

**Centers for Medicare & Medicaid Services**  
**Home Health Outcome & Assessment Information Set (OASIS)**  
**Change Table Summarizing 2024 Update to the OASIS-E Guidance Manual**

The 2024 updates to the OASIS-E Manual include integration of Quarterly Q&As into the Manual for easy provider access of new guidance.

<b>Edit #</b>	<b>Chapter, Section, Page</b>	<b>OASIS-E Manual effective 1/1/2023</b>	<b>OASIS-E Manual 2024 update</b>	<b>Description of Change</b>
1.	All Sections	-	-	Typographical, punctuation, and minor grammatical corrections.
2.	Footer	OASIS-E Guidance Manual Effective 1/1/2023 Centers for Medicare & Medicaid Services	OASIS-E Guidance Manual <b>Updated 1/1/2024</b> Centers for Medicare & Medicaid Services	Revised date to distinguish most recent version of the Manual.
3.	Chapter 1 Section 1.5.4 Page 6	<b>Did not exist.</b>	<b>An OT may conduct and complete the initial assessment and SOC comprehensive assessment when the need for occupational therapy establishes program eligibility. While occupational therapy alone does not establish eligibility for the Medicare home health benefit at the start of care, occupational therapy may establish eligibility under other programs, such as Medicaid.</b>	Paragraph about OT completion of OASIS added – this was inadvertently omitted from previous version of the manual (Not new guidance).

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4.	Chapter 3 Section A Page 31	<b>Did not exist.</b>	<ul style="list-style-type: none"> <li>• <b>A1110 does not report who the interpreter will be.</b></li> </ul>	New Coding Tip for A1110 Preferred Language, integrating January 2023 CMS Quarterly Q&A, Q4.
5.	Chapter 3 Section A Page 35	<p><b>Code 9, Discharge from agency,</b> when the patient is discharged from the agency for any reason other than transfer to an inpatient facility or death at home.</p> <ul style="list-style-type: none"> <li>• The Discharge OASIS is not required when only a single visit is made in a quality episode (SOC/ROC to TRN/DC).</li> </ul>	<p><b>Code 9, Discharge from agency,</b> when the patient is discharged from the agency for any reason other than transfer to an inpatient facility or death at home.</p> <ul style="list-style-type: none"> <li>• <b>When a patient is discharged after only one visit (a single visit quality episode), a Discharge OASIS should not be collected or submitted.</b></li> </ul>	In Coding Instructions for M0100 Reason for Assessment, the second sub-bullet under Code 9 is revised for clarification per July 2023 CMS Quarterly OASIS Q&A, Q1.
6.	Chapter 3 Section A Page 49	<ul style="list-style-type: none"> <li>• At Discharge – A subsequent provider is identified when the patient has been discharged to home under the care of a home health agency (M2420 response 2) or home hospice (M2420 response 3).</li> </ul>	<ul style="list-style-type: none"> <li>• At Discharge – A subsequent provider is identified when the patient has been discharged <b>from your agency and remained in a non-inpatient setting receiving skilled services from another Medicare-certified home health agency</b> (M2420 response 2) or home hospice</li> <li>• M2420 response 3).</li> </ul>	A2120/A2121 Provision of Current Reconciled Medication List to Subsequent Provider at Transfer/Discharge, Coding Tip, bullet 3 revised to clarify subsequent provider at discharge.
7.	Chapter 3 Section C Page 84	The intent of this item is to identify any signs or symptoms of acute mental status changes as compared to the patient’s baseline status.	The intent of this item is to identify any signs or symptoms of acute mental status changes as compared to the patient’s baseline status <b>and if there are any signs or symptoms of delirium present at the time of assessment.</b>	C1300 Signs and Symptoms of Delirium Item Intent clarified per July 2023 CMS Quarterly OASIS Q&As, Q4.

