

Home Health Agency (OASIS) Assessment Files Data Dictionary

Variable Sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
1	BENE_ID	BENE_ID	Encrypted 723 Beneficiary ID	CHAR	15	A unique CCW beneficiary identifier field that is specific to the Chronic Condition Warehouse. This field is encrypted prior to delivery to researchers. The BENE_ID field is used to cross-reference data for each beneficiary across all claim and assessment data files.	
2	ASMT_ID	ASMT_ID	Encrypted Assessment ID	CHAR	15	This number is assigned when an assessment record is processed in the Chronic Condition Warehouse. This field is encrypted prior to delivery to researchers. It identifies lines that are submitted from the same assessment.	
3	ASBGVRDT	AST_BEG_VER_DT	Assessment Beginning Version Date	DATE	8	Beginning date of the submission file that contains the version of this assessment	
4	ASNDVRDT	AST_END_VER_DT	Assessment Correction Version Date	DATE	8	Date of the submission file that contains the correction or inactivation request of this assessment.	
5	ASMTFFDT	ASMT_EFF_DATE	Assessment Effective Date (Determines Year of Assessment)	DATE	8	This date determines the year of the assessment. The effective date is based on the M0100 RFA field. This is the (M0030) Start of Cre date for RFA 01 or 02; (M0032) Resumption of Care Date for 03; (M0090) Information Completion Date for 04 or 05; and (M0906) Discharge/Transfer/Death date of 06, 07, 08, 09, or 10.	
6	ASTMDND	AST_MOD_IND	Assessment Modification Indicator	CHAR	1	Designates version of the assessment	C = Current, M = Modified, X = Inactive
7	BDTSBMND	BIRTHDATE_SUBM_IND	Birthdate Submit Indicator	CHAR	1	Indicates if the full birthdate was submitted or if part of the date was defaulted.	S = The stored birth date is the complete birthdate submitted, M = The submitted birth date contained only a year (YYYY) so the stored birthdate contains the default month (06) and day (15); D = The submitted birth date contains only a year and a month (YYYYMM) so the stored birthdate contains the default day (15); U = The submitted birthdate contains all dashes as the birthdate was unknown. Null will be stored in the birthdate; I = The submitted birthdate was invalid (spaces or an invalid date was submitted). Null will be stored in the birthdate.
8	BRANCHID	BRANCH_IDENTIFIER	Branch Identifier	CHAR	10	Agency assigned branch identifier.	
9	CLCHPSCD	CALC_HIPPS_CODE	Calculated HIPPS Code	CHAR	5	The value of the HIPPS (Health Insurance Prospective Payment System) code calculated by the state system using the OASIS PPS dll for this assessment.	
10	CLCHPSVR	CALC_HIPPS_VERSION	Calculated HIPPS Version	CHAR	5	The version of the HIPPS (Health Insurance Prospective Payment System) code calculated.	
11	CRRCTNM	CORRECTION_NUM	Correction Number	CHAR	2	Sequential correction number of assessment.	

Home Health Agency (OASIS) Assessment Files Data Dictionary

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12	FACINTID	FAC_INT_ID	Facility Internal ID	CHAR	10	The CMS facility internal identifier that is unique within a state. For the NATL_MDS_FAC_SUBMSN_SMRY, NATL_HHA_FAC_SUBMSN_SMRY, OBQI_ROLLUPS, OBQI_CMIX_RISK_ADJSTD_ROLLUPS, OBQI_RAO_RISK_ADJSTD_ROLLUPS, OBQI_BRIEFG_BOOK_MISC_MSR and MEGA_QI_INITL_ROLLUP tables, if the number is a positive value, it is the CMS facility internal identifier.	Positive value indicates the CMS facility identifier. Other values include: -1 = the data is averaged to the state, -2 = the data is averaged to the region and -3 = the data is averaged to the whole nation.
13	HHSMTNTD	HHA_ASMT_INT_ID	Encrypted D20HHA Assessment Internal ID	CHAR	15	The assessment internal identification number.	
14	HHASBMSQ	HHA_SUBM_SEQ_NBR	HHA Submission Sequence Number	CHAR	10	Internal database tracking number for submissions.	
15	LOCKDATE	LOCK_DATE	Lock Date	DATE	8	The lock-in date for the HHA assessment.	
16	MSKVRSCD	MASK_VERSION_CD	Masking Algorithm Version Code	CHAR	20	Masking algorithm version code.	1) If M0150 CPAY MCARE FFS = 0 and M0150 CPAY MCARE HMO = 0 and M0150 CPAY MCAID FFS = 0 and M0150 CPAY MCAID HMO = 0, then the patient's care is not paid by Medicare or Medicaid and MASK VERSION CD must be completed. The only valid value for MASK VERSION CD is 'FIPS SHA-1 V1.00' (left justified, blank filled). 2) If M0150 CPAY MCARE FFS = 1 or M0150 CPAY MCARE HMO = 1, or M0150 CPAY MCAID FFS = 1 or M0150 CPAY MCAID HMO = 1 then the patient's care is paid by Medicare or Medicaid and MASK VERSION CD must be blank. 3) If MASK VERSION CD is not blank, then the following non-blank fields must be masked: M0020 PAT ID, M0040 PAT FNAME, M0040 PAT LNAME, M0063 MEDICARE NUM, M0064 SSN, and M0065 MEDICAID NUM. If any of these fields is blank, then do not mask the field -- submit blanks for that field instead. Do not mask an entirely blank field. 4) If MASK VERSION CD is blank, then no filed in the record is to be masked.
17	ORGSMTID	ORIG_ASMT_INT_ID	Encrypted D313Original Assessment Internal ID	CHAR	15	Original version (ASMT INT ID) of this assessment where Correction Number is 00.	
18	RSCHGTS	RES_CHG_TIMESTAMP	Resident Data Update Timestamp	DATE	8	The last updated date and time of resident data.	

Home Health Agency (OASIS) Assessment Files Data Dictionary

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19	RSMTCHCR	RES_MATCH_CRITERIA	Resident Matching Criteria	CHAR	2	This field is used in determining if a record should be written to the resident history table. It is a number showing which of the resident matching criteria was positive for a match, and is zero if it is a new resident.	
20	SFTW_ID	SFTW_ID	Software Vendor Tax ID	CHAR	9	The software vendor is the author of the software used to encode the assessment data.	
21	SFT_VER	SFT_VER	Software Version	CHAR	9	This field contains the version number of the vendor software being used by the facility or the facility's agent to automate the assessment submission process.	
22	STATE_ID	STATE_ID	State ID	CHAR	2	The two-digit state abbreviation. This may also be the two-character CMS region code.	
23	STPRPDDT	ST_PREPD_DT	State Prepared Date	DATE	8	This field represents the date when the state prepared the data to be pulled to the national. Used for replication purposes only.	
24	SBMSSNDT	SUBMISSION_DATE	Submission Date	DATE	8	The date the submission was received by the system.	
25	SBMHPSCD	SUBM_HIPPS_CODE	Submitted HIPPS Code	CHAR	5	The value of the HIPPS (Health Insurance Prospective Payment System) code submitted for this assessment.	
26	SBMHPSVR	SUBM_HIPPS_VERSION	Submitted HIPPS Version	CHAR	5	The version of the submitted HIPPS (Health Insurance Prospective Payment System) code.	
27	VRSNCD	VERSION_CD	Version Code	CHAR	12	Layout submitted version code field which contains the version number for the data specifications used for submission.	
28	VCODE2	VCODE2	Version Completed Code	CHAR	5	Version completed code indicating the version of OASIS actually completed. A value of 'B1-1098' will be used for all assessments with a M0090 date prior to 10/1/2000 and a value of 'B1-0800' is used for all assessments with a M0090 date of 10/1/2000 or later.	
29	M0010	M0010_MEDICARE_ID	(M0010) Agency Medicare Number	CHAR	6	Agency Medicare provider number.	
30	M0012	M0012_MEDICAID_ID	(M0012) Agency Medicaid Number	CHAR	15	Agency Medicaid provider number.	
31	M0014	M0014_BRANCH_STATE	(M0014) Branch State	CHAR	2	Branch state.	
32	M0016	M0016_BRANCH_ID	(M0016) Branch Identifier Number	CHAR	10	Branch ID number.	
33	M0030	M0030_SOC_DT	(M0030) Start of Care Date	DATE	8	Start of care date.	
34	M0032RNA	M0032_ROC_DT_NA	(M0032) Resumption of Care Date Not Applicable	CHAR	1	Resumption of care date is not applicable.	0 = No, 1 = Yes
35	M0032RDT	M0032_ROC_DT	(M0032) Resumption of Care Date	DATE	8	Resumptio of care date.	
36	M0050	M0050_PAT_ST	(M0050) Patient State	CHAR	2	Patient's state of residence.	
37	M0060	M0060_PAT_ZIP	(M0060) Patient ZIP Code	CHAR	11	Patient's ZIP code.	
38	M0063	M0063_MEDICARE_NA	(M0063) No Medicare Number	CHAR	1	Patient has no Medicare number.	0 = No, 1 = Yes
39	M0064	M0064_SSN_UK	(M0064) Social Security Number Unknown	CHAR	1	Patient's Social Security number is unknown or not available.	0 = No, 1 = Yes
40	M0065	M0065_MEDICAID_NA	(M0065) No Medicaid Number	CHAR	1	Patient has no Medicaid number.	0 = No, 1 = Yes

