



# OASIS M-items and Review Types

|                                 | OASIS Item                                      | Coding Only | Primary | Extended |
|---------------------------------|---|-------------|---------|----------|
| Patient History & Diagnoses     | M0090 Date Assessment Completed                 |             |         | X        |
|                                 | M1000 Inpatient Facilities                      | X           | X       | X        |
|                                 | M1011 Inpatient Diagnosis                       | X           | X       | X        |
|                                 | M1017 Changed Medical Regiment Diagnosis        | X           | X       | X        |
|                                 | M1021 Primary Diagnosis                         | X           | X       | X        |
|                                 | M1025 Case Mix Diagnosis                        | X           | X       | X        |
|                                 | M1028 Active Diagnoses                          | X           | X       | X        |
|                                 | M1030 Infusion/Enteral/Parenteral Therapies     |             | X       | X        |
| Sensory                         | M1200 Vision                                    |             |         | X        |
|                                 | M1210 Hearing                                   |             |         | X        |
|                                 | M1240 Pain Assessment                           |             | X       | X        |
|                                 | M1242 Frequency of Pain                         |             | X       | X        |
| Integument                      | M1300 Pressure Ulcer Assessment                 |             |         | X        |
|                                 | M1302 Risk of Developing Pressure Ulcer         |             | X       | X        |
|                                 | M1306 Unhealed Pressure Ulcer Stage 2 or Higher |             | X       | X        |
|                                 | M1311 Current # of Unhealed Pressure Ulcers     |             | X       | X        |
|                                 | M1320 Status of Most Problematic Pressure Ulcer |             |         | X        |
|                                 | M1322 Number of Stage I PU                      |             | X       | X        |
|                                 | M1324 Most Problematic Pressure Ulcer           |             | X       | X        |
|                                 | M1330 Number of Stasis Ulcers                   |             | X       | X        |
|                                 | M1332 Number of Observable Stasis Ulcers        |             |         | X        |
|                                 | M1334 Stasis Ulcer Status                       |             | X       | X        |
|                                 | M1340 Surgical Wound                            |             | X       | X        |
|                                 | M1342 Surgical Wound Status                     |             | X       | X        |
| M1350 Skin Lesion or Open Wound |   | X           | X       |          |
| Respiratory                     | M1400 Dyspnea                                   |             | X       | X        |
|                                 | M1410 Respiratory Treatment                     |             | X       | X        |
| Elimination                     | M1600 UTI in Past 14 Days                       |             | X       | X        |
|                                 | M1610 Urinary Catheter Presence                 |             | X       | X        |
|                                 | M1615 Urinary Incontinence                      |             | X       | X        |
|                                 | M1620 Bowel Incontinence                        |             | X       | X        |
|                                 | M1630 Bowel Ostomy                              |             | X       | X        |



Your Trusted Business Partner

In Non-Acute Healthcare

|                            | OASIS Item                                 | Coding Only | Primary | Extended |
|----------------------------|--|-------------|---------|----------|
| Mental Status              | M1700 Cognitive Functioning                |             |         | X        |
|                            | M1710 When Confused                        |             |         | X        |
|                            | M1720 When Anxious                         |             |         | X        |
|                            | M1730 Depression Screen                    |             |         | X        |
|                            | M1740 Cognitive, Behavioral, & Psychiatric |             |         | X        |
|                            | M1745 Frequency of Disruptive Behavior     |             |         | X        |
| ADL/IADL's                 | M1800 Grooming                             |             |         | X        |
|                            | M1810 Dressing Upper Body                  |             | X       | X        |
|                            | M1820 Dressing Lower Body                  |             | X       | X        |
|                            | M1830 Bathing                              |             | X       | X        |
|                            | M1840 Toileting                            |             | X       | X        |
|                            | M1845 Toileting Hygiene                    |             |         | X        |
|                            | M1850 Transferring                         |             | X       | X        |
|                            | GG0170C Mobility                           |             | X       | X        |
|                            | M1860 Ambulation                           |             | X       | X        |
|                            | M1870 Feeding or Eating                    |             |         | X        |
|                            | M1880 Ability to Plan & Prepare Meals      |             |         | X        |
|                            | M1890 Telephone                            |             |         | X        |
|                            | M1900 Prior Functioning ADL/IADL           |             |         | X        |
| M1910 Fall Risk Assessment |  | X           | X       |          |
| Medication                 | M2001 Drug Regimen Review                  |             |         | X        |
|                            | M2003 Medication Follow-up                 |             |         | X        |
|                            | M2010 High Risk Drug Education             |             |         | X        |
|                            | M2020 Management of Oral Medications       |             | X       | X        |
|                            | M2030 Management of Injectable Meds        |             |         | X        |
| Care Management            | M2102 Types & Sources of Assistance        |             |         | X        |
|                            | M2110 ADL/IADL Assistance                  |             |         | X        |
| Therapy Need/ POC          | M2200 Therapy                              |             | X       | X        |
|                            | M2250 Plan of Care Synopsis                |             | X       | X        |