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8.	Chapter 3 Section C Page 86	<b>Did not exist.</b>	<ul style="list-style-type: none"> <li>At discharge, compare the patient's current mental status to their baseline mental status (prior to the discharge assessment time period under consideration).</li> </ul>	Added new Coding Tip For C1300A Signs and Symptoms of Delirium, Acute Mental Status Change, to integrate January 2023 CMS Quarterly OASIS Q&As, Q5.
9.	Chapter 3 Section D Page 94	<b>Did not exist.</b>	<p><b>Note:</b> Disregard the instruction in the OASIS item that states "If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview". This statement is outdated due to refinements in OASIS guidance.</p>	Added a note under the item snapshot for D0150 PHQ2 to 9 per the April 2023 CMS Quarterly OASIS Q&As, Q5.
10.	Chapter 3 Section GG Page 154	<b>Did not exist.</b>	<ul style="list-style-type: none"> <li>When using a stair lift to ascend/descend stairs, code based on the type and amount of assistance the patient requires to ascend/descend the stairs, beginning once the patient is seated and ending when the patient is ready to transfer out of the seat.</li> </ul>	Added new Coding Tip to GG0170M 1 step, GG0170N 4 steps and GG0170O 12 steps to integrate guidance from July 2022 CMS Quarterly OASIS Q&As, Q6.

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11.	Chapter 3 Section I Page 167	<b>Reporting the Symptom Control Rating in Column 2, sub-bullet four (4)</b>  <b>Did not exist.</b>	<b>Reporting the Symptom Control Rating in Column 2, sub-bullet four (4)</b> <ul style="list-style-type: none"> <li>Do not assign a symptom control rating if the diagnosis code is a V, W, X, Y, or Z code.</li> </ul>	Added Response Specific Instruction for M1021 Primary Diagnoses/M1023 Other Diagnoses per the April 2023 CMS Quarterly OASIS Q&As, Q9.
12.	Chapter 3 Section J Page 174	<b>Did not exist.</b>	<ul style="list-style-type: none"> <li>The time period under consideration or “look back” for the pain interview items includes the day of assessment in addition to looking back over the last 5 days. The day of assessment for these items is considered day 0.</li> </ul>	Added new Response Specific Instruction for J0510 – J0530 Pain Interview, per the January 2023 CMS Quarterly OASIS Q&As Q7
13.	Chapter 3 Section J Page 186	<ul style="list-style-type: none"> <li>If the patient uses oxygen continuously, code the response based on assessment of the patient’s shortness of breath while using oxygen.</li> </ul>	<ul style="list-style-type: none"> <li>If the patient uses oxygen continuously, (at all times during the day of assessment, with only brief interruptions), code the response based on assessment of the patient’s shortness of breath while using oxygen.</li> </ul>	Revised Response Specific Instructions for M1400 When is the Patient Dyspneic or Short of Breath, bullet two (2), to integrate the April 2023 CMS Quarterly OASIS Q&As, Q10.
14.	Chapter 3 Section K Page 190	<b>Response Specific Instructions for SOC/ROC</b> <ul style="list-style-type: none"> <li>Consult the patient, family, or caregiver and/or review the clinical record or other available documentation to determine if any of the listed nutritional approaches apply during the time</li> </ul>	<b>Response Specific Instructions for SOC/ROC</b> <ul style="list-style-type: none"> <li>Consult the patient, family, or caregiver and/or review the clinical record or other available documentation to determine if any of the listed nutritional approaches are part of the current care/treatment plan at</li> </ul>	Revised K0520 Nutritional Approaches to integrate guidance from the April 2023 CMS Quarterly OASIS Q&As, Q6.