Home Health Agency (OASIS) Assessment Files Data Dictionary

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41	M0066	M0066_PAT_BIRTH_DT	(M0066) Patient Birth Date	DATE	8	Patient's birthdate. If only the year (YYYY) was submitted, the month is defaulted to 06 and the day is defaulted to 15. If only the month and year are submitted, the day is defaulted to 15. If this field is null, either no date was submitted or an invalid date was submitted.	
42	M0069	M0069_PAT_GENDER	(M0069) Gender	CHAR	1	Resident's gender	1 = Male, 2 = Female
43	M0072PUK	M0072_PHYSICIAN_UK	(M0072) Primary Referring Physician ID Unknown	CHAR	1	Primary referring physician is unknown or not available.	0 = No, 1 = Yes
44	M0072PID	M0072_PHYSICIAN_ID	(M0072) Primary Referring Physician ID	CHAR	10	Primary referring physician identification	Spaces = Unknown
45	M0080	M0080_ASSR_DISCIPL	(M0080) Discipline of Person Completing Assessment	CHAR	2	Discipline of person competing assessment.	01 = RN, 02 = PT, 03 = SLP/ST, 04 = OT
46	M0090	M0090_ASMT_CPLT_DT	(M0090) Date Assessment Completed	DATE	8	The date the assessment was completed.	
47	M0100	M0100_ASSMT_REASON	(M0100) Assessment Reason	CHAR	2	The reason the assessment is currently being completed.	01 = Start of care - further visits planned, 02 = Start of care - no further visits planned, 03 = Resumption of care (after inpatient stay), 04 = Recertification (follow-up) reassessment, 05 = Other follow-up, 06 = Transferred to an inpatient facility - patient not discharged from agency, 07 = Transferred to an inpatient facility - patient discharged from agency, 08 = Death at home, 09 = Discharge from agency, 10 = Discharge from agency - no visits completed after start/resumption of care assessment.
48	M0140AIN	M0140_ETHNIC_AI_AN	(M0140) American Indian or Alaska Native	CHAR	1	Race/ethnicity as identified by patient: American Indian or Alaska native.	0 = No, 1 = Yes
49	M0140ASN	M0140_ETHNIC_ASIAN	(M0140) Asian	CHAR	1	Race/ethnicity as identified by patient: Asian.	0 = No, 1 = Yes
50	M0140BLK	M0140_ETHNIC_BLACK	(M0140) Black or African-American	CHAR	1	Race/ethnicity as identified by patient: Black or African-American.	0 = No, 1 = Yes
51	M0140HSP	M0140_ETHNIC_HISP	(M0140) Hispanic or Latino	CHAR	1	Race/ethnicity as identified by patient: Hispanic or Latino.	0 = No, 1 = Yes
52	M0140HPI	M0140_ETHNIC_NH_PI	(M0140) Native Hawaiian or Pacific Islander	CHAR	1	Race/ethnicity as identified by patient: Native Hawaiian or Pacific Islander.	0 = No, 1 = Yes
53	M0140UNK	M0140_ETHNIC_UK	(M0140) Unknown Race/Ethnicity	CHAR	1	Race/ethnicity as identified by patient: Unknown.	0 = No, 1 = Yes
54	M0140WHT	M0140_ETHNIC_WHITE	(M0140) White	CHAR	1	Race/ethnicity as identified by patient: White	0 = No, 1 = Yes
55	M0150A	M0150_CPY_MCAIDFFS	(M0150) Medicaid Fee-For-Service	CHAR	1	Current payment sources for home care: Medicaid (traditional fee-for-service).	0 = No, 1 = Yes
56	M0150B	M0150_CPY_MCAIDHMO	(M0150) Medicaid HMO/Managed Care	CHAR	1	Current payment sources for home care: Medicaid (HMO/managed care).	0 = No, 1 = Yes
57	M0150C	M0150_CPY_MCAREFFS	(M0150) Medicare Fee-For-Service	CHAR	1	Current payment sources for home care: Medicare (traditional fee-for-service).	0 = No, 1 = Yes
58	M0150D	M0150_CPY_MCAREHMO	(M0150) Medicare HMO/Managed Care	CHAR	1	Current payment sources for home care: Medicare (HMO/managed care).	0 = No, 1 = Yes

Home Health Agency (OASIS) Assessment Files Data Dictionary

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59	M0150E	M0150_CPY_NONE	(M0150) No Charge for Current Services	CHAR	1	Current payment sources for home care: none, no charge for current services.	0 = No, 1 = Yes
60	M0150F	M0150_CPY_OTH_GOV	(M0150) Other Government	CHAR	1	Current payment sources for home care: other government (e.g., CHAMPUS, VA, etc.).	0 = No, 1 = Yes
61	M0150G	M0150_CPY_OTHER	(M0150) Other Payment Source	CHAR	1	Current payment sources for home care: other (specify).	0 = No, 1 = Yes
62	M0150H	M0150_CPY_PRIV_HMO	(M0150) Private HMO/Managed Care	CHAR	1	Current payment sources for home care: private HMO managed care.	0 = No, 1 = Yes
63	M0150I	M0150_CPY_PRIV_INS	(M0150) Private Insurance	CHAR	1	Current payment sources for home care: private insurance.	0 = No, 1 = Yes
64	M0150J	M0150_CPY_SELFPAY	(M0150) Self-Pay	CHAR	1	Current payment sources for home care: self-pay.	0 = No, 1 = Yes
65	M0150K	M0150_CPY_TITLEPGM	(M0150) Title Programs	CHAR	1	Current payment sources for home care: title programs (e.g., Title III, V, or XX).	0 = No, 1 = Yes
66	M0150L	M0150_CPY_UK	(M0150) Unknown Payment Source	CHAR	1	Current payment sources for home care: unknown.	0 = No, 1 = Yes
67	M0150M	M0150_CPY_WRKCOMP	(M0150) Workers Compensation	CHAR	1	Current payment sources for home care: worker's compensation.	0 = No, 1 = Yes
68	M0160A	M0160_LTD_FIN_FOOD	(M0160) Limited Financial Factors - Food	CHAR	1	Financial factors limiting ability of patient/family to meet basic health needs: unable to afford food.	0 = No, 1 = Yes
69	M0160B	M0160_LTD_FIN_EXP	(M0160) Limited Financial Factors - Medical Expenses	CHAR	1	Financial factors limiting ability of patient/family to meet basic health needs: unable to afford medical expenses not covered by insurance/Medicare (e.g., co-payments).	0 = No, 1 = Yes
70	M0160C	M0160_LTD_FIN_SUPP	(M0160) Limited Financial Factors - Medicine/Medical Supplies	CHAR	1	Financial factors limiting ability of patient/family to meet basic health needs: unable to afford medicine or medical supplies.	0 = No, 1 = Yes
71	M0160D	M0160_LTD_FIN_NONE	(M0160) Limited Financial Factors - None	CHAR	1	Financial factors limiting ability of patient/family to meet basic health needs: none.	0 = No, 1 = Yes
72	M0160E	M0160_LTD_FIN_OTHR	(M0160) Limited Financial Factors - Other	CHAR	1	Financial factors limiting ability of patient/family to meet basic health needs: other (specify).	0 = No, 1 = Yes
73	M0160F	M0160_LTD_FIN_RENT	(M0160) Limited Financial Factors - Rent/Utilities	CHAR	1	Financial factors limiting ability of patient/family to meet basic health needs:	0 = No, 1 = Yes
74	M0170A	M0170_DC_HOSP_14_D	(M0170) Hospital	CHAR	1	From which of the following inpatient facilities was the patient discharged during the past 14 days: Hospital.	0 = No, 1 = Yes
75	M0170B	M0170_DC_N_HM_14_D	(M0170) Nursing Home	CHAR	1	From which of the following inpatient facilities was the patient discharged during the past 14 days: Nursing home.	0 = No, 1 = Yes
76	M0170C	M0170_DC_OTHER	(M0170) Other Inpatient Facility	CHAR	1	From which of the following inpatient facilities was the patient discharged during the past 14 days: Other (specify)..	0 = No, 1 = Yes
77	M0170D	M0170_NONE_14_DAYS	(M0170) Patient Not Discharged From Inpatient Facility	CHAR	1	From which of the following inpatient facilities was the patient discharged during the past 14 days: Patient was not discharged from an inpatient facility.	0 = No, 1 = Yes
78	M0170E	M0170_DC_REHB_14_D	(M0170) Rehabilitation Facility	CHAR	1	From which of the following inpatient facilities was the patient discharged during the past 14 days: Rehabilitation facility.	0 = No, 1 = Yes
79	M0175A	M0175_DC_HSP_14_DA	(M0175) Inpatient Facility Admitted From during past 14 Days - Hospital	CHAR	1	Inpatient facility admitted from during past 14 days - hospital.	0 = No, 1 = Yes
80	M0175B	M0175_DC_NON_14_DA	(M0175) Inpatient Facility Admitted From during past 14 Days - Not Discharged from an Inpatient Facility	CHAR	1	Inpatient facility admitted from during past 14 days - not discharged from an inpatient facility.	0 = No, 1 = Yes

Home Health Agency (OASIS) Assessment Files Data Dictionary

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81	M0175C	M0175_DC_ONH_14_DA	(M0175) Inpatient Facility Admitted From during past 14 Days - Other Nursing Home	CHAR	1	Inpatient facility admitted from during past 14 days - other nursing home.	0 = No, 1 = Yes
82	M0175D	M0175_DC_OTH_14_DA	(M0175) Inpatient Facility Admitted From during past 14 Days - Other	CHAR	1	Inpatient facility admitted from during past 14 days - other.	0 = No, 1 = Yes
83	M0175E	M0175_DC_RHB_14_DA	(M0175) Inpatient Facility Admitted From during past 14 Days - Rehabilitation Facility	CHAR	1	Inpatient facility admitted from during past 14 days - rehabilitation facility.	0 = No, 1 = Yes
84	M0175F	M0175_DC_SNF_14_DA	(M0175) Inpatient Facility Admitted From during past 14 Days - Skilled Nursing Facility	CHAR	1	Inpatient facility admitted from during past 14 days - skilled nursing facility.	0 = No, 1 = Yes
85	M0180A	M0180_DSCHG_UK	(M0180) Inpatient Discharge Date Unknown	CHAR	1	Inpatient discharge date (most recent): unknown.	0 = No, 1 = Yes
86	M0180B	M0180_INP_DSCHG_DT	(M0180) Inpatient Discharge Date	DATE	8	Inpatient discharge date (most recent).	
87	M0190A	M0190_14D_INP1_ICD	(M0190) Inpatient Diagnosis and ICD Code - a	CHAR	7	Inpatient diagnosis and ICD code categories: inpatient facility diagnosis, ICD Code - a.	
88	M0190B	M0190_14D_INP2_ICD	(M0190) Inpatient Diagnosis and ICD Code - b	CHAR	7	Inpatient diagnosis and ICD code categories: inpatient facility diagnosis, ICD Code - b.	
89	M0200	M0200_REG_CHG_14_D	(M0200) Medical/Treatment Regimen Change	CHAR	1	Medical treatment regimen change within past 14 days.	0 = No, 1 = Yes
90	M0210A	M0210_CHGREG_ICD1	(M0210) Medical Diagnosis and ICD Code - a	CHAR	7	List patient's medical diagnosis and ICD code categories (three digits required; five optional), ICD - a.	
91	M0210B	M0210_CHGREG_ICD2	(M0210) Medical Diagnosis and ICD Code - b	CHAR	7	List patient's medical diagnosis and ICD code categories (three digits required; five optional), ICD - b.	
92	M0210C	M0210_CHGREG_ICD3	(M0210) Medical Diagnosis and ICD Code - c	CHAR	7	List patient's medical diagnosis and ICD code categories (three digits required; five optional), ICD - c.	
93	M0210D	M0210_CHGREG_ICD4	(M0210) Medical Diagnosis and ICD Code - d	CHAR	7	List patient's medical diagnosis and ICD code categories (three digits required; five optional), ICD - d.	
94	M0220A	M0220_PR_DISRUPT	(M0220) Disruptive/Socially Inappropriate Behavior	CHAR	1	Conditions prior to medical or treatment regimen change or inpatient stay within past 14 days: disruptive or socially inappropriate behavior.	0 = No, 1 = Yes, Spaces = Unknown.
95	M0220B	M0220_PR_IMP_DCSN	(M0220) Impaired Decision Making	CHAR	1	Conditions prior to medical or treatment regimen change or inpatient stay within past 14 days: impaired decision making.	0 = No, 1 = Yes, Spaces = Unknown.
96	M0220C	M0220_PR_CATH	(M0220) Indwelling/Suprapubic Catheter	CHAR	1	Conditions prior to medical or treatment regimen change or inpatient stay within past 14 days: indwelling/suprapubic catheter.	0 = No, 1 = Yes, Spaces = Unknown.
97	M0220D	M0220_PR_INTR_PAIN	(M0220) Intractable Pain	CHAR	1	Conditions prior to medical or treatment regimen change or inpatient stay within past 4 days: intractable pain.	0 = No, 1 = Yes, Spaces = Unknown.
98	M0220E	M0220_PR_MEM_LOSS	(M0220) Memory Loss to Extent Supervision Required	CHAR	1	Conditions prior to medical or treatment regimen change or inpatient stay within past 14 days: memory loss to the extent that supervision is required.	0 = No, 1 = Yes, Spaces = Unknown.
99	M0220F	M0220_PR_NOCHG_14D	(M0220) No Inpatient Discharge and No Regimen Change	CHAR	1	Conditions prior to medical or treatment regimen change or inpatient stay within past 14 days: no inpatient facility discharge and no change in medical or treatment regimen in past 14 days.	0 = No, 1 = Yes

