

Wed Sep 24 09:29:46 EDT 2008 QIES Workbench
Record Layout Report
For Job: OASIS Dump of Everything for dictionary (23927.1)
Report Name: OASIS Dump of Everything for dictionary

Data Type	Offset	Length	DP	Field Name
DATE	1	8	0	Assessment Beginning Version Date
DATE	9	8	0	Assessment Correction Version Date
DATE	17	8	0	Assessment Effective Date
CHAR	25	1	0	Assessment Modification Indicator
CHAR	26	1	0	Birthdate Submit Indicator
CHAR	27	10	0	Branch Identifier
CHAR	37	5	0	Calculated HIPPS Code
CHAR	42	5	0	Calculated HIPPS Version
NUM	47	2	0	Correction Number
NUM	49	10	0	Facility Internal ID
NUM	59	15	0	HHA Assessment Internal ID
NUM	74	10	0	HHA Submission Sequence Number
DATE	84	8	0	Lock Date
CHAR	92	20	0	Masking Algorithm Version Code
CHAR	112	10	0	National Provider Identifier
NUM	122	15	0	Original Assessment Internal ID
DATE	137	8	0	Resident Data Update Timestamp
NUM	145	10	0	Resident Internal ID
NUM	155	2	0	Resident Matching Criteria
CHAR	157	9	0	Software Vendor Tax ID
CHAR	166	9	0	Software Version
CHAR	175	2	0	State ID
DATE	177	8	0	State Prepared Date
DATE	185	8	0	Submission Date
CHAR	193	5	0	Submitted HIPPS Code
CHAR	198	5	0	Submitted HIPPS Version
CHAR	203	12	0	Version Code
CHAR	215	5	0	Version Completed Code
CHAR	220	6	0	(M0010) Agency Medicare Number
CHAR	226	2	0	(M0110) Episode Timing
CHAR	228	15	0	(M0012) Agency Medicaid Number
CHAR	243	2	0	(M0014) Branch State
CHAR	245	10	0	(M0016) Branch Identifier Number
CHAR	255	20	0	(M0020) Patient ID

DATE	275	8	0	(M0030) Start of Care Date
NUM	283	1	0	(M0032) Resumption of Care Date Not Applicable
DATE	284	8	0	(M0032) Resumption of Care Date
CHAR	292	12	0	(M0040) Patient First Name
CHAR	304	18	0	(M0040) Patient Last Name
CHAR	322	1	0	(M0040) Patient Middle Initial
CHAR	323	3	0	(M0040) Patient Suffix
CHAR	326	2	0	(M0050) Patient State
CHAR	328	11	0	(M0060) Patient ZIP Code
CHAR	339	12	0	(M0063) Medicare Number
NUM	351	1	0	(M0063) No Medicare Number
NUM	352	1	0	(M0064) Social Security Number Unknown
CHAR	353	9	0	(M0064) Social Security Number
NUM	362	1	0	(M0065) No Medicaid Number
CHAR	363	14	0	(M0065) Patient Medicaid Number
DATE	377	8	0	(M0066) Patient Birth Date
NUM	385	1	0	(M0069) Gender
NUM	386	1	0	(M0072) Primary Referring Physician ID Unknown
CHAR	387	10	0	(M0072) Primary Referring Physician ID
CHAR	397	2	0	(M0080) Discipline of Person Completing Assessment
DATE	399	8	0	(M0090) Date Assessment Completed
CHAR	407	2	0	(M0100) Assessment Reason
NUM	409	1	0	(M0140) American Indian or Alaska Native
NUM	410	1	0	(M0140) Asian
NUM	411	1	0	(M0140) Black or African-American
NUM	412	1	0	(M0140) Hispanic or Latino
NUM	413	1	0	(M0140) Native Hawaiian or Pacific Islander
NUM	414	1	0	(M0140) Unknown Race/Ethnicity
NUM	415	1	0	(M0140) White
NUM	416	1	0	(M0150) Medicaid Fee-For-Service
NUM	417	1	0	(M0150) Medicaid HMO/Managed Care
NUM	418	1	0	(M0150) Medicare Fee-For-Service
NUM	419	1	0	(M0150) Medicare HMO/Managed Care
NUM	420	1	0	(M0150) No Charge for Current Services
NUM	421	1	0	(M0150) Other Government
NUM	422	1	0	(M0150) Other Payment Source
NUM	423	1	0	(M0150) Private HMO/Managed Care
NUM	424	1	0	(M0150) Private Insurance
NUM	425	1	0	(M0150) Self-Pay
NUM	426	1	0	(M0150) Title Programs