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	Chapter 3 Section K Page 190, continued	<p>period under consideration for the SOC/ROC assessment.</p> <p><b>Coding Instructions for SOC/ROC</b></p> <ul style="list-style-type: none"> <li>Check all that apply during the time period under consideration for the SOC/ROC assessment. If none apply, check K0520Z, None of the above.</li> </ul> <p><b>Response Specific Instructions for Discharge</b></p> <ul style="list-style-type: none"> <li>Consult the patient, family, or caretaker and/or review the clinical record or other available documentation to determine if any of the listed nutritional approaches were received in the last 7 days (Column 4) and during the time period under consideration for the discharge assessment (Column 5).</li> </ul>	<p><b>the time of the SOC/ROC assessment, even if not used at the time of assessment.</b></p> <p><b>Coding Instructions for SOC/ROC</b></p> <ul style="list-style-type: none"> <li>Check all <b>of the nutritional approaches that are part of the current care/treatment plan at the time of the SOC/ROC assessment, even if not used at the time of assessment.</b> If none apply, check K0520Z, None of the above.</li> </ul> <p><b>Response Specific Instructions for Discharge</b></p> <ul style="list-style-type: none"> <li>Consult the patient, family, or caretaker and/or review the clinical record or other available documentation to determine if any of the listed nutritional approaches were <b>part of the current care/treatment plan</b> in the last 7 days (Column 4), and <b>part of the current care/treatment plan at the time of the discharge, even if not used at the time of assessment</b> (Column 5).</li> </ul>	

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	Chapter 3 Section K Page 190, continued	<b>Coding Instructions for Discharge</b> <ul style="list-style-type: none"> <li>Check all nutritional approaches that were received in the last 7 days (Column 4) and during the assessment timeframe (Column 5). If none apply, check K0520Z, None of the above.</li> </ul>	<b>Coding Instructions for Discharge</b> <ul style="list-style-type: none"> <li>Check all nutritional approaches that were <b>part of the current care/treatment plan</b> in the last 7 days, <b>even if not used in the last 7 days</b> (Column 4) and <b>at the time of the discharge assessment, even if not used at the time of discharge, and whether or not it is expected to be used after discharge</b> (Column 5). If none apply, check K0520Z, None of the above.</li> </ul>	
15.	Chapter 3 Section K Page 191	<b>Did not exist.</b>	<b>Coding Tips for K0520B, Feeding Tube</b> <ul style="list-style-type: none"> <li>If a feeding tube is in place but there are no scheduled or prn orders to provide nutrition and/or hydration via the feeding tube on the current care/treatment plan, do not code K0520B Feeding Tube.</li> </ul>	Added new Coding Tip for K0520B Nutritional Approaches: Feeding Tube, per the April 2023 CMS OASIS Quarterly Q&As, Q6.
16.	Chapter 3 Section N Page 214	<b>Introduction</b> The intent of the items in this section is to record whether: <ul style="list-style-type: none"> <li>the patient is taking any medications in high-risk drug classes, there is an indication noted, and the patient/caregiver have been educated about the high-risk medications.</li> </ul>	<b>Introduction</b> The intent of the items in this section is to record whether: <ul style="list-style-type: none"> <li>the patient is taking any medications in high-risk drug classes, there is a <b>patient-specific</b> indication noted and the patient/caregiver have been</li> </ul>	Revised the first bullet in the Introduction to Section N: Medications to integrate guidance from July 2022 CMS Quarterly OASIS Q&As, Q8.

