 = Not Checked (No) 1 = Checked (Yes)
761	M1510 Heart Failure Follow-Up: Physician-Ordered Treatment **(m1510_hrt_failr_physn_trtmt)**	1	0 = Not Checked (No) 1 = Checked (Yes)
762	M1600 (M0510) Patient Treated For UTI Last 14 Days **(m1600_uti)**	2	00 = No 01 = Yes NA = Patient on prophylactic treatment UK = Unknown
764	M1610 (M0520) Urinary Incontinence Or Catheter Presence **(m1610_ur_incont)**	2	00 = No incontinence or catheter (includes anuria or ostomy for urinary drainage) 01 = Patient is incontinent 02 = Patient requires a urinary catheter (i.e., external, indwelling, intermittent, uprapubic)
766	M1615 When Does Urinary Incontinence Occur **(m1615_incntnt_timing)**	2	00 = Timed-voiding defers incontinence 01 = Occasional stress incontinence 02 = During the night only 03 = During the day only 04 = During the day and night
768	M1620 (M0540) Bowel Incontinence Frequency **(m1620_bwl_incont)**	2	00 = Very rarely or never has bowel incontinence 01 = Less than once weekly 02 = One to three times weekly 03 = Four to six times weekly 04 = On a daily basis 05 = More often than once daily NA = NA - Patient has ostomy for bowel elimination UK = Unknown

COL	FIELD	LENGTH	NOTES
770	M1630 (M0550) Ostomy For Bowel Elimination **(m1630_ostomy)**	2	00 = Patient does not have an ostomy for bowel elimination. 01 = Patient ostomy was not related to an inpatient stay and did not necessitate change in medical or treatment regimen. 02 = The ostomy was related to an inpatient stay or did necessitate change in medical or treatment regimen.
772	M1700 (M0560) Cognitive Functioning **(m1700_cog_function)**	2	00 = Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently. 01 = Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions. 02 = 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. 03 = 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. 04 = Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.
774	M1710 (M0570) When Confused **(m1710_when_confusd)**	2	00 = Never 01 = In new or complex situations only 02 = On awakening or at night only 03 = During the day and evening, but not constantly 04 = Constantly NA = NA - Patient nonresponsive
776	M1720 (M0580) When Anxious **(m1720_when_anxious)**	2	00 = None of the time 01 = Less often than daily 02 = Daily, but not constantly 03 = All of the time NA = Patient nonresponsive

COL	FIELD	LENGTH	NOTES
778	M1730 Depression Screening **(m1730_stdz_dprsn_scrng)**	2	00 = No 01 = 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") 02 = Yes, with a different standardized assessment-and the patient meets criteria for further evaluation for depression. 03 = Yes, patient was screened with a different standardized assessment-and the patient does not meet criteria for further evaluation for depression.
780	M1730 PHQ2 - Feeling Down, Depressed, Or Hopeless **(m1730_phq2_dprsn)**	2	00 = Not at all/0 - 1day 01 = Several days/2 - 6 days 02 = More than half of the days/7 - 11 days 03 = Nearly every day/12 - 14 days NA = NA/Unable to respond
782	M1730 PHQ2 - Little Interest Or Pleasure In Doing Things **(m1730_phq2_lack_intrst)**	2	00 = Not at all/ 0 - 1day 01 = Several days/ 2 - 6 days 02 = More than half of the days/ 7 - 11 days 03 = Nearly every day/ 12 - 14 days NA = NA/Unable to respond
784	M1740 (M0610) Cog/Behavr/Psych Symp - Delusional **(m1740_bd_delusions)**	1	0 = Not Checked (No) 1 = Checked (Yes)
785	M1740 (M0610) Cog/Behavr/Psych Symp - Impaired Decision **(m1740_bd_imp_dcsn)**	1	0 = Not Checked (No) 1 = Checked (Yes)
786	M1740 (M0610) Cog/Behavr/Psych Symp - Memory Deficit **(m1740_bd_mem_dfict)**	1	0 = Not Checked (No) 1 = Checked (Yes)
787	M1740 (M0610) Cog/Behavr/Psych Symp - None of The Above **(m1740_bd_none)**	1	0 = Not Checked (No) 1 = Checked (Yes)