NUM	427	1	0	(M0150) Unknown Payment Source
NUM	428	1	0	(M0150) Workers Compensation
NUM	429	1	0	(M0160) Limited Financial Factors - Food
NUM	430	1	0	(M0160) Limited Financial Factors - Medical Expenses
NUM	431	1	0	(M0160) Limited Financial Factors - Medicine/Medical Supplies
NUM	432	1	0	(M0160) Limited Financial Factors - None
NUM	433	1	0	(M0160) Limited Financial Factors - Other
NUM	434	1	0	(M0160) Limited Financial Factors - Rent/Utilities
NUM	435	1	0	(M0170) Hospital
NUM	436	1	0	(M0170) Nursing Home
NUM	437	1	0	(M0170) Other Inpatient Facility
NUM	438	1	0	(M0170) Patient Not Discharged From Inpatient Facility
NUM	439	1	0	(M0170) Rehabilitation Facility
CHAR	440	1	0	(M0175) Inpatient Facility Admitted From during past 14 Days - Hospital
CHAR	441	1	0	(M0175) Inpatient Facility Admitted From during past 14 Days - Not Discharged from an Inpatient Facility
CHAR	442	1	0	(M0175) Inpatient Facility Admitted From during past 14 Days - Other Nursing Home
CHAR	443	1	0	(M0175) Inpatient Facility Admitted From during past 14 Days - Other
CHAR	444	1	0	(M0175) Inpatient Facility Admitted From during past 14 Days - Rehabilitation Facility
CHAR	445	1	0	(M0175) Inpatient Facility Admitted From during past 14 Days - Skilled Nursing Facility
CHAR	446	1	0	(M0180) Inpatient Discharge Date Unknown
DATE	447	8	0	(M0180) Inpatient Discharge Date
CHAR	455	7	0	(M0190) Inpatient Diagnosis and ICD Code - a
CHAR	462	7	0	(M0190) Inpatient Diagnosis and ICD Code - b
NUM	469	1	0	(M0200) Medical/Treatment Regimen Change
CHAR	470	7	0	(M0210) Medical Diagnosis and ICD Code - a
CHAR	477	7	0	(M0210) Medical Diagnosis and ICD Code - b
CHAR	484	7	0	(M0210) Medical Diagnosis and ICD Code - c
CHAR	491	7	0	(M0210) Medical Diagnosis and ICD Code - d
CHAR	498	1	0	(M0220) Disruptive/Socially Inappropriate Behavior
CHAR	499	1	0	(M0220) Impaired Decision Making
CHAR	500	1	0	(M0220) Indwelling/Suprapubic Catheter
CHAR	501	1	0	(M0220) Intractable Pain
CHAR	502	1	0	(M0220) Memory Loss to Extent Supervision Required
CHAR	503	1	0	(M0220) No Inpatient Discharge and No Regimen Change