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			educated about the high-risk medications.	
17.	Chapter 3 Section N Page 215	<b>Did not exist.</b>	<b>DEFINITION: Indication</b> The identified, documented clinical rationale for administering a medication that is based upon a physician’s (or prescriber’s) assessment of the patient’s condition and therapeutic goals.	Added a new definition for “Indication” in N0415 High Risk Drug Classes.
18.	Chapter 3 Section N Page 215-216	<b>Coding Instruction, bullet four (4)</b> <ul style="list-style-type: none"> <li>Code a medication that is part of a patient’s current drug regimen, even if it was not taken on the day of assessment.</li> </ul> <b>Coding Instruction does not exist.</b>	<b>Coding Instruction, bullet four (4)</b> <ul style="list-style-type: none"> <li>Code a medication that is part of a patient’s current <b>reconciled</b> drug regimen, even if it was not taken on the day of assessment.</li> </ul> <b>Coding Instruction, new bullet seven (7)</b> <ul style="list-style-type: none"> <li><b>Do not code flushes provided to keep an IV access port patent as N0415, Anticoagulant.</b></li> </ul>	Revised N0415 High Risk Drug Classes Coding Instruction bullet four (4), and added a new Coding Instruction bullet seven (7), per the April 2023 CMS OASIS Quarterly Q&As, Q8.
19.	Chapter 3 Section N Page 216	<b>Coding Tip bullet one (1)</b> <ul style="list-style-type: none"> <li>Include any of these medications used by any route (e.g., PO, IM, transdermal, or IV) in any setting (e.g., at home, in a hospital emergency room, at physician office or clinic) while a patient of the home health agency.</li> </ul>	<b>Coding Tip bullet one (1)</b> <ul style="list-style-type: none"> <li>Include any of these medications used by any route in any setting (e.g., at home, in a hospital emergency room, at physician office or clinic) while a patient of the home health agency, <b>that are also part of a patient’s current reconciled drug regimen, even if it was not taken at the time of assessment.</b></li> </ul>	Revised N0415 High Risk Drug Classes Coding Tips bullet one (1) to remove examples of route, and to integrate guidance from the January 2023 CMS OASIS Quarterly Q&As, Q11.

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	Chapter 3 Section N Page 216, continued	<p><b>Coding Tip bullet three (3)</b></p> <ul style="list-style-type: none"> <li>Count long-acting medications, such as fluphenazine decanoate or haloperidol decanoate, that are given every few weeks or monthly only if they are part of the current drug regimen at the time of the assessment.</li> </ul> <p><b>Coding Tip bullet six (6)</b></p> <ul style="list-style-type: none"> <li>Combination medications should be coded in all categories/ pharmacologic classes that constitute the combination.</li> </ul>	<p><b>Coding Tip bullet three (3)</b></p> <ul style="list-style-type: none"> <li>Count long-acting medications, such as fluphenazine decanoate or haloperidol decanoate, that are given every few weeks or monthly only if they are part of the current <b>reconciled</b> drug regimen at the time of assessment.</li> </ul> <p><b>Coding Tip bullet six (6)</b></p> <ul style="list-style-type: none"> <li>Combination medications should be coded in all categories/ pharmacologic classes that constitute the combination, <b>regardless of why the medications are being used.</b> <ul style="list-style-type: none"> <li><b>For example, Percodan is a combination medication (oxycodone and aspirin) classified as both an opioid and antiplatelet. Therefore, for both N0415H, Opioid and NN0415I, Antiplatelet, Column 1 – Is Taking would be checked, regardless of why the medication is being used.</b></li> </ul> </li> </ul>	<p>Revised Coding Tip bullet three (3) to integrate guidance from the April 2023 CMS OASIS Quarterly Q&amp;As, Q8.</p> <p>Revised Coding Tip bullet six (6) to integrate guidance from the January 2023 CMS OASIS Quarterly Q&amp;As, Q10 and Q11.</p>



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	Chapter 3 Section N Page 216, continued	<b>Coding Tip bullet nine (9)</b> Does not exist.	<b>Coding Tip bullet nine (9)</b> <ul style="list-style-type: none"> <li>CMS does not provide an exhaustive list of examples for determining the source for the documented patient-specific indication. Use available resources along with clinical judgment to determine if a scenario meets the criteria for a patient-specific indication.</li> </ul>	New Coding Tip added (bullet nine (9)) per January 2023 CMS OASIS Quarterly Q&As, Q11.
20.	Chapter 3 Section O Page 235	<b>Response Specific Instructions, bullet one (1)</b> <ul style="list-style-type: none"> <li>Review the patient’s clinical record and consult with the patient, family, caregiver(s) and/or staff to determine whether or not any of the treatments, procedures, or programs apply during the time period under consideration for the SOC/ROC (for the SOC/ROC) or the time period under consideration for the DC assessment (for the DC).</li> </ul> <b>Response Specific Instructions, bullet two (2)</b> <ul style="list-style-type: none"> <li>Check all treatment, programs, and procedures that are part of the patient’s current care/treatment plan during the time period under consideration,</li> </ul>	<b>Response Specific Instructions, bullet one (1)</b> <ul style="list-style-type: none"> <li>Review the patient’s clinical record and consult with the patient, family, caregiver(s) and/or staff to determine whether or not any of the treatments, procedures, or programs are part of the current care/treatment plan at the time of the assessment for SOC/ROC (or discharge).</li> </ul> <b>Response Specific Instructions, bullet two (2)</b> <ul style="list-style-type: none"> <li>Check all treatments, programs and procedures that are part of the patient’s current care/treatment plan at the time of the SOC/ROC (or discharge) assessment, even if not used at the time of assessment, and</li> </ul>	Revised Response Specific Instructions for O0110 Special Treatments, Procedures, and Programs to integrate guidance from the April 2023 CMS OASIS Quarterly Q&As, Q8.

