

Outcome and Assessment Information Set (OASIS-B1)

**TRANSFER VERSION
(used for Transfer to an Inpatient Facility)**

Items to be Used at This Time Point ----- M0010-M0100, M0150, M0830-M0855, M0890-M0906

CLINICAL RECORD ITEMS

(M0010) Agency Medicare Provider Number: _____

(M0012) Agency Medicaid Provider Number: _____

Branch Identification (Optional, for Agency Use)
(M0014) Branch State: ____
(M0016) Branch ID Number: _____
(Agency-assigned)

(M0020) Patient ID Number: _____

(M0030) Start of Care Date: ____/____/____
month day year

(M0032) Resumption of Care Date: ____/____/____ NA – Not Applicable
month day year

(M0040) Patient Name:

____ (First) _____ (MI) _____ (Last) _____ (Suffix)

(M0050) Patient State of Residence: ____

(M0060) Patient Zip Code: _____

(M0063) Medicare Number: _____ NA – No Medicare
(including suffix)

(M0064) Social Security Number: _____ - _____ - _____ UK – Unknown or Not Available

(M0065) Medicaid Number: _____ NA – No Medicaid

(M0066) Birth Date: ____/____/____
month day year

(M0069) Gender:

- 1 - Male
- 2 - Female

(M0072) Primary Referring Physician ID:

_____ UK – Unknown or Not Available

(M0080) Discipline of Person Completing Assessment:

- 1-RN
- 2-PT
- 3-SLP/ST
- 4-OT

(M0840) Emergent Care Reason: For what reason(s) did the patient/family seek emergent care? **(Mark all that apply.)**

- 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis
- 2 - Nausea, dehydration, malnutrition, constipation, impaction
- 3 - Injury caused by fall or accident at home
- 4 - Respiratory problems (e.g., shortness of breath, respiratory infection, tracheobronchial obstruction)
- 5 - Wound infection, deteriorating wound status, new lesion/ulcer
- 6 - Cardiac problems (e.g., fluid overload, exacerbation of CHF, chest pain)
- 7 - Hypo/Hyperglycemia, diabetes out of control
- 8 - GI bleeding, obstruction
- 9 - Other than above reasons
- UK - Reason unknown

(M0855) To which **Inpatient Facility** has the patient been admitted?

- 1 - Hospital [**Go to M0890**]
- 2 - Rehabilitation facility [**Go to M0903**]
- 3 - Nursing home [**Go to M0900**]
- 4 - Hospice [**Go to M0903**]

INPATIENT FACILITY ADMISSION

(M0890) If the patient was admitted to an acute care **Hospital**, for what **Reason** was he/she admitted?

- 1 - Hospitalization for emergent (unscheduled) care
- 2 - Hospitalization for urgent (scheduled within 24 hours of admission) care
- 3 - Hospitalization for elective (scheduled more than 24 hours before admission) care
- UK - Unknown

(M0895) Reason for Hospitalization: (Mark all that apply.)

- 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis
- 2 - Injury caused by fall or accident at home
- 3 - Respiratory problems (SOB, infection, obstruction)
- 4 - Wound or tube site infection, deteriorating wound status, new lesion/ulcer
- 5 - Hypo/Hyperglycemia, diabetes out of control
- 6 - GI bleeding, obstruction
- 7 - Exacerbation of CHF, fluid overload, heart failure
- 8 - Myocardial infarction, stroke
- 9 - Chemotherapy
- 10 - Scheduled surgical procedure
- 11 - Urinary tract infection
- 12 - IV catheter-related infection
- 13 - Deep vein thrombosis, pulmonary embolus
- 14 - Uncontrolled pain
- 15 - Psychotic episode
- 16 - Other than above reasons

Go to M0903

(M0900) For what **Reason(s)** was the patient **Admitted** to a **Nursing Home**? **(Mark all that apply.)**

- 1 - Therapy services
- 2 - Respite care
- 3 - Hospice care
- 4 - Permanent placement
- 5 - Unsafe for care at home
- 6 - Other
- UK - Unknown

(M0903) Date of Last (Most Recent) Home Visit:

___/___/___
month day year

(M0906) Discharge/Transfer/Death Date: Enter the date of the discharge, transfer, or death (at home) of the patient.

___/___/___
month day year