

OASIS ITEM:
<p>(M0063) Medicare Number: _____ <input type="checkbox"/> NA – No Medicare (including suffix, if any)</p>
DEFINITION:
<p>For Medicare patients only. The patient's Medicare number, including any prefixes or suffixes. Use RRB number for railroad retirement program.</p>
TIME POINTS ITEM(S) COMPLETED:
<p>SOC (Patient Tracking Sheet) and updated if change occurs during the episode.</p>
RESPONSE—SPECIFIC INSTRUCTIONS:
<ul style="list-style-type: none"> • Enter the number identified as "Claim No." on the patient's Medicare card. (NOTE: This may or may not be the patient's Social Security number.) • If the patient does not have Medicare, mark "NA - No Medicare." • If the patient is a Medicare HMO patient, enter the Medicare number if available. If not available, mark "NA - No Medicare." Do <u>not</u> enter the HMO identification number. • Enter Medicare number (if known) whether or not Medicare is the primary payment source for this episode of care. • If there are fewer digits than spaces provided, leave spaces at the end blank.
ASSESSMENT STRATEGIES:
<p>Ask to see the patient's Medicare card. The referring physician may supply the number, but it should be verified with the patient.</p>