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100	M0220G	M0220_PR_NONE	(M0220) None of the Above Regimen Change	CHAR	1	Conditions prior to medical or treatment regimen change or inpatient stay within past 14 days: none of the above.	0 = No, 1 = Yes, Spaces = Unknown.
101	M0220H	M0220_PR_UK	(M0220) Unknown Regimen Change	CHAR	1	Conditions prior to medical or treatment regimen change or inpatient stay within past 14 days: unknown.	0 = No, 1 = Yes
102	M0220I	M0220_PR_UR_INCON	(M0220) Urinary Incontinence	CHAR	1	Conditions prior to medical or treatment regimen change or inpatient stay within past 14 days: urinary incontinence.	0 = No, 1 = Yes, Spaces = Unknown.
103	M0230A	M0230_PRI_DGN_SEV	(M0230) Primary Diagnosis Severity Rating - a	CHAR	2	Primary Diagnosis Severity Rating (0-4) a.	00 = Asymptomatic, no treatment needed at this time. 01 = Symptoms well controlled with current therapy, 02 = Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring, 03 = Symptoms poorly controlled, patient needs frequent adjustment in treatment and dose monitoring, 04 = Symptoms poorly controlled, history of rehospitalizations.
104	M0230B	M0230_PRI_DGN_ICD	(M0230) Primary Diagnosis and ICD Code - a	CHAR	7	The values available describing the primary diagnosis.	
105	M0240A	M0240_OTH_DGN1_SEV	(M0240) Other Diagnosis Severity Rating - b	CHAR	2	Other diagnosis severity rating (0-4) b.	00 = Asymptomatic, no treatment needed at this time. 01 = Symptoms well controlled with current therapy, 02 = Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring, 03 = Symptoms poorly controlled, patient needs frequent adjustment in treatment and dose monitoring, 04 = Symptoms poorly controlled, history of rehospitalizations.
106	M0240B	M0240_OTH_DGN2_SEV	(M0240) Other Diagnosis Severity Rating - c	CHAR	2	Other diagnosis severity rating (0-4) c.	00 = Asymptomatic, no treatment needed at this time. 01 = Symptoms well controlled with current therapy, 02 = Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring, 03 = Symptoms poorly controlled, patient needs frequent adjustment in treatment and dose monitoring, 04 = Symptoms poorly controlled, history of rehospitalizations.

Home Health Agency (OASIS) Assessment Files Data Dictionary

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107	M0240C	M0240_OTH_DGN3_SEV	(M0240) Other Diagnosis Severity Rating - d	CHAR	2	Other diagnosis severity rating (0-4) d.	00 = Asymptomatic, no treatment needed at this time. 01 = Symptoms well controlled with current therapy, 02 = Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring, 03 = Symptoms poorly controlled, patient needs frequent adjustment in treatment and dose monitoring, 04 = Symptoms poorly controlled, history of rehospitalizations.
108	M0240D	M0240_OTH_DGN4_SEV	(M0240) Other Diagnosis Severity Rating - e	CHAR	2	Other diagnosis severity rating (0-4) e.	00 = Asymptomatic, no treatment needed at this time. 01 = Symptoms well controlled with current therapy, 02 = Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring, 03 = Symptoms poorly controlled, patient needs frequent adjustment in treatment and dose monitoring, 04 = Symptoms poorly controlled, history of rehospitalizations.
109	M0240E	M0240_OTH_DGN5_SEV	(M0240) Other Diagnosis Severity Rating - f	CHAR	2	Other diagnosis severity rating (0-4) f.	00 = Asymptomatic, no treatment needed at this time. 01 = Symptoms well controlled with current therapy, 02 = Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring, 03 = Symptoms poorly controlled, patient needs frequent adjustment in treatment and dose monitoring, 04 = Symptoms poorly controlled, history of rehospitalizations.
110	M0240F	M0240_OTH_DGN1_ICD	(M0240) Other Diagnosis and ICD Code - b	CHAR	7	Other diagnosis ICD b.	
111	M0240G	M0240_OTH_DGN2_ICD	(M0240) Other Diagnosis and ICD Code - c	CHAR	7	Other diagnosis ICD c.	
112	M0240H	M0240_OTH_DGN3_ICD	(M0240) Other Diagnosis and ICD Code - d	CHAR	7	Other diagnosis ICD d.	
113	M0240I	M0240_OTH_DGN4_ICD	(M0240) Other Diagnosis and ICD Code - e	CHAR	7	Other diagnosis ICD e.	
114	M0240J	M0240_OTH_DGN5_ICD	(M0240) Other Diagnosis and ICD Code - f	CHAR	7	Other diagnosis ICD f.	
115	M0245A	M0245_PMT_ICD2	(M0245) Payment Diagnosis: First Secondary ICD	CHAR	7	The ICD-9 code indicating the first secondary payment reason.	

Home Health Agency (OASIS) Assessment Files Data Dictionary

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116	M0245B	M0245_PMT_ICD1	(M0245) Payment Diagnosis: Primary ICD	CHAR	7	The ICD-9 code indicating the pimary payment reason.	
117	M0250A	M0250_THH_ENT_NUTR	(M0250) Enteral Nutrition	CHAR	1	Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into alimentary canal).	0 = No, 1 = Yes
118	M0250B	M0250_THH_IV_INFUS	(M0250) Intravenous or Infusion Therapy	CHAR	1	Intravenous or infusion therapy (excludes TPN).	0 = No, 1 = Yes
119	M0250C	M0250_THH_NONE_ABV	(M0250) None of the Above Therapies	CHAR	1	None of the above therapies.	0 = No, 1 = Yes
120	M0250D	M0250_THH_PAR_NUTR	(M0250) Parenteral Nutrition	CHAR	1	Parenteral nutrition (TPN or lipids).	0 = No, 1 = Yes
121	M0260	M0260_OVRALL_PROGN	(M0260) Overall Prognosis	CHAR	2	Overall prognosis: best description of patient's overall prognosis for recoverey from this episode of illness.	00 = Poor: little or no recovery is expected and/or further decline is imminent., 01 = Good/Fair: partial to full recovery is expected, UK = Unknown.
122	M0270	M0270_REHAB_PROGN	(M0270) Rehabilitive Prognosis	CHAR	2	Rehabilitative prognosis: best desription of patient's prognosis for functional status.	00 = Guarded: minimal improvement in functional status is expected; decline is possible, 01 = Good: marked improvement in functional status is expected., UK = Unknown.
123	M0280	M0280_LIFE_EXPECT	(M0280) Life Expectancy	CHAR	2	Life expectancy (physician documentation is not required).	00 = Live expectancy is greater than 6 months, 01 = Life expectancy is 6 months or fewer.
124	M0290A	M0290_RSK_ALCOHOL	(M0290) Alcohol Dependency	CHAR	1	High risk factors characterizing this patient: alcoholism.	0 = No, 1 = Yes
125	M0290B	M0290_RSK_DRUGS	(M0290) Drug Dependency	CHAR	1	High risk factors characterizing this patient: drug dependency.	0 = No, 1 = Yes
126	M0290C	M0290_RSK_SMOKING	(M0290) Heavy Smoking	CHAR	1	High risk factors characterizing this patient: heavy smoking.	0 = No, 1 = Yes
127	M0290D	M0290_RSK_NONE	(M0290) None of Above High Risk Factors	CHAR	1	High risk factors characterizing this patient: none of the above.	0 = No, 1 = Yes
128	M0290E	M0290_RSK_OBESITY	(M0290) Obesity	CHAR	1	High risk factors characterizing this patient: obesity.	0 = No, 1 = Yes
129	M0290F	M0290_RSK_UK	(M0290) Unknown High Risk Factors	CHAR	1	High risk factors characterizing this patient: unknown.	0 = No, 1 = Yes
130	M0300	M0300_CURR_RESIDEN	(M0300) Current Residence	CHAR	2	Current residence.	01 = Patient owned or rented residence (house, apartment, or mobile home owned or rented by patient/couple/significant other), 02 = Family member residence, 03 = Boarding home or rented room, 04 = Board and care or assisted living facility, 05 = Other (specify)
131	M0310A	M0310_STR_DOORWAYS	(M0310) Narrow or Obstructed Doorways	CHAR	1	Structural barriers: narrow or obstructed doorways.	0 = No, 1 = Yes
132	M0310B	M0310_STR_NONE	(M0310) No Structural Barriers	CHAR	1	Structural barriers: none	0 = No, 1 = Yes
133	M0310C	M0310_STR_MST_ISTR	(M0310) Stairs Inside Home Must Be Used	CHAR	1	Structural barriers: stairs inside which must be used by patient.	0 = No, 1 = Yes
134	M0310D	M0310_STR_OPT_ISTR	(M0310) Stairs Inside Home Used Optionally	CHAR	1	Structural barriers: stairs inside home which are used optionally.	0 = No, 1 = Yes
135	M0310E	M0310_STR_OUTSTAIR	(M0310) Stairs Leading Inside Home	CHAR	1	Structural barriers: stairs leading from inside to outside house.	0 = No, 1 = Yes