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		<p>even if not used during the time period under consideration for the SOC/ROC and discharge, and whether or not it is expected to occur after discharge.</p>	<p>whether or not it is expected to occur after discharge.</p>	
21.	Chapter 3 Section O Page 236	<ul style="list-style-type: none"> <li>• <b>Code O0110H1, IV medications</b>, if any medication or biological is given by intravenous push, epidural pump, or drip through a central or peripheral port in this item. Do not include flushes to keep an IV access port patent, or IV fluids without medication here. Epidural, intrathecal, and baclofen pumps may be checked here, as they are similar to IV medications in that they must be monitored frequently and they involve continuous administration of a substance. Subcutaneous pumps are <b>not</b> included in this item. Do <b>not</b> include IV medications of any kind that were administered during dialysis or chemotherapy. Dextrose 50% and/or Lactated Ringers given IV are not considered medications, and should not be included here.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Code O0110H1, IV medications</b>, if any medication or biological is given by intravenous push, epidural pump, or drip through a central or peripheral port in this item. <b>This response includes IV fluids containing medications.</b> Do <b>not</b> include flushes to keep an IV access port patent, or IV fluids without medication here. Epidural, intrathecal, and baclofen pumps may be checked here, as they are similar to IV medications in that they must be monitored frequently and they involve continuous administration of a substance. Subcutaneous pumps are <b>not</b> included in this item. Do <b>not</b> include IV medications of any kind that were administered during dialysis or chemotherapy.</li> </ul>	<p>Revised Coding Instructions for O0110 Special Treatments, Procedures, and Programs, Code O0110H1, IV medications to add guidance, and to remove the final sentence of the Coding Instruction per the January 2023 CMS OASIS Quarterly Q&amp;As, Q13.</p>
22.	Chapter 3 Section O Page 237	<ul style="list-style-type: none"> <li>• <b>Code O0110O1, IV Access</b>, if a catheter is inserted into a vein for a variety of clinical reasons,</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Code O0110O1, IV Access</b>, if a catheter is inserted into a vein for a variety of clinical reasons,</li> </ul>	<p>Revised Coding Instructions for O0110 Special Treatments, Procedures and Programs,</p>

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		including long-term medication administration, <b>hemodialysis</b> , large volumes of blood or fluid, frequent access for blood sample, intravenous fluid administration, total parenteral nutrition (TPN), or in some instances the measurement of central venous pressure.	including long-term medication administration, large volumes of blood or fluid, frequent access for blood samples, intravenous fluid administration, total parenteral nutrition (TPN), or in some instances the measurement of central venous pressure. <b>If there is not a current IV access in place at the time of assessment, do not code IV access for O011001, even if a treatment which would require an IV access is part of the patient's current care/treatment plan.</b>	Code O011001, IV access to remove hemodialysis from consideration for this item, and to add guidance per the January 2023 CMS OASIS Quarterly Q&As, Q13.
23.	Appendix E: References and Resources	-	Updated references	Resources updated as needed, and non-functioning links deleted.
24.	Appendix F: Quality Improvement	-	-	Minor edits to align with current measure specifications.