

SOC/RECERT/ROC CORRECTION FORM

_____ ID NO: _____ SOC Date: _____ MO90Date: _____

Patient Name (Last, First)

SOC RECERT ROC Assessment completed by: _____
Clinician Name and Title

After review of OASIS documentation and communication with the assessing clinician above, changes will be made to the assessment as noted below. Changes will also be made to the Diagnosis Worksheet used by the Agency for MO190, MO210, MO230/240/246 in accordance with ICD-9-CM Official Guidelines for Coding and Reporting. These changes will reflect on original OASIS documentation.

MO ITEMS

MO#	Should be:	Explanation/Discussion

485 ITEMS

485 Item #	Locator Description	Per discussion with assessing clinician, Item # should be completed as follows:

 Signature of auditor/coder Date Signature of Assessing Clinician Date