COL	FIELD	LENGTH	NOTES
788	M1740 (M0610) Cog/Behavr/Psych Symp - Physical Aggression **(m1740_bd_physical)**	1	0 = Not Checked (No) 1 = Checked (Yes)
789	M1740 (M0610) Cog/Behavr/Psych Symp - Socially Inapp **(m1740_bd_soc_inapp)**	1	0 = Not Checked (No) 1 = Checked (Yes)
790	M1740 (M0610) Cog/Behavr/Psych Symp - Verbal Disruption **(m1740_bd_verbal)**	1	0 = Not Checked (No) 1 = Checked (Yes)
791	M1745 (M0620) Frequency of Disruptive Behavior Symptoms **(m1745_beh_prob_frq)**	2	00 = Never 01 = Less than once a month 02 = Once a month 03 = Several times each month 04 = Several times a week 05 = At least daily
793	M1750 (M0630) Receives Psych Nursing Services **(m1750_rec_psych)**	1	0 = No 1 = Yes
794	M1800 (M0640) Current Grooming **(m1800_cu_grooming)**	2	00 = Able to groom self-unaided, with or without the use of assistive devices or adapted methods. 01 = Grooming utensils must be placed within reach before able to complete grooming activities. 02 = Someone must assist the patient to groom self. 03 = Patient depends entirely upon someone else for grooming needs.
796	M1810 (M0650) Current Dress Upper **(m1810_cu_dress_upr)**	2	00 = Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance. 01 = Able to dress upper body without assistance if clothing is laid out or handed to the patient. 02 = Someone must help the patient put on upper body clothing. 03 = Patient depends entirely upon another person to dress the upper body.

COL	FIELD	LENGTH	NOTES
798	M1820 (M0660) Current Dress Lower **(m1820_cu_dress_low)**	2	00 = Able to obtain, put on, and remove clothing and shoes without assistance. 01 = Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient. 02 = Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes. 03 = Patient depends entirely upon another person to dress lower body.
800	M1830 Current Bathing **(m1830_crnt_bathg)**	2	00 = Able to bathe self in shower or turn independently, including getting in and out of tub/shower. 01 = With the use of devices, is able to bathe self in shower or tub independently including getting in and out of the tub/shower. 02=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. 03 = Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision. 04 = Unable to use the shower or tub, but able to bathe self independently with or without the user of devices at the sink in chair, or on commode. 05 = Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, on commode, with the assistance or supervision of another person. 06 = Unable to participate effectively in bathing and is bathed totally by another person.

COL	FIELD	LENGTH	NOTES
802	M1840 Toilet Transferring **(m1840_cur_toiltg)**	2	00 = Able to get to and from the toilet and transfer independently with or without a device. 01 = When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer. 02 = Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance). 03 = Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently. 04 = Is totally dependent in toileting.
804	M1845 Current Toileting Hygiene **(m1845_cur_toiltg_hygn)**	2	01 = Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient. 02 = Someone must help the patient to maintain toileting hygiene and/or adjust clothing. 03 = Patient depends entirely upon another person to maintain toileting hygiene.
806	M1850 Transferring **(m1850_cur_trnsfrng)**	2	00 = Able to independently transfer. 01 = Able to transfer with minimal human assistance or with use of an assistive device. 02 = Able to bear weight and pivot during the transfer but unable to transfer self. 03 = Unable to transfer self and is unable to bear weight or pivot when transferred by another person. 04 = Bedfast, unable to transfer but is able to turn and position self in bed. 05 = Bedfast, unable to transfer and is unable to turn and position self.

COL	FIELD	LENGTH	NOTES
808	M1860 Ambulation/Locomotion **(m1860_crnt_ambltn)**	2	00 = Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device). 01 = With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stars with or without railings. 02 = Requires use of a two-handed device (for example, 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. 03 = Able to walk only with the supervision or assistance of another person at all times. 04 = Chairfast, unable to ambulate but is able to wheel self independently. 05 = Chairfast, unable to ambulate and is unable to wheel self. 06 = Bedfast, unable to ambulate or be up in a chair.
810	M1870 (M0710) Current Feeding **(m1870_cu_feeding)**	2	00 = Able to independently feed self. 01 = 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. 02 = Unable to feed self and must be assisted or supervised throughout the meal/snack. 03 = Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy. 04 = Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy. 05 = Unable to take in nutrients orally or by tube feeding.