CHAR	504	1	0	(M0220) None of the Above Regimen Change
CHAR	505	1	0	(M0220) Unknown Regimen Change
CHAR	506	1	0	(M0220) Urinary Incontinence
CHAR	507	2	0	(M0230) Primary Diagnosis Severity Rating - a
CHAR	509	7	0	(M0230) Primary Diagnosis and ICD Code - a
CHAR	516	2	0	(M0240) Other Diagnosis Severity Rating - b
CHAR	518	2	0	(M0240) Other Diagnosis Severity Rating - c
CHAR	520	2	0	(M0240) Other Diagnosis Severity Rating - d
CHAR	522	2	0	(M0240) Other Diagnosis Severity Rating - e
CHAR	524	2	0	(M0240) Other Diagnosis Severity Rating - f
CHAR	526	7	0	(M0240) Other Diagnosis and ICD Code - b
CHAR	533	7	0	(M0240) Other Diagnosis and ICD Code - c
CHAR	540	7	0	(M0240) Other Diagnosis and ICD Code - d
CHAR	547	7	0	(M0240) Other Diagnosis and ICD Code - e
CHAR	554	7	0	(M0240) Other Diagnosis and ICD Code - f
CHAR	561	7	0	(M0245) Payment Diagnosis: First Secondary ICD
CHAR	568	7	0	(M0245) Payment Diagnosis: Primary ICD
CHAR	575	7	0	(M0246) A3 - Case Mix Diagnosis
CHAR	582	7	0	(M0246) A4 - Case Mix Diagnosis
CHAR	589	7	0	(M0246) B3 - Case Mix Diagnosis
CHAR	596	7	0	(M0246) B4 - Case Mix Diagnosis
CHAR	603	7	0	(M0246) C3 - Case Mix Diagnosis
CHAR	610	7	0	(M0246) C4 - Case Mix Diagnosis
CHAR	617	7	0	(M0246) D3 - Case Mix Diagnosis
CHAR	624	7	0	(M0246) D4 - Case Mix Diagnosis
CHAR	631	7	0	(M0246) E3 - Case Mix Diagnosis
CHAR	638	7	0	(M0246) E4 - Case Mix Diagnosis
CHAR	645	7	0	(M0246) F3 - Case Mix Diagnosis
CHAR	652	7	0	(M0246) F4 - Case Mix Diagnosis
NUM	659	1	0	(M0250) Enteral Nutrition
NUM	660	1	0	(M0250) Intravenous or Infusion Therapy
NUM	661	1	0	(M0250) None of the Above Therapies
NUM	662	1	0	(M0250) Parenteral Nutrition
CHAR	663	2	0	(M0260) Overall Prognosis
CHAR	665	2	0	(M0270) Rehabilitative Prognosis
CHAR	667	2	0	(M0280) Life Expectancy
NUM	669	1	0	(M0290) Alcohol Dependency
NUM	670	1	0	(M0290) Drug Dependency
NUM	671	1	0	(M0290) Heavy Smoking
NUM	672	1	0	(M0290) None of Above High Risk Factors

NUM	673	1	0	(M0290) Obesity
NUM	674	1	0	(M0290) Unknown High Risk Factors
CHAR	675	2	0	(M0300) Current Residence
NUM	677	1	0	(M0310) Narrow or Obstructed Doorways
NUM	678	1	0	(M0310) No Structural Barriers
NUM	679	1	0	(M0310) Stairs Inside Home Must Be Used
NUM	680	1	0	(M0310) Stairs Inside Home Used Optionally
NUM	681	1	0	(M0310) Stairs Leading Inside Home
NUM	682	1	0	(M0320) Improperly Stored Hazardous Materials
NUM	683	1	0	(M0320) Inadequate Cooling
NUM	684	1	0	(M0320) Inadequate Floor/Roof/Windows
NUM	685	1	0	(M0320) Inadequate Heating
NUM	686	1	0	(M0320) Inadequate Lighting
NUM	687	1	0	(M0320) Inadequate Stair Railings
NUM	688	1	0	(M0320) Lack of Fire Safety Devices
NUM	689	1	0	(M0320) Lead-Based Paint
NUM	690	1	0	(M0320) No Safety Hazards
NUM	691	1	0	(M0320) Other Safety Hazards
NUM	692	1	0	(M0320) Unsafe Floor Coverings
NUM	693	1	0	(M0320) Unsafe Gas/Electric Appliance
NUM	694	1	0	(M0330) Cluttered/Soiled Living Area
NUM	695	1	0	(M0330) Contaminated Water
NUM	696	1	0	(M0330) Inadequate Sewage Disposal
NUM	697	1	0	(M0330) Inadequate/Improper Food Storage
NUM	698	1	0	(M0330) Insects/Rodents Present
NUM	699	1	0	(M0330) No Cooking Facilities
NUM	700	1	0	(M0330) No Food Refrigeration
NUM	701	1	0	(M0330) No Running Water
NUM	702	1	0	(M0330) No Sanitation Hazards
NUM	703	1	0	(M0330) No Scheduled Trash Pickup
NUM	704	1	0	(M0330) No Toileting Facilities
NUM	705	1	0	(M0330) Other Sanitation Hazards
NUM	706	1	0	(M0330) Outdoor Toileting Facilities Only
NUM	707	1	0	(M0340) Lives Alone
NUM	708	1	0	(M0340) Lives With Friend
NUM	709	1	0	(M0340) Lives With Other Family Member
NUM	710	1	0	(M0340) Lives With Other Than Above
NUM	711	1	0	(M0340) Lives With Paid Help
NUM	712	1	0	(M0340) Lives With Spouse/Significant Other
NUM	713	1	0	(M0350) None of the Above Assisting Persons