Home Health Agency (OASIS) Assessment Files Data Dictionary

Variable Sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
136	M0320A	M0320_SAF_HAZ_MAT	(M0320) Improperly Stored Hazardous Materials	CHAR	1	Safety hazards: improperly stored hazardous materials.	0 = No, 1 = Yes
137	M0320B	M0320_SAF_COOLING	(M0320) Inadequate Cooling	CHAR	1	Safety hazards: inadequate cooling.	0 = No, 1 = Yes
138	M0320C	M0320_SAF_FLOOR	(M0320) Inadequate Floor/Roof/Windows	CHAR	1	Safety hazards: inadequate floor, roof, or windows.	0 = No, 1 = Yes
139	M0320D	M0320_SAF_HEATING	(M0320) Inadequate Heating	CHAR	1	Safety hazards: inadequate heating.	0 = No, 1 = Yes
140	M0320E	M0320_SAF_LIGHTING	(M0320) Inadequate Lighting	CHAR	1	Safety hazards: inadequate lighting.	0 = No, 1 = Yes
141	M0320F	M0320_SAF_RAILINGS	(M0320) Inadequate Stair Railings	CHAR	1	Safety hazards: inadequate stair railings.	0 = No, 1 = Yes
142	M0320G	M0320_SAF_FIRE_SAF	(M0320) Lack of Fire Safety Devices	CHAR	1	Safety hazards: lack of fire safety devices.	0 = No, 1 = Yes
143	M0320H	M0320_SAF_PAINT	(M0320) Lead-Based Paint	CHAR	1	Safety hazards: lead-based paint.	0 = No, 1 = Yes
144	M0320I	M0320_SAF_NONE	(M0320) No Safety Hazards	CHAR	1	Safety hazards: none.	0 = No, 1 = Yes
145	M0320J	M0320_SAF_OTHER	(M0320) Other Safety Hazards	CHAR	1	Safety hazards: other (specify).	0 = No, 1 = Yes
146	M0320K	M0320_SAF_FLOORCOV	(M0320) Unsafe Floor Coverings	CHAR	1	Safety hazards: unsafe floor coverings.	0 = No, 1 = Yes
147	M0320L	M0320_SAF_APPLIANC	(M0320) Unsafe Gas/Electric Appliance	CHAR	1	Safety hazards: unsafe gas/electric appliance.	0 = No, 1 = Yes
148	M0330A	M0330_SAN_LIVING_A	(M0330) Cluttered/Soiled Living Area	CHAR	1	Sanitation hazards: cluttered/soiled living area.	0 = No, 1 = Yes
149	M0330B	M0330_SAN_BAD_H2O	(M0330) Contaminated Water	CHAR	1	Sanitation hazards: contaminated water.	0 = No, 1 = Yes
150	M0330C	M0330_SAN_SEW_DISP	(M0330) Inadequate Sewage Disposal	CHAR	1	Sanitation hazards: inadequate sewage disposal.	0 = No, 1 = Yes
151	M0330D	M0330_SAN_FOOD_STR	(M0330) Inadequate/Improper Food Storage	CHAR	1	Sanitation hazards: inadequate/improper food storage.	0 = No, 1 = Yes
152	M0330E	M0330_SAN_BUGS_ROD	(M0330) Insects/Rodents Present	CHAR	1	Sanitation hazards: insects/rodents present.	0 = No, 1 = Yes
153	M0330F	M0330_SAN_COOK_FAC	(M0330) No Cooking Facilities	CHAR	1	Sanitation hazards: no cooking facilities.	0 = No, 1 = Yes
154	M0330G	M0330_SAN_REFRIGER	(M0330) No Food Refrigeration	CHAR	1	Sanitation hazards: no food refrigeration.	0 = No, 1 = Yes
155	M0330H	M0330_SAN_NO_H2O	(M0330) No Running Water	CHAR	1	Sanitation hazards: no running water.	0 = No, 1 = Yes
156	M0330I	M0330_SAN_NONE	(M0330) No Sanitation Hazards	CHAR	1	Sanitation hazards: none.	0 = No, 1 = Yes
157	M0330J	M0330_SAN_TRASH	(M0330) No Scheduled Trash Pickup	CHAR	1	Sanitation hazards: no scheduled trash pickup.	0 = No, 1 = Yes
158	M0330K	M0330_SAN_NO_TOILT	(M0330) No Toileting Facilities	CHAR	1	Sanitation hazards: no toileting facilities.	0 = No, 1 = Yes
159	M0330L	M0330_SAN_OTHER	(M0330) Other Sanitation Hazards	CHAR	1	Sanitation hazards: other (specify).	0 = No, 1 = Yes
160	M0330M	M0330_SAN_OUT_TOIL	(M0330) Outdoor Toileting Facilities Only	CHAR	1	Sanitation hazards: outdoor toileting facilities only.	0 = No, 1 = Yes
161	M0340A	M0340_LIV_ALONE	(M0340) Lives Alone	CHAR	1	Patient lives alone.	0 = No, 1 = Yes
162	M0340B	M0340_LIV_FRIEND	(M0340) Lives With Friend	CHAR	1	Patient lives with friend.	0 = No, 1 = Yes
163	M0340C	M0340_LIV_OTH_FAM	(M0340) Lives With Other Family Member	CHAR	1	Patient lives with other family member.	0 = No, 1 = Yes
164	M0340D	M0340_LIV_OTHER	(M0340) Lives With Other Than Above	CHAR	1	Patient lives with other than above.	0 = No, 1 = Yes
165	M0340E	M0340_LIV_PD_HELP	(M0340) Lives With Paid Help	CHAR	1	Patient lives with paid help.	0 = No, 1 = Yes
166	M0340F	M0340_LIV_SPOUSE	(M0340) Lives With Spouse/Significant Other	CHAR	1	Patient lives with spouse or significant other.	0 = No, 1 = Yes
167	M0350A	M0350_AP_NONE	(M0350) None of the Above Assisting Persons	CHAR	1	Assisting person(s): none of the above.	0 = No, 1 = Yes
168	M0350B	M0350_AP_PD_HELP	(M0350) Paid Help	CHAR	1	Assisting person(s): paid help.	0 = No, 1 = Yes
169	M0350C	M0350_AP_HM_RES	(M0350) Person Residing in Home	CHAR	1	Assisting person(s): person residing in the home (excluding paid help).	0 = No, 1 = Yes
170	M0350D	M0350_AP_REL_FRND	(M0350) Relatives/Friends/Neighbors Living Outside Home	CHAR	1	Assisting person(s): relatives, friends, or neighbors living outside the home.	0 = No, 1 = Yes
171	M0350E	M0350_AP_UK	(M0350) Unknown Assisting Persons	CHAR	1	Assisting person(s): unknown.	0 = No, 1 = Yes

Home Health Agency (OASIS) Assessment Files Data Dictionary

Variable Sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
172	M0360	M0360_PRI_CAREGVR	(M0360) Primary Caregiver	CHAR	2	Primary caregiver taking lead responsibility.	00 = No one person, 01 = Spouse or significant other, 02 = Daughter or son, 03 = Other family member, 04 = Friend or neighbor or community or church member, 05 = Paid help, UK = Unknown.
173	M0370	M0370_FREQ_PRM_AST	(M0370) Frequency Patient Receives Assistance	CHAR	2	How often does patient receive assistance from primary caregiver.	01 = Several times during day and night, 02 = Several times during day, 03 = Once daily, 04 = Three or more times per week, 05 = One to two times per week, 06 = Less often than weekly, UK = Unknown.
174	M0380A	M0380_CA_ADL	(M0380) ADL Assistance	CHAR	1	Type of primary caregiver assistance: ADL assistance.	0 = No, 1 = Yes, Spaces = Unknown.
175	M0380B	M0380_CA_MEDICAL	(M0380) Advocates Participation in Medical Care	CHAR	1	Type of primary caregiver assistance: advocates or facilitates patient's participation in appropriate medical care.	0 = No, 1 = Yes, Spaces = Unknown.
176	M0380C	M0380_CA_ENVIRON	(M0380) Environmental Support	CHAR	1	Type of primary caregiver assistance: environmental support.	0 = No, 1 = Yes, Spaces = Unknown.
177	M0380D	M0380_CA_FIN_LEGAL	(M0380) Financial Agent/Power of Attorney/Conservator of Finance	CHAR	1	Type of primary caregiver assistance: financial agent, power of attorney, or conservator of finance.	0 = No, 1 = Yes, Spaces = Unknown.
178	M0380E	M0380_CA_HLTH_CARE	(M0380) Health Care Agent/Conservator of Person/Power of Attorney	CHAR	1	Type of primary caregiver assistance: health care agent, conservator of person, medical power of attorney.	0 = No, 1 = Yes, Spaces = Unknown.
179	M0380F	M0380_CA_IADL	(M0380) IADL Assistance	CHAR	1	Type of primary caregiver assistance: IADL assistance.	0 = No, 1 = Yes, Spaces = Unknown.
180	M0380G	M0380_CA_PSYCHSOC	(M0380) Psychosocial Support	CHAR	1	Type of primary caregiver assistance: psychosocial support.	0 = No, 1 = Yes, Spaces = Unknown.
181	M0380H	M0380_CA_UK	(M0380) Unknown Primary Caregiver Assistance	CHAR	1	Type of primary caregiver assistance: unknown.	0 = No, 1 = Yes, Spaces = Unknown.
182	M0390	M0390_VISION	(M0390) Vision	CHAR	2	Vision with corrective lenses if the patient usually wears them.	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.

Home Health Agency (OASIS) Assessment Files Data Dictionary

Variable Sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
183	M0400	M0400_HEARING	(M0400) Hearing	CHAR	2	Hearing and ability to understand spoken language in patient's own language.	00 = No observable impairment. Able to hear and understand complex or detailed instructions and extended or abstract conversation, 01 = With minimal difficulty, able to hear and understand most multi-step instructions and ordinary conversation. May need occasional repetition, extra time, or louder voice, 02 = Has moderate difficulty hearing and understanding simple, one-step instructions and brief conversation; needs frequent prompting or assistance, 03 = Has severe difficulty hearing and understanding simple greetings and short comments. Requires multiple repetitions, restatements, demonstrations, additional time, 04 = Unable to hear and understand familiar words or common expressions consistently, or patient nonresponsive.