COL	FIELD	LENGTH	NOTES
812	M1880 (M0720) Current Preparing Light Meals **(m1880_cu_prep_meal)**	2	00 = (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). 01 = Unable to prepare light meals on a regular basis due to physical, cognitive, or mental limitations. 02 = Unable to prepare any light meals or reheat any delivered meals.
814	M1890 (M0770) Current Phone Use **(m1890_cu_phone_use)**	2	00 = Able to dial numbers and answer calls appropriately and as desired. 01 = Able to use a specially adapted telephone (i.e., large numbers on the dial, teletype phone for the deaf) and call essential numbers. 02 = Able to answer the telephone and carry on a normal conversation but has difficulty with placing calls. 03 = Able to answer the telephone only some of the time or is able to carry on only a limited conversation. 04 = Unable to answer the telephone at all but can listen if assisted with equipment. 05 = Totally unable to use the telephone. NA = Patient does not have a telephone.
816	M1900 Prior Functioning ADL/IADL - Ambulation **(m1900_prior_adliadl_ambltn)**	2	00 = Independent 01 = Needed Some Help 02 = Dependent
818	M1900 Prior Functioning ADL/IADL - Household Tasks **(m1900_prior_adliadl_hsehold)**	2	00 = Independent 01 = Needed Some Help 02 = Dependent
820	M1900 Prior Functioning ADL/IADL - Self Care **(m1900_prior_adliadl_self)**	2	00 = Independent 01 = Needed Some Help 02 = Dependent
822	M1900 Prior Functioning ADL/IADL - Transfer **(m1900_prior_adliadl_trnsfr)**	2	00 = Independent 01 = Needed Some Help 02 = Dependent

COL	FIELD	LENGTH	NOTES
824	M1910 Multi-Factor Fall Risk Assessment **(m1910_mlt_fctr_fall_risk_asmt)**	2	00 = No multi-factor falls risk assessment conducted. 01 = Yes, and it does not indicate a risk for falls. 02 = Yes, and it does indicate a risk for falls.
826	M2000 Drug Regimen Review **(m2000_drug_rgmn_rvw)**	2	00 = Not assessed/reviewed 01 = No problems found during review 02 = Problems found during review NA = Patient is not taking any medications
828	M2002 Medication Follow-Up **(m2002_mdctn_flwp)**	1	0 = No 1 = Yes
829	M2004 Medication Intervention **(m2004_mdctn_intrvtn)**	2	00 = No 01 = Yes NA = No clinically significant medication issues identified at the time of or at any time since the previous OASIS assessment
831	M2010 Patient/Caregiver High Risk Drug Education **(m2010_high_risk_drug_edctn)**	2	00 = No 01 = Yes NA = Patient not taking any high-risk drugs OR patient/caregiver fully knowledgeable about special precautions associated with all high-risk medications
833	M2015 Patient/Caregiver Drug Education Intervention **(m2015_drug_edctn_intrvtn)**	2	00 = No 01 = Yes NA = Patient not taking any drugs
835	M2020 Current Management Of Oral Medications **(m2020_crnt_mgmt_oral_mdctn)**	2	00 = Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times. 01 = 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. 02 = Able to take medication(s) at the correct times if given reminders by another person at the appropriate times. 03 = Unable to take medication unless administered by another person. NA = No oral medications prescribed.

COL	FIELD	LENGTH	NOTES
837	M2030 Current Management Of Injectable Meds **(m2030_crnt_mgmt_injctn_mdctn)**	2	00 = Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times. 01 = Able to take injectable 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. 02 = Able to take medication(s) at the correct times if given reminders by another person at the appropriate times based on the frequency of the injection. 03 = Unable to take injectable medication unless administered by another person. NA = No injectable medications prescribed.
839	M2040 Prior Medication Management - Injectable Meds **(m2040_prior_mgmt_injctn_mdctn)**	2	00 = Independent 01 = Needed Some Help 02 = Dependent NA = Not Applicable
841	M2040 Prior Medication Management - Oral Meds **(m2040_prior_mgmt_oral_mdctn)**	2	00 = Independent 01 = Needed Some Help 02 = Dependent NA = Not Applicable
843	M2100 Care Management - ADL Assistance **(m2100_care_type_src_adl)**	2	(Refer to appendix table OASIS_CARE_TYPE_SRC)
845	M2100 Care Management - Advocacy Or Facilitation **(m2100_care_type_src_advcy)**	2	(Refer to appendix table OASIS_CARE_TYPE_SRC)
847	M2100 Care Management - IADL Assistance **(m2100_care_type_src_iadl)**	2	(Refer to appendix table OASIS_CARE_TYPE_SRC)
849	M2100 Care Management - Management of Equipment **(m2100_care_type_src_equip)**	2	(Refer to appendix table OASIS_CARE_TYPE_SRC)
851	M2100 Care Management - Medical Procedures/Treatments **(m2100_care_type_src_prcdr)**	2	(Refer to appendix table OASIS_CARE_TYPE_SRC)