NUM	714	1	0	(M0350) Paid Help
NUM	715	1	0	(M0350) Person Residing in Home
NUM	716	1	0	(M0350) Relatives/Friends/Neighbors Living Outside Home
NUM	717	1	0	(M0350) Unknown Assisting Persons
CHAR	718	2	0	(M0360) Primary Caregiver
CHAR	720	2	0	(M0370) Frequency Patient Receives Assistance
CHAR	722	1	0	(M0380) ADL Assistance
CHAR	723	1	0	(M0380) Advocates Participation in Medical Care
CHAR	724	1	0	(M0380) Environmental Support
CHAR	725	1	0	(M0380) Financial Agent/Power of Attorney/Conservator of Finance
CHAR	726	1	0	(M0380) Health Care Agent/Conservator of Person/Power of Attorney
CHAR	727	1	0	(M0380) IADL Assistance
CHAR	728	1	0	(M0380) Psychosocial Support
CHAR	729	1	0	(M0380) Unknown Primary Caregiver Assistance
CHAR	730	2	0	(M0390) Vision
CHAR	732	2	0	(M0400) Hearing
CHAR	734	2	0	(M0410) Speech
CHAR	736	2	0	(M0420) Frequency of Pain
NUM	738	1	0	(M0430) Intractable Pain
NUM	739	1	0	(M0440) Skin Lesion/Open Wound
CHAR	740	1	0	(M0445) Pressure Ulcer
CHAR	741	2	0	(M0450) Number Stage 1 Pressure Ulcers
CHAR	743	2	0	(M0450) Number Stage 2 Pressure Ulcers
CHAR	745	2	0	(M0450) Number Stage 3 Pressure Ulcers
CHAR	747	2	0	(M0450) Number Stage 4 Pressure Ulcers
CHAR	749	1	0	(M0450) Unobservable Pressure Ulcer
CHAR	750	2	0	(M0460) Stage of Most Problematic Pressure Ulcer
CHAR	752	2	0	(M0464) Status of Most Problematic Pressure Ulcer
CHAR	754	1	0	(M0468) Stasis Ulcer
CHAR	755	2	0	(M0470) Number Stasis Ulcers
CHAR	757	1	0	(M0474) Unobservable Stasis Ulcer
CHAR	758	2	0	(M0476) Status of Most Problematic Stasis Ulcer
CHAR	760	1	0	(M0482) Surgical Wound
CHAR	761	2	0	(M0484) Number Surgical Wounds
CHAR	763	1	0	(M0486) Unobservable Surgical Wound
CHAR	764	2	0	(M0488) Status of Most Problematic Surgical Wound
CHAR	766	2	0	(M0490) Patient Dyspneic/Short of Breath
NUM	768	1	0	(M0500) Continuous Positive Airway Pressure