Home Health Agency (OASIS) Assessment Files Data Dictionary

Variable Sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
184	M0410	M0410_SPEECH	(M0410) Speech	CHAR	2	Speech and oral (verbal) expression of language in patient's own language.	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.
185	M0420	M0420_FREQ_PAIN	(M0420) Frequency of Pain	CHAR	2	Frequency of pain interfering with patient's activity or movement.	00 = Patient has no pain or pain does not interfere with activity or movement, 01 = Less often than daily, 02 = Daily, but not constantly, 03 = All of the time.
186	M0430	M0430_INTRACT_PAIN	(M0430) Intractable Pain	CHAR	1	Intractable pain.	0 = No, 1 = Yes
187	M0440	M0440_LES_OPEN_WND	(M0440) Skin Lesion/Open Wound	CHAR	1	Does patient have skin lesion or open wound?	0 = No, 1 = Yes
188	M0445	M0445_PRESS_ULCER	(M0445) Pressure Ulcer	CHAR	1	Does patient have pressure ulcer?	0 = No, 1 = Yes
189	M0450A	M0450_NBR_PRU_STG1	(M0450) Number Stage 1 Pressure Ulcers	CHAR	2	Number of pressure ulcers, stage 1.	00 = Zero, 01 = one, 02 = Two, 03 = Three, 04 = Four or more
190	M0450B	M0450_NBR_PRU_STG2	(M0450) Number Stage 2 Pressure Ulcers	CHAR	2	Number of pressure ulcers, stage 2.	00 = Zero, 01 = one, 02 = Two, 03 = Three, 04 = Four or more
191	M0450C	M0450_NBR_PRU_STG3	(M0450) Number Stage 3 Pressure Ulcers	CHAR	2	Number of pressure ulcers, stage 3.	00 = Zero, 01 = one, 02 = Two, 03 = Three, 04 = Four or more
192	M0450D	M0450_NBR_PRU_STG4	(M0450) Number Stage 4 Pressure Ulcers	CHAR	2	Number of pressure ulcers, stage 4.	00 = Zero, 01 = one, 02 = Two, 03 = Three, 04 = Four or more
193	M0450E	M0450_UNOBS_PRSULC	(M0450) Unobservable Pressure Ulcer	CHAR	1	In addition to above, is there at least one pressure ulcer that cannot be observed due to eschar or nonremovable dressing, including casts?	0 = No, 1 = Yes

Home Health Agency (OASIS) Assessment Files Data Dictionary

Variable Sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
194	M0460	M0460_STG_PRBL_PRU	(M0460) Stage of Most Problematic Pressure Ulcer	CHAR	2	Stage of most problematic pressure ulcer.	01 = Stage 1, 02 = Stage 2, 03 = Stage 3, 04 = Stage 4, NA = No observable pressure ulcer
195	M0464	M0464_STA_PRBL_PRU	(M0464) Status of Most Problematic Pressure Ulcer	CHAR	2	Status of most problematic pressure ulcer.	01 = Fully granulating, 02 = Early/partial granulation, 03 = Not healing, NA = No observable ulcer/wound,
196	M0468	M0468_STASIS_ULCER	(M0468) Stasis Ulcer	CHAR	1	Does patient have stasis ulcer?	0 = No, 1 = Yes
197	M0470	M0470_NBR_STAS_ULC	(M0470) Number Stasis Ulcers	CHAR	2	Current number of observable stasis ulcers.	00 = Zero, 01 = one, 02 = Two, 03 = Three, 04 = Four or more
198	M0474	M0474_UNOBS_STAULC	(M0474) Unobservable Stasis Ulcer	CHAR	1	Does patient have at least one stasis ulcer that cannot be observed due to nonremovable dressing?	0 = No, 1 = Yes
199	M0476	M0476_STA_PRB_STAU	(M0476) Status of Most Problematic Stasis Ulcer	CHAR	2	Status of most problematic stasis ulcer.	01 = Fully granulating, 02 = Early/partial granulation, 03 = Not healing, NA = No observable ulcer/wound,
200	M0482	M0482_SURG_WOUND	(M0482) Surgical Wound	CHAR	1	Does patient have a surgical wound?	0 = No, 1 = Yes
201	M0484	M0484_NBR_SURGWND	(M0484) Number Surgical Wounds	CHAR	2	Current number of observable surgical wounds.	00 = Zero, 01 = one, 02 = Two, 03 = Three, 04 = Four or more
202	M0486	M0486_UNOBS_SRGWND	(M0486) Unobservable Surgical Wound	CHAR	1	Does patient have at least one surgical wound that cannot be observed due to nonremovable dressing?	0 = No, 1 = Yes
203	M0488	M0488_STA_PRB_SWND	(M0488) Status of Most Problematic Surgical Wound	CHAR	2	Status of most problematic (observable) surgical wound.	01 = Fully granulating, 02 = Early/partial granulation, 03 = Not healing, NA = No observable ulcer/wound,
204	M0490	M0490_WHEN_DYSPNIC	(M0490) Patient Dyspneic/Short of Breath	CHAR	2	When patient is dyspneic or noticeable short of breath.	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)
205	M0500A	M0500_RESPTX_AIRPR	(M0500) Continuous Positive Airway Pressure	CHAR	1	Respiratory treatments utilized at home: continuous positive airway pressure.	0 = No, 1 = Yes
206	M0500B	M0500_RESPTX_NONE	(M0500) None of the Above Respiratory Treatments	CHAR	1	Respiratory treatments utilized at home: none of the above.	0 = No, 1 = Yes
207	M0500C	M0500_RESPTX_OXYGN	(M0500) Oxygen	CHAR	1	Respiratory treatments utilized at home: oxygen (intermittent or continuous).	0 = No, 1 = Yes
208	M0500D	M0500_RESPTX_VENT	(M0500) Ventilator	CHAR	1	Respiratory treatments utilized at home: ventilator (continually or at night).	0 = No, 1 = Yes
209	M0510	M0510_UTI	(M0510) Urinary Tract Infection	CHAR	2	Patient has been treated for urinary tract infection in past 14 days.	0 = No, 1 = Yes, NA = Patient on prophylactic treatment, UK = Unknown.

Home Health Agency (OASIS) Assessment Files Data Dictionary

Variable Sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
210	M0520	M0520_UR_INCONT	(M0520) Urinary Incontinence	CHAR	2	Urinary incontinence or urinary catheter presence.	00 = No incontinence or catheter (includes anuria or ostomy for urinary drainage), 01 = Patient is incontinent, 02 = Patient requires a urinary catheter (e.g., external, indwelling, intermittent, suprapubic)
211	M0530	M0530_UR_INCONT_OC	(M0530) When Urinary Incontinence Occurs	CHAR	2	When urinary incontinence occurs.	00 = Timed voiding defers incontinence, 01 = During the night only, 02 = During the day and night
212	M0540	M0540_BWL_INCONT	(M0540) Bowel Incontinence Frequency	CHAR	2	Bowel incontinence frequency.	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.
213	M0550	M0550_OSTOMY	(M0550) Ostomy for Bowel Elimination	CHAR	2	Ostomy for bowel elimination.	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.
214	M0560	M0560_COG_FUNCTION	(M0560) Cognitive Functioning	CHAR	2	Cognitive functioning.	00 = Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently, 01 = Requires prompting (cueing, 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.

Home Health Agency (OASIS) Assessment Files Data Dictionary

Variable Sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
215	M0570	M0570_WHEN_CONFUSD	(M0570) When Confused	CHAR	2	When confused (reported or observed).	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.
216	M0580	M0580_WHEN_ANXIOUS	(M0580) When Anxious	CHAR	2	When anxious (reported or observed).	00 = None of the time, 01 = Less often than daily, 02 = Daily, but not constantly, 03 = All of the time, NA = NA - Patient nonresponsive.
217	M0590A	M0590_DP_MOOD	(M0590) Depressed Mood	CHAR	1	Dpressive feelings: depressed mood.	0 = No, 1 = Yes
218	M0590B	M0590_DP_HOPELESS	(M0590) Hopelessness	CHAR	1	Dpressive feelings: hopelessness.	0 = No, 1 = Yes
219	M0590C	M0590_DP_NONE	(M0590) None of the Above Depressive Feelings	CHAR	1	Dpressive feelings: none of the above.	0 = No, 1 = Yes
220	M0590D	M0590_DP_DEATH	(M0590) Recurrent Thoughts of Death	CHAR	1	Dpressive feelings: recurrent thoughts of death.	0 = No, 1 = Yes
221	M0590E	M0590_DP_SENS_FAIL	(M0590) Sense of Failure/Self Reproach	CHAR	1	Dpressive feelings: sense of failure or self reproach.	0 = No, 1 = Yes
222	M0590F	M0590_DP_SUICIDE	(M0590) Thoughts of Suicide	CHAR	1	Dpressive feelings: thoughts of suicide.	0 = No, 1 = Yes
223	M0600A	M0600_BEH_SUICIDE	(M0600) A Suicide Attempt	CHAR	1	Patient's behaviors: a suicide attempt.	0 = No, 1 = Yes
224	M0600B	M0600_BEH_AGITAT	(M0600) Agitation	CHAR	1	Patient's behaviors: agitation.	0 = No, 1 = Yes
225	M0600C	M0600_BEH_DIM_INT	(M0600) Diminished Interest in Most Activities	CHAR	1	Patient's behaviors: diminished interest in most activities.	0 = No, 1 = Yes
226	M0600D	M0600_BEH_INDECIS	(M0600) Indecisiveness, Lack of Concentration	CHAR	1	Patient's behaviors: indecisiveness, lack of concentration.	0 = No, 1 = Yes
227	M0600E	M0600_BEH_NONE	(M0600) None of the Above Behaviors Observed	CHAR	1	Patient's behaviors: none of the above.	0 = No, 1 = Yes
228	M0600F	M0600_BEH_APPWT_C	(M0600) Recent Change in Appetite or Weight	CHAR	1	Patient's behaviors: recent change in appetite or weight.	0 = No, 1 = Yes
229	M0600G	M0600_BEH_SLEEP_D	(M0600) Sleep Disturbances	CHAR	1	Patient's behaviors: sleep disturbances.	0 = No, 1 = Yes
230	M0610A	M0610_BD_DELUSIONS	(M0610) Delusional/Hallucinatory/Paranoid Behavior	CHAR	1	Behaviors demonstrated at least once a week: delusional, hallucinatory, paranoid behavior.	0 = No, 1 = Yes
231	M0610B	M0610_BD_SOC_INAPP	(M0610) Disruptive/Infantile/Inappropriate Behavior	CHAR	1	Behaviors demonstrated at least once a week: disruptive, infantile, or socially inappropriate behavior.	0 = No, 1 = Yes
232	M0610C	M0610_BD_IMP_DCSN	(M0610) Impaired Decision Making	CHAR	1	Behaviors demonstrated at least once a week: impaired decision making.	0 = No, 1 = Yes
233	M0610D	M0610_BD_MEM_DFICT	(M0610) Memory Deficit	CHAR	1	Behaviors demonstrated at least once a week: memory deficit.	0 = No, 1 = Yes
234	M0610E	M0610_BD_NONE	(M0610) None of the Above Behaviors Demonstrated	CHAR	1	Behaviors demonstrated at least once a week: none of the above.	0 = No, 1 = Yes
235	M0610F	M0610_BD_PHYSICAL	(M0610) Physical Aggression	CHAR	1	Behaviors demonstrated at least once a week: physical aggression.	0 = No, 1 = Yes
236	M0610G	M0610_BD_VERBAL	(M0610) Verbal disruption	CHAR	1	Behaviors demonstrated at least once a week: verbal disruption.	0 = No, 1 = Yes