COL	FIELD	LENGTH	NOTES
853	M2100 Care Management - Medication Administration **(m2100_care_type_src_mdctn)**	2	(Refer to appendix table OASIS_CARE_TYPE_SRC)
855	M2100 Care Management - Supervision and Safety **(m2100_care_type_src_sprvs n)**	2	(Refer to appendix table OASIS_CARE_TYPE_SRC)
857	M2110 Frequency of ADL or IADL Assistance From Caregiver **(m2110_adl_iadl_astnc_freq)**	2	01 = At least daily 02 = Three or more times per week 03 = One to two times per week 04 = Received, but less often than weekly 05 = No assistance received UK = Unknown
859	M2200 (M0826) Therapy Need - NA **(m2200_thrpy_need_na_num)**	1	0 = Not Checked (Not NA) 1 = Checked (NA)
860	M2200 (M0826) Therapy Need - Number of Visits **(m2200_thrpy_need_num)**	3	nnn 999
863	M2250 Plan of Care Synopsis - At Risk for Falls **(m2250_plan_smry_fall_prvnt)**	2	00 = No 01 = Yes NA = Not Applicable
865	M2250 Plan of Care Synopsis - Depression **(m2250_plan_smry_dprsn_int rvtn)**	2	00 = No 01 = Yes NA = Not Applicable
867	M2250 Plan of Care Synopsis - Diabetic Foot Care **(m2250_plan_smry_dbts_ft_c are)**	2	00 = No 01 = Yes NA = Not Applicable
869	M2250 Plan of Care Synopsis - Pain Intervention **(m2250_plan_smry_pain_intrv tn)**	2	00 = No 01 = Yes NA = Not Applicable
871	M2250 Plan of Care Synopsis - Patient Specific **(m2250_plan_smry_ptnt_spec f)**	2	00 = No 01 = Yes NA = Not Applicable

COL	FIELD	LENGTH	NOTES
873	M2250 Plan of Care Synopsis - Pressure Ulcer Moist Treatment **(m2250_plan_smry_prsulc_trtmt)**	2	00 = No 01 = Yes NA = Not Applicable
875	M2250 Plan of Care Synopsis - Pressure Ulcer Prevention **(m2250_plan_smry_prsulc_prvnt)**	2	00 = No 01 = Yes NA = Not Applicable
877	M2300 Emergent Care Since Last OASIS **(m2300_emer_use_aftr_last_asmt)**	2	00 = No 01 = Yes, used hospital emergency department WITHOUT hospital admission 02 = Yes, used hospital emergency department WITH hospital admission UK = Unknown
879	M2310 Emergent Care Reason - Acute Mental/Behavioral **(m2310_ecr_mentl_bhvrl_prblm)**	1	0 = Not Checked (No) 1 = Checked (Yes)
880	M2310 Emergent Care Reason - Cardiac Dysrhythmia **(m2310_ecr_crdc_dsrthm)**	1	0 = Not Checked (No) 1 = Checked (Yes)
881	M2310 Emergent Care Reason - Dehydration, Malnutrition **(m2310_ecr_dhydrtn_malntr)**	1	0 = Not Checked (No) 1 = Checked (Yes)
882	M2310 Emergent Care Reason - DVT, Pulmonary Embolus **(m2310_ecr_dvt_pulmnry)**	1	0 = Not Checked (No) 1 = Checked (Yes)
883	M2310 Emergent Care Reason - GI Issues **(m2310_ecr_gi_prblm)**	1	0 = Not Checked (No) 1 = Checked (Yes)
884	M2310 Emergent Care Reason - Heart Failure **(m2310_ecr_hrt_failr)**	1	0 = Not Checked (No) 1 = Checked (Yes)
885	M2310 (M0840) Emergent Care Reason – Hypo/Hyperglycemia **(m2310_ecr_hypoglyc)**	1	0 = Not Checked (No) 1 = Checked (Yes)
886	M2310 (M0840) Emergent Care Reason - Improper Medication Administration **(m2310_ecr_medicat)**	1	0 = Not Checked (No) 1 = Checked (Yes)