NUM	769	1	0	(M0500) None of the Above Respiratory Treatments
NUM	770	1	0	(M0500) Oxygen
NUM	771	1	0	(M0500) Ventilator
CHAR	772	2	0	(M0510) Urinary Tract Infection
CHAR	774	2	0	(M0520) Urinary Incontinence
CHAR	776	2	0	(M0530) When Urinary Incontinence Occurs
CHAR	778	2	0	(M0540) Bowel Incontinence Frequency
CHAR	780	2	0	(M0550) Ostomy for Bowel Elimination
CHAR	782	2	0	(M0560) Cognitive Functioning
CHAR	784	2	0	(M0570) When Confused
CHAR	786	2	0	(M0580) When Anxious
NUM	788	1	0	(M0590) Depressed Mood
NUM	789	1	0	(M0590) Hopelessness
NUM	790	1	0	(M0590) None of the Above Depressive Feelings
NUM	791	1	0	(M0590) Recurrent Thoughts of Death
NUM	792	1	0	(M0590) Sense of Failure/Self Reproach
NUM	793	1	0	(M0590) Thoughts of Suicide
NUM	794	1	0	(M0600) A Suicide Attempt
NUM	795	1	0	(M0600) Agitation
NUM	796	1	0	(M0600) Diminished Interest in Most Activities
NUM	797	1	0	(M0600) Indecisiveness, Lack of Concentration
NUM	798	1	0	(M0600) None of the Above Behaviors Observed
NUM	799	1	0	(M0600) Recent Change in Appetite or Weight
NUM	800	1	0	(M0600) Sleep Disturbances
NUM	801	1	0	(M0610) Delusional/Hallucinatory/Paranoid Behavior
NUM	802	1	0	(M0610) Disruptive/Infantile/Inappropriate Behavior
NUM	803	1	0	(M0610) Impaired Decision Making
NUM	804	1	0	(M0610) Memory Deficit
NUM	805	1	0	(M0610) None of the Above Behaviors Demonstrated
NUM	806	1	0	(M0610) Physical Aggression
NUM	807	1	0	(M0610) Verbal disruption
CHAR	808	2	0	(M0620) Frequency of Behavior Problems
NUM	810	1	0	(M0630) Psychiatric Nursing Services
CHAR	811	2	0	(M0640) Current Grooming
CHAR	813	2	0	(M0640) Prior Grooming
CHAR	815	2	0	(M0650) Current Ability to Dress Upper Body
CHAR	817	2	0	(M0650) Prior Ability to Dress Upper Body
CHAR	819	2	0	(M0660) Current Ability to Dress Lower Body
CHAR	821	2	0	(M0660) Prior Ability to Dress Lower Body
CHAR	823	2	0	(M0670) Current Bathing

CHAR	825	2	0	(M0670) Prior Bathing
CHAR	827	2	0	(M0680) Current Toileting
CHAR	829	2	0	(M0680) Prior Toileting
CHAR	831	2	0	(M0690) Current Transferring
CHAR	833	2	0	(M0690) Prior Transferring
CHAR	835	2	0	(M0700) Current Ambulation/Locomotion
CHAR	837	2	0	(M0700) Prior Ambulation/Locomotion
CHAR	839	2	0	(M0710) Current Feeding/Eating
CHAR	841	2	0	(M0710) Prior Feeding/Eating
CHAR	843	2	0	(M0720) Current Preparing Light Meals
CHAR	845	2	0	(M0720) Prior Preparing Light Meals
CHAR	847	2	0	(M0730) Current Transportation
CHAR	849	2	0	(M0730) Prior Transportation
CHAR	851	2	0	(M0740) Current Laundry
CHAR	853	2	0	(M0740) Prior Laundry
CHAR	855	2	0	(M0750) Current Housekeeping
CHAR	857	2	0	(M0750) Prior Housekeeping
CHAR	859	2	0	(M0760) Current Shopping
CHAR	861	2	0	(M0760) Prior Shopping
CHAR	863	2	0	(M0770) Current Ability to Use Telephone
CHAR	865	2	0	(M0770) Prior Ability to Use Telephone
CHAR	867	2	0	(M0780) Current Management of Oral Medications
CHAR	869	2	0	(M0780) Prior Management of Oral Medications
CHAR	871	2	0	(M0790) Current Management of Inhalant Medications
CHAR	873	2	0	(M0790) Prior Management of Inhalant Medications
CHAR	875	2	0	(M0800) Current Management of Injectable Medications
CHAR	877	2	0	(M0800) Prior Management of Injectable Medications
CHAR	879	2	0	(M0810) Patient Management of Equipment
CHAR	881	2	0	(M0820) Caregiver Management of Equipment
CHAR	883	2	0	(M0825) Therapy Need
NUM	885	3	0	(M0826) Number of Therapy Visits
NUM	888	1	0	(M0826) Therapy Need Not Applicable
NUM	889	1	0	(M0830) Doctors Office Emergency Visit
NUM	890	1	0	(M0830) Hospital Emergency Room
NUM	891	1	0	(M0830) No Emergent Care Services
NUM	892	1	0	(M0830) Outpatient Department Emergency
NUM	893	1	0	(M0830) Unknown Emergent Care
CHAR	894	1	0	(M0840) Cardiac Problems
CHAR	895	1	0	(M0840) GI Bleeding, Obstruction
CHAR	896	1	0	(M0840) Hypo/Hyperglycemia, Diabetes Out of Control

