

# Data Submission Specifications for the Hospice Item Set (V3.00.0)

## Unduplicated Edits Report by Edit ID

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## Data Submission Specifications for the Hospice Item Set (V3.00.0)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-3001	Format	Fatal	<p>If this item is not equal to one of the special values (if any) that are listed in the Item Values table of the Detailed Data Specifications Report, then the length of the submitted value must match exactly the maximum length that is listed for the item.</p> <p><b>Items:</b>   A0100A                      Facility National Provider Identifier (NPI)               A0600A                      Social Security Number</p>
-3002	Format	Fatal	<p>If the value is not equal to [^], the first three characters must not be equal to [000].</p> <p><b>Items:</b>   A0600A                      Social Security Number</p>
-3003	Format	Fatal	<p>The value must not be equal to any of the following: [111111111, 333333333, 123456789, 999999999].</p> <p><b>Items:</b>   A0600A                      Social Security Number</p>
-3008	Consistency	Fatal	<p>A0900 (birthdate) cannot be more than 140 years earlier than the submission date.</p> <p><b>Items:</b>   A0900                      Birthdate</p>
-3009	Format	Fatal	<p>Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.</p> <p><b>Items:</b>   ITM_SET_SYS_CD              Item set system code               ITM_SBST_CD             Item subset code               STATE_CD                Provider's state postal code               A0050                    Type of record               A0205                    Site of service at admission               A0250                    Reason for record               A0800                    Gender               A1000A                   Ethnicity: American Indian or Alaska Native               A1000B                   Ethnicity: Asian               A1000C                   Ethnicity: Black or African American               A1000D                   Ethnicity: Hispanic or Latino               A1000E                   Ethnicity: Native Hawaiian/Pacific Islander               A1000F                   Ethnicity: White               A1400A                   Payor: Medicare (FFS)               A1400B                   Payor: Medicare (managed care/Part C/Mcr               A1400C                   Payor: Medicaid (FFS)               A1400D                   Payor: Medicaid (managed care)               A1400G                   Payor: Other Government               A1400H                   Payor: Private insurance/Medigap               A1400I                   Payor: Private managed care               A1400J                   Payor: Self-pay               A1400K                   Payor: No payor source               A1400X                   Payor: Unknown               A1400Y                   Payor: Other</p>

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## Data Submission Specifications for the Hospice Item Set (V3.00.0)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			<b>Items:</b> F2200B Date asked about hospitalization F3000B Date asked about spiritual/existential concerns J0900B Date of first screening for pain J0910B Date of comprehensive pain assessment J2030B Date of first screening for shortness of breath J2040B Date treatment for shortness of breath initiated N0500B Date scheduled opioid initiated or continued N0510B Date PRN opioid initiated or continued N0520B Date bowel regimen initiated or continued Z0500B Date of signature verifying record completion
-3011	Format	Fatal	<p>Formatting of Birthdate:</p> <p>This item must contain either (a) a valid date in YYYYMMDD, YYYYMM, or YYYY format, or (b) one of the special values (if any) that are listed in the "Item Values" table of the Detailed Data Specifications Report.</p> <p>Note that if a date in YYYYMMDD format is submitted, it must be 8 characters in length and each of the 8 characters must contain the digits 0 (zero) through 9. YYYY, MM, and DD must be zero filled, where necessary. For example, January 1, 1909 must be submitted as "19090101".</p> <p>If a date is submitted in YYYYMM format, it must be 6 characters in length and each of the 6 characters must contain the digits 0 (zero) through 9. YYYY and MM must be zero filled, where necessary. For example, January, 1909 must be submitted as "190901".</p> <p>If a date is submitted in YYYY format, it must be 4 characters in length and each of the 4 characters must contain the digits 0 (zero) through 9. YYYY must be zero filled, where necessary. For example, 1909 must be submitted as "1909".</p> <p><b>Items:</b> A0900 Birthdate</p>
-3012	Format	Fatal	<p>Values of Numeric Items:</p> <p>Only the values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item. The submitted value must be greater than or equal to the minimum value listed in the table and less than or equal to the maximum value listed in the table, or it must match one of the remaining special values (if any) that are listed in the table. The length of the submitted value must not exceed the allowed maximum length for the item. Signed numbers (with a leading plus or minus sign) will not be accepted.</p> <p><b>Items:</b> CRCTN_NUM Correction number</p>
-3013	Format	Fatal	<p>Formatting of Positive Integer Numeric Items:</p> <p>Only positive integer values and the special values (if any) that are listed in the "Item Values" table of the Detailed Data Specifications Report will be accepted for this item. Leading zeroes may be included or omitted from the submitted value as long as the resulting length of the string does not exceed the allowed maximum length for the item. A decimal point and decimal values are not allowed. A sign will not be accepted.</p> <p>The following examples are allowable if the value to be submitted is equal to [1] and the maximum length is equal to 2: [1], [01].</p> <p>The following values are NOT allowed and will lead to a fatal error: [1.], [1.0], [01.], [01.0], [1.1], [01.1], [1.01], [+1], [-2], [+1.3], [-4.5].</p> <p><b>Items:</b> CRCTN_NUM Correction number</p>