COL	FIELD	LENGTH	NOTES
887	M2310 Emergent Care Reason - Injury Caused By Fall **(m2310_ecr_injry_by_fall)**	1	0 = Not Checked (No) 1 = Checked (Yes)
888	M2310 Emergent Care Reason - IV Catheter Infection **(m2310_ecr_cthtr_cmplctn)**	1	0 = Not Checked (No) 1 = Checked (Yes)
889	M2310 Emergent Care Reason - Myocardial Infarction **(m2310_ecr_mi_chst_pain)**	1	0 = Not Checked (No) 1 = Checked (Yes)
890	M2310 Emergent Care Reason - Other Heart Disease **(m2310_ecr_othr_hrt_dease)**	1	0 = Not Checked (No) 1 = Checked (Yes)
891	M2310 Emergent Care Reason - Other Respiratory Problem **(m2310_ecr_rsprtry_othr)**	1	0 = Not Checked (No) 1 = Checked (Yes)
892	M2310 Emergent Care Reason - Other Than Above **(m2310_ecr_other)**	1	0 = Not Checked (No) 1 = Checked (Yes)
893	M2310 (M0840) Emergent Care Reason - Reason Unknown **(m2310_ecr_uk)**	1	0 = Not Checked (Not Unknown) 1 = Checked (Unknown)
894	M2310 Emergent Care Reason - Respiratory Infection **(m2310_ecr_rsprtry_infctn)**	1	0 = Not Checked (No) 1 = Checked (Yes)
895	M2310 Emergent Care Reason - Stroke (CVA) or TIA **(m2310_ecr_stroke_tia)**	1	0 = Not Checked (No) 1 = Checked (Yes)
896	M2310 Emergent Care Reason - Uncontrolled Pain **(m2310_ecr_uncntld_pain)**	1	0 = Not Checked (No) 1 = Checked (Yes)
897	M2310 Emergent Care Reason - Urinary Tract Infection **(m2310_ecr_uti)**	1	0 = Not Checked (No) 1 = Checked (Yes)
898	M2310 Emergent Care Reason - Wound Infection or Deter **(m2310_ecr_wnd_infctn_dtror tn)**	1	0 = Not Checked (No) 1 = Checked (Yes)

COL	FIELD	LENGTH	NOTES
899	M2400 Intervention Synopsis - Depression Intervention **(m2400_intrvtn_smry_dprsn)**	2	00 = No 01 = Yes NA = Not Applicable
901	M2400 Intervention Synopsis - Diabetic Foot Care **(m2400_intrvtn_smry_dbts_ft)**	2	00 = No 01 = Yes NA = Not Applicable
903	M2400 Intervention Synopsis - Falls Prevention **(m2400_intrvtn_smry_fall_prv nt)**	2	00 = No 01 = Yes NA = Not Applicable
905	M2400 Intervention Synopsis - Moist Wound Treat of Pressure Ulcer **(m2400_intrvtn_smry_prsulc_ wet)**	2	00 = No 01 = Yes NA = Not Applicable
907	M2400 Intervention Synopsis - Monitor and Mitigate Pain **(m2400_intrvtn_smry_pain_m ntr)**	2	00 = No 01 = Yes NA = Not Applicable
909	M2400 Intervention Synopsis - Prevent Pressure Ulcers **(m2400_intrvtn_smry_prsulc_ prvn)**	2	00 = No 01 = Yes NA = Not Applicable
911	M2410 (M0855) Inpatient Facility Admitted **(m2410_inpat_fac)**	2	01 = Hospital 02 = Rehabilitation facility 03 = Nursing home 04 = Hospice NA = No inpatient facility admission.
913	M2420 Discharge Disposition **(m2420_dschrg_disp)**	2	01 = Patient remained in the community (without formal assistive services). 02 = Patient remained in the community (with formal assistive services). 03 = Patient transferred to a non-institutional hospice. 04 = Unknown because patient moved to a geographical location not served by this agency. UK = Other unknown.