Home Health Agency (OASIS) Assessment Files Data Dictionary

Variable Sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
237	M0620	M0620_BEH_PROB_FRQ	(M0620) Frequency of Behavior Problems	CHAR	2	Frequency of behavior problems.	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.
238	M0630	M0630_REC_PSYCH	(M0630) Psychiatric Nursing Services	CHAR	1	Is patient receiving psychiatric nursing services at home provided by a qualified psychiatric nurse?	0 = No, 1 = Yes
239	M0640A	M0640_CU_GROOMING	(M0640) Current Grooming	CHAR	2	Current grooming ability to tend to personal hygiene needs.	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, UK = Unknown.
240	M0640B	M0640_PR_GROOMING	(M0640) Prior Grooming	CHAR	2	Prior grooming ability to tend to personal hygiene needs.	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, UK = Unknown.
241	M0650A	M0650_CU_DRESS_UPR	(M0650) Current Ability to Dress Upper Body	CHAR	2	Current ability to dress upper body.	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, UK = Unknown.

Home Health Agency (OASIS) Assessment Files Data Dictionary

Variable Sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
242	M0650B	M0650_PR_DRESS_UPR	(M0650) Prior Ability to Dress Upper Body	CHAR	2	Prior ability to dress upper body.	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, UK = Unknown.
243	M0660A	M0660_CU_DRESS_LOW	(M0660) Current Ability to Dress Lower Body	CHAR	2	Current ability to dress lower body.	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, UK = Unknown.
244	M0660B	M0660_PR_DRESS_LOW	(M0660) Prior Ability to Dress Lower Body	CHAR	2	Prior ability to dress lower body.	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, UK = Unknown.

Home Health Agency (OASIS) Assessment Files Data Dictionary

Variable Sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
245	M0670A	M0670_CU_BATHING	(M0670) Current Bathing	CHAR	2	Current ability to wash entire body.	00 = Able to bathe self in shower or tub independently; 01 = With the use of devices, is able to bathe self in shower or tub independently; 02 = Able to bathe in shower or tub with the assistance of another person: (a) for intermittent supervision or encouragement or reminders, OR (b) to get in and out of the shower/tub, OR (c) for washing difficult to reach areas; 03 = Participates in bathing self in shower or tub, but required presence of another person throughout in the bath for assistance or supervision; 04 = Unable to use the shower or tub and is bathed in bed or bedside chair; 05 = Unable to effectively participate in bathing and is totally bathed by another person; UK = Unknown.
246	M0670B	M0670_PR_BATHING	(M0670) Prior Bathing	CHAR	2	Prior ability to wash entire body.	00 = Able to bathe self in shower or tub independently; 01 = With the use of devices, is able to bathe self in shower or tub independently; 02 = Able to bathe in shower or tub with the assistance of another person: (a) for intermittent supervision or encouragement or reminders, OR (b) to get in and out of the shower/tub, OR (c) for washing difficult to reach areas; 03 = Participates in bathing self in shower or tub, but required presence of another person throughout in the bath for assistance or supervision; 04 = Unable to use the shower or tub and is bathed in bed or bedside chair; 05 = Unable to effectively participate in bathing and is totally bathed by another person; UK = Unknown.

Home Health Agency (OASIS) Assessment Files Data Dictionary

Variable Sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
247	M0680A	M0680_CU_TOILETING	(M0680) Current Toileting	CHAR	2	Current ability to get to and from toilet or bedside commode.	00 = Able to get to and from the toilet independently with our without a device, 01 = When reminded, assisted, or supervised by another person, able to get to and from the toilet, 02 = Unable to get to and from the toilet but is able to use a bedside commode (with our 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, UK = Unknown.
248	M0680B	M0680_PR_TOILETING	(M0680) Prior Toileting	CHAR	2	Prior ability to get to and from toilet or bedside commode.	00 = Able to get to and from the toilet independently with our without a device, 01 = When reminded, assisted, or supervised by another person, able to get to and from the toilet, 02 = Unable to get to and from the toilet but is able to use a bedside commode (with our 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, UK = Unknown.
249	M0690A	M0690_CU_TRANSFER	(M0690) Current Transferring	CHAR	2	Current ability to transfer.	00 = Able to independently transfer, 01 = Transfers with minimal human assistance or with use of an assistive device, 02 = Unable to transfer self but is able to bear weight and pivot during the transfer process, 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, UK = Unknown

Home Health Agency (OASIS) Assessment Files Data Dictionary

Variable Sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
250	M0690B	M0690_PR_TRANSFER	(M0690) Prior Transferring	CHAR	2	Prior ability to transfer.	00 = Able to independently transfer, 01 = Transfers with minimal human assistance or with use of an assistive device, 02 = Unable to transfer self but is able to bear weight and pivot during the transfer process, 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, UK = Unknown
251	M0700A	M0700_CU_AMBULATN	(M0700) Current Ambulation/Locomotion	CHAR	2	Current ambulation/locomotion ability.	00 = Able to independently walk on even and uneven surfaces and climb stairs with or without railings (needs no human assistance or assistive device), 01 = Requires use of a device (e.g., cane, walker) to walk alone or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces, 02 = Able to walk only with the supervision or assistance of another person at all times, 03 = Chairfast, unable to ambulate but is able to wheel self independently, 04 = Chairfast, unable to ambulate and is unable to wheel self, 05 = Bedfast, unable to ambulate or be up in a chair.
252	M0700B	M0700_PR_AMBULATN	(M0700) Prior Ambulation/Locomotion	CHAR	2	Prior ambulation/locomotion ability.	00 = Able to independently walk on even and uneven surfaces and climb stairs with or without railings (needs no human assistance or assistive device), 01 = Requires use of a device (e.g., cane, walker) to walk alone or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces, 02 = Able to walk only with the supervision or assistance of another person at all times, 03 = Chairfast, unable to ambulate but is able to wheel self independently, 04 = Chairfast, unable to ambulate and is unable to wheel self, 05 = Bedfast, unable to ambulate or be up in a chair.

Home Health Agency (OASIS) Assessment Files Data Dictionary

Variable Sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
253	M0710A	M0710_CU_FEEDING	(M0710) Current Feeding/Eating	CHAR	2	Current ability to feed self.	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, UK = Unknown.
254	M0710B	M0710_PR_FEEDING	(M0710) Prior Feeding/Eating	CHAR	2	Prior ability to feed self.	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, UK = Unknown.

Home Health Agency (OASIS) Assessment Files Data Dictionary

Variable Sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
255	M0720A	M0720_CU_PREP_MEAL	(M0720) Current Preparing Light Meals	CHAR	2	Current ability to plan and prepare light meals.	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., UK=Unknown
256	M0720B	M0720_PR_PREP_MEAL	(M0720) Prior Preparing Light Meals	CHAR	2	Prior ability to plan and prepare light meals.	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., UK=Unknown
257	M0730A	M0730_CU_TRANSPORT	(M0730) Current Transportation	CHAR	2	Current physical and mental ability to safely use car, taxi, public transportation.	00=Able to independently drive a regular or adapted car; OR uses a regular or handicap-accessible public bus., 01=Able to ride in a car only when driven by another person; OR able to use a bus or handicap van only when assisted or accompanied by another person., 02=Unable to ride in a car, taxi, bus, or van, and requires transportation by ambulance., UK=Unknown

Home Health Agency (OASIS) Assessment Files Data Dictionary

Variable Sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
258	M0730B	M0730_PR_TRANSPORT	(M0730) Prior Transportation	CHAR	2	Prior physical and mental ability to safely use car, taxi, public transportation.	00=Able to independently drive a regular or adapted car; OR uses a regular or handicap-accessible public bus., 01=Able to ride in a car only when driven by another person; OR able to use a bus or handicap van only when assisted or accompanied by another person., 02=Unable to ride in a car, taxi, bus, or van, and requires transportation by ambulance., UK=Unknown
259	M0740A	M0740_CU_LAUNDRY	(M0740) Current Laundry	CHAR	2	Current ability to do own laundry.	00=(a) Able to independently take care of all laundry tasks; OR (b) Physically, cognitively, and mentally able to do laundry and access facilities, but has not routinely performed laundry tasks in the past (i.e., prior to this home care admission)., 01=Able to do only light laundry, such as minor hand wash or light washer loads. Due to physical, cognitive, or mental limitations, needs assistance with heavy laundry such as carrying large loads of laundry., 02=Unable to do any laundry due to physical limitation or needs continual supervision and assistance due to cognitive or mental limitation., UK=Unknown
260	M0740B	M0740_PR_LAUNDRY	(M0740) Prior Laundry	CHAR	2	Prior ability to do own laundry.	00=(a) Able to independently take care of all laundry tasks; OR (b) Physically, cognitively, and mentally able to do laundry and access facilities, but has not routinely performed laundry tasks in the past (i.e., prior to this home care admission)., 01=Able to do only light laundry, such as minor hand wash or light washer loads. Due to physical, cognitive, or mental limitations, needs assistance with heavy laundry such as carrying large loads of laundry., 02=Unable to do any laundry due to physical limitation or needs continual supervision and assistance due to cognitive or mental limitation., UK=Unknown

