

| <b>OASIS ITEM:</b>   |                                     |                 |          |              |          |              |
|--|-------------------------------------|-----------------|----------|--------------|----------|--------------|
| <p><b>(M0190) Inpatient Diagnoses</b> and ICD-9-CM code categories (three digits required; five digits optional) <u>for only those conditions treated during an inpatient facility stay within the last 14 days</u> (no surgical or V-codes):</p> <table> <thead> <tr> <th style="text-align: center;"><u>Inpatient Facility Diagnosis</u></th> <th style="text-align: center;"><u>ICD-9-CM</u></th> </tr> </thead> <tbody> <tr> <td>a. _____</td> <td style="text-align: center;">(_____.____)</td> </tr> <tr> <td>b. _____</td> <td style="text-align: center;">(_____.____)</td> </tr> </tbody> </table>  | <u>Inpatient Facility Diagnosis</u> | <u>ICD-9-CM</u> | a. _____ | (_____.____) | b. _____ | (_____.____) |
| <u>Inpatient Facility Diagnosis</u>  | <u>ICD-9-CM</u>                     |                 |          |              |          |              |
| a. _____   | (_____.____)                        |                 |          |              |          |              |
| b. _____   | (_____.____)                        |                 |          |              |          |              |
| <b>DEFINITION:</b>   |                                     |                 |          |              |          |              |
| <p>Identifies diagnosis(es) for which patient was receiving treatment in an inpatient facility within the past 14 days. (Past 14 days encompasses the two-week period immediately preceding the start/resumption of care.)</p>   |                                     |                 |          |              |          |              |
| <b>TIME POINTS ITEM(S) COMPLETED:</b>  |                                     |                 |          |              |          |              |
| <p>Start of care<br/>Resumption of care</p>  |                                     |                 |          |              |          |              |
| <b>RESPONSE—SPECIFIC INSTRUCTIONS:</b>   |                                     |                 |          |              |          |              |
| <ul style="list-style-type: none"> <li>• Include only those diagnoses that required treatment during the inpatient stay. If a diagnosis was not treated during an inpatient admission, do not list it. (Example: The patient has a long-standing diagnosis of “osteoarthritis,” but was hospitalized for “peptic ulcer disease.” Do <u>not</u> list “osteoarthritis” as an inpatient diagnosis.)</li> <li>• This is the diagnosis for which the patient received treatment, not necessarily the hospital admitting diagnosis (though it can be the same).</li> <li>• No surgical codes. List the underlying diagnosis that was surgically treated. If a joint replacement was done for osteoarthritis, list the disease, not the procedure.</li> <li>• No V-codes or E-codes. List the underlying diagnosis.</li> <li>• Three-digit code required; digits to the right of the decimal are optional.</li> </ul> |                                     |                 |          |              |          |              |
| <b>ASSESSMENT STRATEGIES:</b>  |                                     |                 |          |              |          |              |
| <p>Obtain information from patient, caregiver, or referring physician. The current ICD-9-CM code book should be the source for coding.</p>   |                                     |                 |          |              |          |              |