COL	FIELD	LENGTH	NOTES
915	M2430 Hospital Reason - Acute Mental/Behavioral **(m2430_hosp_mentl_bhvrl_prblm)**	1	0 = Not Checked (No) 1 = Checked (Yes)
916	M2430 Hospital Reason - Cardiac Dysrhythmia **(m2430_hosp_crdc_dsrthm)**	1	0 = Not Checked (No) 1 = Checked (Yes)
917	M2430 Hospital Reason - Dehydration, Malnutrition" **(m2430_hosp_dhydrtn_malntr)**	1	0 = Not Checked (No) 1 = Checked (Yes)
918	M2430 (M0895) Hospital Reason - DVT Pulmonary Embolus **(m2430_hosp_vn_pulm)**	1	0 = Not Checked (No) 1 = Checked (Yes)
919	M2430 Hospital Reason - GI Issues **(m2430_hosp_gi_prblm)**	1	0 = Not Checked (No) 1 = Checked (Yes)
920	M2430 Hospital Reason - Heart Failure **(m2430_hosp_hrt_failr)**	1	0 = Not Checked (No) 1 = Checked (Yes)
921	M2430 (M0895) Hospital Reason - Hypo/Hyperglycemia **(m2430_hos_hypoglyc)**	1	0 = Not Checked (No) 1 = Checked (Yes)
922	M2430 (M0895) Hospital Reason - Improper Medication Administration **(m2430_hosp_med)**	1	0 = Not Checked (No) 1 = Checked (Yes)
923	M2430 Hospital Reason - Injury Caused By Fall **(m2430_hosp_injry_by_fall)**	1	0 = Not Checked (No) 1 = Checked (Yes)
924	M2430 Hospital Reason - IV Catheter Infection/Complication **(m2430_hosp_cthtr_cmplctn)**	1	0 = Not Checked (No) 1 = Checked (Yes)
925	M2430 Hospital Reason - Myocardial Infarction **(m2430_hosp_mi_chst_pain)**	1	0 = Not Checked (No) 1 = Checked (Yes)

COL	FIELD	LENGTH	NOTES
926	M2430 Hospital Reason - Other Heart Disease **(m2430_hosp_othr_hrt_dease)**	1	0 = Not Checked (No) 1 = Checked (Yes)
927	M2430 Hospital Reason - Other Respiratory Problem **(m2430_hosp_rsprtry_othr)**	1	0 = Not Checked (No) 1 = Checked (Yes)
928	M2430 Hospital Reason - Other Than Above **(m2430_hosp_other)**	1	0 = Not Checked (No) 1 = Checked (Yes)
929	M2430 Hospital Reason - Reason Unknown **(m2430_hosp_uk)**	1	0 = Not Checked (Not Unknown) 1 = Checked (Unknown)
930	M2430 Hospital Reason - Respiratory Infection **(m2430_hosp_rsprtry_infctn)**	1	0 = Not Checked (No) 1 = Checked (Yes)
931	M2430 Hospital Reason - Scheduled Treatment Or Procedure **(m2430_hosp_schld_trtmt)**	1	0 = Not Checked (No) 1 = Checked (Yes)
932	M2430 Hospital Reason - Stroke (CVA) Or TIA **(m2430_hosp_stroke_tia)**	1	0 = Not Checked (No) 1 = Checked (Yes)
933	M2430 (M0895) Hospital Reason - Uncontrolled Pain **(m2430_hosp_pain)**	1	0 = Not Checked (No) 1 = Checked (Yes)
934	M2430 (M0895) Hospital Reason - Urinary Tract Infect **(m2430_hosp_ur_trct)**	1	0 = Not Checked (No) 1 = Checked (Yes)
935	M2430 Hospital Reason - Wound Infection/Deterioration **(m2430_hosp_wnd_infctn)**	1	0 = Not Checked (No) 1 = Checked (Yes)
936	M2440 (M0900) Nursing Home Reason - Hospice Care **(m2440_nh_hospice)**	1	0 = Not Checked 1 = Checked
937	M2440 (M0900) Nursing Home Reason - Other **(m2440_nh_other)**	1	0 = Not Checked 1 = Checked

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COL	FIELD	LENGTH	NOTES
938	M2440 (M0900) Nursing Home Reason - Permanent Placement **(m2440_nh_permanent)**	1	0 = Not Checked 1 = Checked
939	M2440 (M0900) Nursing Home Reason - Respite Care **(m2440_nh_respite)**	1	0 = Not Checked 1 = Checked
940	M2440 (M0900) Nursing Home Reason - Therapy Services **(m2440_nh_therapy)**	1	0 = Not Checked 1 = Checked
941	M2440 (M0900) Nursing Home Reason - Unknown **(m2440_nh_uk)**	1	0 = Not Checked 1 = Checked
942	M2440 (M0900) Nursing Home Reason - Unsafe At Home **(m2440_nh_unsafe_hm)**	1	0 = Not Checked 1 = Checked
943	Filler	1	