Home Health Agency (OASIS) Assessment Files Data Dictionary

Variable Sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
261	M0750A	M0750_CU_HOUSEKEEP	(M0750) Current Housekeeping	CHAR	2	Current ability to safely and effectively perform light housekeeping and heavier cleaning tasks.	00=(a) Able to independently perform all housekeeping tasks; OR (b) Physically, cognitively, and mentally able to perform all housekeeping tasks but has not routinely participated in housekeeping tasks in the past (i.e., prior to this home care admission)., 01=Able to perform only light housekeeping (e.g., dusting, wiping kitchen counters) tasks independently., 02=Able to perform housekeeping tasks with intermittent assistance or supervision from another person., 03=Unable to consistently perform any housekeeping tasks unless assisted by another person throughout the process., 04=Unable to effectively participate in any housekeeping tasks., UK=Unknown
262	M0750B	M0750_PR_HOUSEKEEP	(M0750) Prior Housekeeping	CHAR	2	Prior ability to safely and effectively perform light housekeeping and heavier cleaning tasks.	00=(a) Able to independently perform all housekeeping tasks; OR (b) Physically, cognitively, and mentally able to perform all housekeeping tasks but has not routinely participated in housekeeping tasks in the past (i.e., prior to this home care admission)., 01=Able to perform only light housekeeping (e.g., dusting, wiping kitchen counters) tasks independently., 02=Able to perform housekeeping tasks with intermittent assistance or supervision from another person., 03=Unable to consistently perform any housekeeping tasks unless assisted by another person throughout the process., 04=Unable to effectively participate in any housekeeping tasks., UK=Unknown

Home Health Agency (OASIS) Assessment Files Data Dictionary

Variable Sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
263	M0760A	M0760_CU_SHOPPING	(M0760) Current Shopping	CHAR	2	Current ability to shop.	00=(a) Able to plan for shopping needs and independently perform shopping tasks, including carrying packages; OR (b) Physically, cognitively, and mentally able to take care of shopping, but has not done shopping in the past (i.e., prior to this home care admission)., 01=Able to go shopping, but needs some assistance: (a) By self is able to do only light shopping and carry small packages, but needs someone to do occasional major shopping; OR (b) Unable to go shopping alone, but can go with someone to assist., 02=Unable to go shopping, but is able to identify items needed, place orders, and arrange home delivery., 03=Needs someone to do all shopping and errands., UK=Unknown
264	M0760B	M0760_PR_SHOPPING	(M0760) Prior Shopping	CHAR	2	Prior ability to shop.	00=(a) Able to plan for shopping needs and independently perform shopping tasks, including carrying packages; OR (b) Physically, cognitively, and mentally able to take care of shopping, but has not done shopping in the past (i.e., prior to this home care admission)., 01=Able to go shopping, but needs some assistance: (a) By self is able to do only light shopping and carry small packages, but needs someone to do occasional major shopping; OR (b) Unable to go shopping alone, but can go with someone to assist., 02=Unable to go shopping, but is able to identify items needed, place orders, and arrange home delivery., 03=Needs someone to do all shopping and errands., UK=Unknown

Home Health Agency (OASIS) Assessment Files Data Dictionary

Variable Sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
265	M0770A	M0770_CU_PHONE_USE	(M0770) Current Ability to Use Telephone	CHAR	2	Current ability to use telephone.	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=NA - Patient does not have a telephone., UK=Unknown
266	M0770B	M0770_PR_PHONE_USE	(M0770) Prior Ability to Use Telephone	CHAR	2	Prior ability to use telephone.	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=NA - Patient does not have a telephone., UK=Unknown

Home Health Agency (OASIS) Assessment Files Data Dictionary

Variable Sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
267	M0780A	M0780_CU_ORAL_MED	(M0780) Current Management of Oral Medications	CHAR	2	Current ability to prepare and take oral medications.	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) given daily reminders; OR (c) someone develops a drug diary or chart., 02=Unable to take medication unless administered by someone else., NA=NA - No oral medications prescribed., UK=Unknown
268	M0780B	M0780_PR_ORAL_MED	(M0780) Prior Management of Oral Medications	CHAR	2	Prior ability to prepare and take oral medications.	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) given daily reminders; OR (c) someone develops a drug diary or chart., 02=Unable to take medication unless administered by someone else., NA=NA - No oral medications prescribed., UK=Unknown
269	M0790A	M0790_CU_INHAL_MED	(M0790) Current Management of Inhalant Medications	CHAR	2	Current ability to prepare and take inhalant/ mist medications.	00=Able to independently take the correct medication and proper dosage at the correct times., 01=Able to take medication at the correct times if: (a) individual dosages are prepared in advance by another person, OR (b) given daily reminders., 02=Unable to take medication unless administered by someone else., NA=NA - No inhalant/mist medications prescribed., UK=Unknown

Home Health Agency (OASIS) Assessment Files Data Dictionary

Variable Sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
270	M0790B	M0790_PR_INHAL_MED	(M0790) Prior Management of Inhalant Medications	CHAR	2	Prior ability to prepare and take inhalant/ mist medications.	00=Able to independently take the correct medication and proper dosage at the correct times., 01=Able to take medication at the correct times if: (a) individual dosages are prepared in advance by another person, OR (b) given daily reminders., 02=Unable to take medication unless administered by someone else., NA=NA - No inhalant/mist medications prescribed., UK=Unknown
271	M0800A	M0800_CU_INJCT_MED	(M0800) Current Management of Injectable Medications	CHAR	2	Current ability to prepare and take injectable medications.	00=Able to independently take the correct medication and proper dosage at the correct times., 01=Able to take injectable medication at correct times if: (a) individual syringes are prepared in advance by another person, OR (b) given daily reminders., 02=Unable to take injectable medications unless administered by someone else., NA=NA - no injectable medications prescribed., UK=Unknown
272	M0800B	M0800_PR_INJCT_MED	(M0800) Prior Management of Injectable Medications	CHAR	2	Prior ability to prepare and take injectable medications.	00=Able to independently take the correct medication and proper dosage at the correct times., 01=Able to take injectable medication at correct times if: (a) individual syringes are prepared in advance by another person, OR (b) given daily reminders., 02=Unable to take injectable medications unless administered by someone else., NA=NA - no injectable medications prescribed., UK=Unknown

Home Health Agency (OASIS) Assessment Files Data Dictionary

Variable Sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
273	M0810	M0810_PAT_MGMT_EQP	(M0810) Patient Management of Equipment	CHAR	2	Patient management of equipment.	00=Patient manages all tasks related to equipment completely independently., 01=If someone else sets up equipment (i.e., fills portable oxygen tank, provides patient with prepared solutions), patient is able to manage all other aspects of equipment., 02=Patient requires considerable assistance from another person to manage equipment, but independently completes portions of the task., 03=Patient is only able to monitor equipment (e.g., liter flow, fluid in bag) and must call someone else to manage the equipment., 04=Patient is completely dependent on someone else to manage all equipment., NA=NA - No equipment of this type used in care.
274	M0820	M0820_CG_MGMT_EQP	(M0820) Caregiver Management of Equipment	CHAR	2	Caregiver Management of Equipment.	=Space, 00=Caregiver manages all tasks related to equipment completely independently., 01=If someone else sets up equipment, caregiver is able to manage all other aspects., 02=Caregiver requires considerable assistance from another person to manage equipment, but independently completes significant portions of task., 03=Caregiver is only able to complete small portions of task (i.e., administer nebulizer treatment, clean/store/dispose of equipment or supplies), 04=Caregiver is completely dependent on someone else to manage all equipment., NA=NA - No caregiver, UK=Unknown
275	M0825	M0825_THERAPY_NEED	(M0825) Therapy Need	CHAR	2	(M0825) Therapy Need.	00 = No, 01 = Yes, NA = Not Applicable
276	M0830A	M0830_EC_MD_OFF	(M0830) Doctors Office Emergency Visit	CHAR	1	Emergent care: doctor's office emergency visi/house call	0 = No, 1 = Yes
277	M0830B	M0830_EC_EMER_ROOM	(M0830) Hospital Emergency Room	CHAR	1	Emergent care: hospital emergency room.	0 = No, 1 = Yes
278	M0830CNN	M0830_EC_NONE	(M0830) No Emergent Care Services	CHAR	1	Emergent care: no emergent care services.	0 = No, 1 = Yes
279	M0830C	M0830_EC_OUTPAT	(M0830) Outpatient Department Emergency	CHAR	1	Emergent care: outpatient department/clinic emergency.	0 = No, 1 = Yes
280	M0830CK	M0830_EC_UK	(M0830) Unknown Emergent Care	CHAR	1	Emergent care: unknown.	0 = No, 1 = Yes
281	M0840A	M0840_ECR_CARDIAC	(M0840) Cardiac Problems	CHAR	1	Emergent Care Reason: cardiac problems.	0 = No, 1 = Yes, Space = Unknown.
282	M0840B	M0840_ECR_GI_BLEED	(M0840) GI Bleeding, Obstruction	CHAR	1	Emergent Care Reason: GI bleeding, obstruction.	0 = No, 1 = Yes, Space = Unknown.

Home Health Agency (OASIS) Assessment Files Data Dictionary

Variable Sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
283	M0840C	M0840_ECR_HYPOGLYC	(M0840) Hypo/Hyperglycemia, Diabetes Out of Control	CHAR	1	Emergent Care Reason: hypo/ hyperglycemia, diabetes out of control.	0 = No, 1 = Yes, Space = Unknown.
284	M0840D	M0840_ECR_MEDICAT	(M0840) Improper Medication Administration	CHAR	1	Emergent Care Reason: improper medication administration, medication side effects, toxicity, anphylaxis.	0 = No, 1 = Yes, Space = Unknown.
285	M0840E	M0840_ECR_INJURY	(M0840) Injury Caused by Fall/Accident	CHAR	1	Emergent Care Reason: injury caused by fall or accident at home.	0 = No, 1 = Yes, Space = Unknown.
286	M0840F	M0840_ECR_NAUSEA	(M0840) Nausea/Dehydration/Malnutrition/Constipation/Impaction	CHAR	1	Emergent Care Reason: nausea, dehydration, malnutrition, constipation, impaction.	0 = No, 1 = Yes, Space = Unknown.
287	M0840G	M0840_ECR_OTHER	(M0840) Other than Above Reasons for Emergent Care	CHAR	1	Emergent Care Reason: other than above.	0 = No, 1 = Yes, Space = Unknown.
288	M0840H	M0840_ECR_RESP	(M0840) Respiratory Problems	CHAR	1	Emergent Care Reason: respiratory problems.	0 = No, 1 = Yes, Space = Unknown.
289	M0840I	M0840_ECR_UK	(M0840) Unknown Emergent Care Reason	CHAR	1	Emergent Care Reason: reason unknown.	0 = No, 1 = Yes, Space = Unknown.
290	M0840J	M0840_ECR_WOUND	(M0840) Wound Infection	CHAR	1	Emergent Care Reason: wound infection, deteriorating wound status, new lesion/ ulcer.	0 = No, 1 = Yes, Space = Unknown.
291	M0855	M0855_INPAT_FAC	(M0855) Inpatient Facility Where Admitted	CHAR	2	Inpatient facility to which the patient has been admitted.	01=Hospital, 02=Rehabilitation facility, 03=Nursing home, 04=Hospice, NA=NA - No inpatient facility admission.
292	M0870	M0870_DSCHG_DISP	(M0870) Discharge Disposition	CHAR	2	Where the patient is after discharge.	01=Patient remained in the community (not in hospital, nursing home, or rehab facility)., 02=Patient transferred to a noninstitutional hospice., 03=Unknown because patient moved to a geographic location not served by this agency., UK=Unknown
293	M0880A	M0880_AFDC_OTH_AST	(M0880) Assistance/Services Provided By Community Resources	CHAR	1	After discharge, does patient receive health, personal, or support services or assistance: yes, other community resources.	0 = No, 1 = Yes, Space = Unknown.
294	M0880B	M0880_AFDC_FAM_AST	(M0880) Assistance/Services Provided by Family/Friends	CHAR	1	After discharge, does patient receive health, personal, or support services or assistance: yes, family or friends.	0 = No, 1 = Yes, Space = Unknown.
295	M0880C	M0880_AFDC_NO_AST	(M0880) No Assistance/Services Received	CHAR	1	After discharge, does patient receive health, personal, or support services or assistance: no assistance or services.	0 = No, 1 = Yes, Space = Unknown.
296	M0890	M0890_HOSP_RSN	(M0890) Reason Admitted to Hospital	CHAR	2	Reason admitted to acute care hospital.	01=Hospitalization for emergent (unscheduled) care, 02=Hospitalization for urgent (scheduled within 24 hours of admission) care, 03=Hospitalization for elective (scheduled more than 24 hours before admission) care, UK=Unknown
297	M0895A	M0895_HOSP_CHEMO	(M0895) Chemotherapy	CHAR	1	Reason for hospitalization: chemotherapy.	0 = No, 1 = Yes, Space = Unknown.
298	M0895B	M0895_HOSP_VN_PULM	(M0895) Deep Vein Thrombosis/Pulmonary Embolus	CHAR	1	Reason for hospitalization: deep vein thrombosis, pulmonary embolus.	0 = No, 1 = Yes, Space = Unknown.