## Data Submission Specifications for the Hospice Item Set (V3.00.0)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items												
-3015	Format	Fatal	<p>Formatting of Numeric Text Items:</p> <p>If this item is not equal to one of the special values (if any) that are listed in the Item Values table of the Detailed Data Specifications Report, then it must contain a text string. This text string may contain only the following characters:</p> <p>a) The numeric characters: [0] through [9].</p> <table><tr><td><b>Items:</b></td><td>SFTWR_VNDR_ID</td><td>Software vendor federal employer tax ID</td></tr><tr><td></td><td>A0100A</td><td>Facility National Provider Identifier (NPI)</td></tr><tr><td></td><td>A0550</td><td>Patient zip code</td></tr><tr><td></td><td>A0600A</td><td>Social Security Number</td></tr></table>	<b>Items:</b>	SFTWR_VNDR_ID	Software vendor federal employer tax ID		A0100A	Facility National Provider Identifier (NPI)		A0550	Patient zip code		A0600A	Social Security Number
<b>Items:</b>	SFTWR_VNDR_ID	Software vendor federal employer tax ID													
	A0100A	Facility National Provider Identifier (NPI)													
	A0550	Patient zip code													
	A0600A	Social Security Number													
-3016	Format	Fatal	<p>Formatting of Alphanumeric Text Items:</p> <p>If this item is not equal to one of the special values (if any) that are listed in the Item Values table of the Detailed Data Specifications Report, then it must contain a text string. This text string may contain only the following characters:</p> <p>a) The numeric characters: [0] through [9].</p> <table><tr><td><b>Items:</b></td><td>A0100B</td><td>Facility CMS Certification Number (CCN)</td></tr><tr><td></td><td>A0600B</td><td>Patient Medicare/railroad insurance number</td></tr><tr><td></td><td>A0700</td><td>Patient Medicaid number</td></tr></table>	<b>Items:</b>	A0100B	Facility CMS Certification Number (CCN)		A0600B	Patient Medicare/railroad insurance number		A0700	Patient Medicaid number			
<b>Items:</b>	A0100B	Facility CMS Certification Number (CCN)													
	A0600B	Patient Medicare/railroad insurance number													
	A0700	Patient Medicaid number													
-3017	Format	Fatal	<p>Formatting of Alphanumeric Text Items That Can Contain Dashes, Spaces, and Special Characters:</p> <p>If this item is not equal to one of the special values (if any) that are listed in the Item Values table of the Detailed Data Specifications Report, then it must contain a text string. This text string may contain only the following characters:</p> <p>a) The numeric characters: [0] through [9].</p> <p>b) The letters [A] through [Z] and [a] through [z].</p> <p>c) The character [-].</p> <p>d) The following special characters:</p> <ul style="list-style-type: none"><li>[@] (at sign)</li><li>['] (single quote)</li><li>[/] (forward slash)</li><li>[+] (plus sign)</li><li>[,] (comma)</li><li>[.] (period)</li><li>[_] (underscore)</li></ul> <p>e) Embedded spaces (spaces surrounded by any of the characters listed above). For example, [LEGAL TEXT] would be allowed.</p> <table><tr><td><b>Items:</b></td><td>SFTWR_PROD_VRSN_CD</td><td>Software product version code</td></tr><tr><td></td><td>A0500A</td><td>Patient first name</td></tr><tr><td></td><td>A0500C</td><td>Patient last name</td></tr><tr><td></td><td>A0500D</td><td>Patient name suffix</td></tr></table>	<b>Items:</b>	SFTWR_PROD_VRSN_CD	Software product version code		A0500A	Patient first name		A0500C	Patient last name		A0500D	Patient name suffix
<b>Items:</b>	SFTWR_PROD_VRSN_CD	Software product version code													
	A0500A	Patient first name													
	A0500C	Patient last name													
	A0500D	Patient name suffix													

