

**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