



CODING SERVICE LEVELS

	Coding only	OASIS Review & Coding
Documentation Reviewed		
History and Physical (H&P)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Referral Information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Plan of Care (485)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OASIS Assessment	As Indicated	As Indicated
Clinical Summary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Face-to-Face Physician Encounter Form	For Dx Info Only	For Dx Info Only
Medication Profile	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Therapy Evaluations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fall Risk Assessment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Patient History & Diagnoses		
M1011 Inpatient Diagnosis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
M1017 Diagnosis Requiring Regimen Change	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
M1018 Conditions Prior to Regimen Change		<input checked="" type="checkbox"/>
M1021-M1023 Primary and Other Diagnoses *	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
M1028 Active Diagnoses & Co-existing Conditions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
M1030 Therapies *		<input checked="" type="checkbox"/>
Sensory Status		
M1200 Vision *		<input checked="" type="checkbox"/>
M1210 Ability to Hear		<input checked="" type="checkbox"/>
M1220 Understanding of Verbal Command		<input checked="" type="checkbox"/>
M1230 Speech and Oral (Verbal) Expression		<input checked="" type="checkbox"/>
Pain		
M1240 Pain Assessment		<input checked="" type="checkbox"/>
M1242 Frequency of Pain *		<input checked="" type="checkbox"/>
Integumentary Status		
Braden Scale / Other Tool		<input checked="" type="checkbox"/>
M1306 - M1324 Pressure Ulcers *		<input checked="" type="checkbox"/>
M1330 - M1334 Stasis Ulcers *		<input checked="" type="checkbox"/>
M1340 - M1342 Surgical Wounds *		<input checked="" type="checkbox"/>
M1350 Skin Lesions / Open Wound		<input checked="" type="checkbox"/>

* Case mix items

Coding only

OASIS Review
& Coding**Respiratory Status**

M1400 Short of Breath *	<input checked="" type="checkbox"/>
M1410 Respiratory Treatment	<input checked="" type="checkbox"/>

Elimination Status

M1600 - M1615 Urinary Incontinence	<input checked="" type="checkbox"/>
M1620 Bowel Incontinence *	<input checked="" type="checkbox"/>
M1630 Ostomy *	<input checked="" type="checkbox"/>

Nero / Emotional / Behavior Status

M1700 Cognitive Functioning	<input checked="" type="checkbox"/>
M1710 When Confused	<input checked="" type="checkbox"/>
M1720 When Anxious	<input checked="" type="checkbox"/>
M1730 Depression Screening	<input checked="" type="checkbox"/>
M1740 Cognitive, Behavioral, Psychiatric	<input checked="" type="checkbox"/>
M1745 Frequency of Disruptive Behavior	<input checked="" type="checkbox"/>

ADL / IADL

M1810 Ability to Dress Upper Body *	<input checked="" type="checkbox"/>
M1820 Ability to Dress Lower Body *	<input checked="" type="checkbox"/>
M1830 Bathing *	<input checked="" type="checkbox"/>
M1840 Toilet Transferring *	<input checked="" type="checkbox"/>
M1845 Toilet Hygiene	<input checked="" type="checkbox"/>
M1850 Transferring *	<input checked="" type="checkbox"/>
M1860 Ambulation / Locomotion	<input checked="" type="checkbox"/>

Medications

M2020 Management of Oral Medications	<input checked="" type="checkbox"/>
M2030 Management of Injectable Medications *	<input checked="" type="checkbox"/>

Therapy Need

M2200 Therapy Need *	<input checked="" type="checkbox"/>
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Plan of Care Synopsis

M2250 Plan of Care Synopsis	<input checked="" type="checkbox"/>
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Plan of Care (485)

Interventions Consistent with Diagnoses	<input checked="" type="checkbox"/>
Functional Limitations Consistent with Diagnoses & OASIS	<input checked="" type="checkbox"/>
Safety Measures Consistent with Diagnoses & OASIS	<input checked="" type="checkbox"/>

* Case mix items