Home Health Agency (OASIS) Assessment Files Data Dictionary

Variable Sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
299	M0895C	M0895_HOSP_CF_FLDS	(M0895) Exacerbation of CHF/Fluid Overload/Heart Failure	CHAR	1	Reason for hospitalization: exacerbation of CHF, fluid overload, heart failure.	0 = No, 1 = Yes, Space = Unknown.
300	M0895D	M0895_HOSP_GI_BLD	(M0895) GI Bleeding, Obstruction	CHAR	1	Reason for hospitalization: GI bleeding, obstruction.	0 = No, 1 = Yes, Space = Unknown.
301	M0895E	M0895_HOS_HYPOGLYC	(M0895) Hypo/Hyperglycemia, Diabetes Out of Control	CHAR	1	Reason for hospitalization: Hypo/ hyperglycemia, diabetes out of control.	0 = No, 1 = Yes, Space = Unknown.
302	M0895F	M0895_HOSP_IVC_INF	(M0895) IV Catheter-Related Infection	CHAR	1	Reason for hospitalization: IV catheter-related infection.	0 = No, 1 = Yes, Space = Unknown.
303	M0895G	M0895_HOSP_MED	(M0895) Improper Medication Administration	CHAR	1	Reason for hospitalization: improper medication administration, medication side effects, toxicity, anaphylaxis.	0 = No, 1 = Yes, Space = Unknown.
304	M0895H	M0895_HOSP_INJURY	(M0895) Injury Caused by Fall/Accident	CHAR	1	Reason for hospitalization: injury caused by fall or accident at home.	0 = No, 1 = Yes, Space = Unknown.
305	M0895I	M0895_HOSP_STROKE	(M0895) Myocardial Infarction/Stroke	CHAR	1	Reason for hospitalization: myocardial infarction, stroke.	0 = No, 1 = Yes, Space = Unknown.
306	M0895J	M0895_HOSP_OTHER	(M0895) Other Than Above Reason for Hospitalization	CHAR	1	Reason for hospitalization: Other than above.	0 = No, 1 = Yes, Space = Unknown.
307	M0895K	M0895_HOSP_PSYCH	(M0895) Psychotic Episode	CHAR	1	Reason for hospitalization: psychotic episode.	0 = No, 1 = Yes, Space = Unknown.
308	M0895L	M0895_HOSP_RESP	(M0895) Respiratory Problems	CHAR	1	Reason for hospitalization: respiratory problems.	0 = No, 1 = Yes, Space = Unknown.
309	M0895M	M0895_HOSP_SURGERY	(M0895) Scheduled Surgical Procedure	CHAR	1	Reason for hospitalization: scheduled surgical procedure.	0 = No, 1 = Yes, Space = Unknown.
310	M0895N	M0895_HOSP_PAIN	(M0895) Uncontrolled Pain	CHAR	1	Reason for hospitalization: uncontrolled pain.	0 = No, 1 = Yes, Space = Unknown.
311	M0895O	M0895_HOSP_UR_TRCT	(M0895) Urinary Tract Infection	CHAR	1	Reason for hospitalization: urinary tract infection.	0 = No, 1 = Yes, Space = Unknown.
312	M0895P	M0895_HOSP_WOUND	(M0895) Wound or Tube Site Infection	CHAR	1	Reason for hospitalization: wound or tube site infection, deteriorating wound status, new lesion/ ulcer.	0 = No, 1 = Yes, Space = Unknown.
313	M0900A	M0900_NH_HOSPICE	(M0900) Hospice Care	CHAR	1	Reason(s) for admission to nursing home: hospice care.	0 = No, 1 = Yes, Space = Unknown.
314	M0900B	M0900_NH_OTHER	(M0900) Other Reason Admitted to Nursing Home	CHAR	1	Reason(s) for admission to nursing home: other.	0 = No, 1 = Yes, Space = Unknown.
315	M0900C	M0900_NH_PERMANENT	(M0900) Permanent Placement	CHAR	1	Reason(s) for admission to nursing home: permanent placement.	0 = No, 1 = Yes, Space = Unknown.
316	M0900D	M0900_NH_RESPITE	(M0900) Respite Care	CHAR	1	Reason(s) for admission to nursing home: respite care.	0 = No, 1 = Yes, Space = Unknown.
317	M0900E	M0900_NH_THERAPY	(M0900) Therapy Services	CHAR	1	Reason(s) for admission to nursing home: therapy services.	0 = No, 1 = Yes, Space = Unknown.
318	M0900NHK	M0900_NH_UK	(M0900) Unknown Reason Admitted to Nursing Home	CHAR	1	Reason(s) for admission to nursing home: unknown.	0 = No, 1 = Yes, Space = Unknown.
319	M0900F	M0900_NH_UNSAFE_HM	(M0900) Unsafe for Care at Home	CHAR	1	Reason(s) for admission to nursing home: unsafe for care at home.	0 = No, 1 = Yes, Space = Unknown.
320	M0903	M0903_LST_HM_VISIT	(M0903) Date of Last Home Visit	DATE	8	Date of last home visit (most recent)	
321	M0906	M0906_DC_TR_DTH_DT	(M0906) Discharge/Transfer/Death Date	DATE	8	Discharge/ transfer/ death date	
322	NATLPRVD	NATL_PRVDR_ID	National Provider ID	CHAR	10	Mandated by HIPAA as a unique provider number assigned for each health care provider to be used in standard electronic health care transactions.	
323	M0110ETM	M0110_EPSD_TIMING_CD	(M0110) Episode Timing	CHAR	2	Medicare home health payment episode for which this assessment will define a case mix group an "early" episode or a "later" episode.	1= Early, 2= Later, UK= Unknown, NA= Not Applicable
324	M0246_A3	M0246_DGNS_ICD_A3_CD	(M0246) A3 Case Mix Diagnosis	CHAR	7	Optional field to capture the Case Mix Diagnosis for PPS Payment if payment diagnosis is replaced 'V-Code' in M0230 A.	
325	M0246_A4	M0246_DGNS_ICD_A4_CD	(M0246) A4 Case Mix Diagnosis	CHAR	7	Optional field to capture the Case Mix Diagnosis.	

Home Health Agency (OASIS) Assessment Files Data Dictionary

Variable Sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
326	M0246_B3	M0246_DGNS_ICD_B3_CD	(M0246) B3 Case Mix Diagnosis	CHAR	7	Optional field to capture the Case Mix Diagnosis for PPS Payment if payment diagnosis is replaced 'V-Code' in M0240 B.	
327	M0246_B4	M0246_DGNS_ICD_B4_CD	(M0246) B4 Case Mix Diagnosis	CHAR	7	Optional field to capture the Case Mix Diagnosis.	
328	M0246_C3	M0246_DGNS_ICD_C3_CD	(M0246) C3 Case Mix Diagnosis	CHAR	7	Optional field to capture the Case Mix Diagnosis for PPS Payment if payment diagnosis is replaced 'V-Code' in M0240 C.	
329	M0246_C4	M0246_DGNS_ICD_C4_CD	(M0246) C4 Case Mix Diagnosis	CHAR	7	Optional field to capture the Case Mix Diagnosis.	
330	M0246_D3	M0246_DGNS_ICD_D3_CD	(M0246) D3 Case Mix Diagnosis	CHAR	7	Optional field to capture the Case Mix Diagnosis for PPS Payment if payment diagnosis is replaced 'V-Code' in M0240 D.	
331	M0246_D4	M0246_DGNS_ICD_D4_CD	(M0246) D4 Case Mix Diagnosis	CHAR	7	Optional field to capture the Case Mix Diagnosis.	
332	M0246_E3	M0246_DGNS_ICD_E3_CD	(M0246) E3 Case Mix Diagnosis	CHAR	7	Optional field to capture the Case Mix Diagnosis for PPS Payment if payment diagnosis is replaced 'V-Code' in M0240 E.	
333	M0246_E4	M0246_DGNS_ICD_E4_CD	(M0246) E4 Case Mix Diagnosis	CHAR	7	Optional field to capture the Case Mix Diagnosis.	
334	M0246_F3	M0246_DGNS_ICD_F3_CD	(M0246) F3 Case Mix Diagnosis	CHAR	7	Optional field to capture the Case Mix Diagnosis for PPS Payment if payment diagnosis is replaced 'V-Code' in M0240 F.	
335	M0246_F4	M0246_DGNS_ICD_F4_CD	(M0246) F4 Case Mix Diagnosis	CHAR	7	Optional field to capture the Case Mix Diagnosis.	
336	M0826_ND	M0826_THRPY_NEED_NUM	(M0826) Number of Therapy Visits	CHAR	3	Number of therapy visits indicated for current payment episode	
337	M0826NDN	M0826_THRPY_NEED_NA_NUM	(M0826) Therapy Need Not Applicable	CHAR	1	Therapy visits not applicable	