CHAR	897	1	0	(M0840) Improper Medication Administration
CHAR	898	1	0	(M0840) Injury Caused by Fall/Accident
CHAR	899	1	0	(M0840) Nausea/Dehydration/Malnutrition/Constipation/Impaction
CHAR	900	1	0	(M0840) Other than Above Reasons for Emergent Care
CHAR	901	1	0	(M0840) Respiratory Problems
CHAR	902	1	0	(M0840) Unknown Emergent Care Reason
CHAR	903	1	0	(M0840) Wound Infection
CHAR	904	2	0	(M0855) Inpatient Facility Where Admitted
CHAR	906	2	0	(M0870) Discharge Disposition
CHAR	908	1	0	(M0880) Assistance/Services Provided By Community Resources
CHAR	909	1	0	(M0880) Assistance/Services Provided by Family/Friends
CHAR	910	1	0	(M0880) No Assistance/Services Received
CHAR	911	2	0	(M0890) Reason Admitted to Hospital
CHAR	913	1	0	(M0895) Chemotherapy
CHAR	914	1	0	(M0895) Deep Vein Thrombosis/Pulmonary Embolus
CHAR	915	1	0	(M0895) Exacerbation of CHF/Fluid Overload/Heart Failure
CHAR	916	1	0	(M0895) GI Bleeding, Obstruction
CHAR	917	1	0	(M0895) Hypo/Hyperglycemia, Diabetes Out of Control
CHAR	918	1	0	(M0895) IV Catheter-Related Infection
CHAR	919	1	0	(M0895) Improper Medication Administration
CHAR	920	1	0	(M0895) Injury Caused by Fall/Accident
CHAR	921	1	0	(M0895) Myocardial Infarction/Stroke
CHAR	922	1	0	(M0895) Other Than Above Reason for Hospitalization
CHAR	923	1	0	(M0895) Psychotic Episode
CHAR	924	1	0	(M0895) Respiratory Problems
CHAR	925	1	0	(M0895) Scheduled Surgical Procedure
CHAR	926	1	0	(M0895) Uncontrolled Pain
CHAR	927	1	0	(M0895) Urinary Tract Infection
CHAR	928	1	0	(M0895) Wound or Tube Site Infection
CHAR	929	1	0	(M0900) Hospice Care
CHAR	930	1	0	(M0900) Other Reason Admitted to Nursing Home
CHAR	931	1	0	(M0900) Permanent Placement
CHAR	932	1	0	(M0900) Respite Care
CHAR	933	1	0	(M0900) Therapy Services
CHAR	934	1	0	(M0900) Unknown Reason Admitted to Nursing Home
CHAR	935	1	0	(M0900) Unsafe for Care at Home
DATE	936	8	0	(M0903) Date of Last Home Visit

DATE	944	8	0	(M0906) Discharge/Transfer/Death Date
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