## Data Submission Specifications for the Hospice Item Set (V3.00.0)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-3018	Format	Fatal	<p>Formatting of Alphanumeric Text Items That Can Contain Special Characters:</p> <p>If this item is not equal to one of the special values (if any) that are listed in the Item Values table of the Detailed Data Specifications Report, then it must contain a text string. This text string may contain only the following characters:</p> <p>a) The numeric characters: [0] through [9].</p> <p>b) The letters [A] through [Z] and [a] through [z].</p> <p>c) The following special characters:</p> <p style="margin-left: 40px;">[@] (at sign)</p> <p style="margin-left: 40px;">['] (single quote)</p> <p style="margin-left: 40px;">[/] (forward slash)</p> <p style="margin-left: 40px;">[+] (plus sign)</p> <p style="margin-left: 40px;">[,] (comma)</p> <p style="margin-left: 40px;">[.] (period)</p> <p><b>Items:</b> A0500B Patient middle initial</p>
-3019	Format	Fatal	<p>Formatting of email address.</p> <p>Any valid email address will be accepted. The text string may contain any printable characters except the following:</p> <p>' single quote</p> <p>" double quote</p> <p>, comma</p> <p>; semi-colon</p> <p>: colon</p> <p>\ back slash</p> <p>() right and left parentheses</p> <p>[] right and left brackets</p> <p>{ } right and left braces</p> <p>&lt; less than</p> <p>&gt; greater than</p> <p>space (embedded space)</p> <p><b>Items:</b> SFTWR_VNDR_EMAIL_ADR Software vendor email address</p>
-3020	Consistency	Fatal	<p>FAC_ID is the facility/provider ID.</p> <p>a) This must be the FAC_ID assigned to the provider upon registration. The submitted value must match the FAC_ID in the QIES Assessment Processing System for the facility or provider.</p> <p>b) A user submitting a file for a provider must be authorized to submit for the provider identified by the FAC_ID item in the file.</p> <p><b>Items:</b> FAC_ID Assigned provider submission ID</p>
-3021	Consistency	Warning	<p>The value submitted for A0100B (provider's CMS Certification Number -- CCN) will be compared with the value that is currently in the ASAP database. If the values do not match, a warning will be issued.</p> <p><b>Items:</b> A0100B Facility CMS Certification Number (CCN)</p>

## Data Submission Specifications for the Hospice Item Set (V3.00.0)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items																
-3022	Format	Fatal	<p>This is a required text item. A valid non-blank value must be submitted.</p> <p><b>Items:</b></p> <table><tr><td>FAC_ID</td><td>Assigned provider submission ID</td></tr><tr><td>SFTWR_VNDR_ID</td><td>Software vendor federal employer tax ID</td></tr><tr><td>SFTWR_VNDR_NAME</td><td>Software vendor company name</td></tr><tr><td>SFTWR_VNDR_EMAIL_ADR</td><td>Software vendor email address</td></tr><tr><td>A0500A</td><td>Patient first name</td></tr></table>	FAC_ID	Assigned provider submission ID	SFTWR_VNDR_ID	Software vendor federal employer tax ID	SFTWR_VNDR_NAME	Software vendor company name	SFTWR_VNDR_EMAIL_ADR	Software vendor email address	A0500A	Patient first name						
FAC_ID	Assigned provider submission ID																		
SFTWR_VNDR_ID	Software vendor federal employer tax ID																		
SFTWR_VNDR_NAME	Software vendor company name																		
SFTWR_VNDR_EMAIL_ADR	Software vendor email address																		
A0500A	Patient first name																		
-3023	Consistency	Fatal	<p>In order to modify or inactivate a record that has previously been accepted by the submission system, the system must be able to locate the previous record. Appropriate values from the record to be corrected must therefore be submitted for the following locator items:</p> <p>a) A0250 (reason for record) b) A0500A (patient first name) c) A0500C (patient last name) d) A0800 (gender) e) A0600A (social security number) f) A0900 (birth date) g) A0220 (admission date) h) A0270 (discharge date)</p> <p>If a matching previously accepted record cannot be located, a fatal error will result and the submitted record will be rejected.</p> <p><b>Items:</b></p> <table><tr><td>A0220</td><td>Admission date</td></tr><tr><td>A0250</td><td>Reason for record</td></tr><tr><td>A0270</td><td>Discharge date</td></tr><tr><td>A0500A</td><td>Patient first name</td></tr><tr><td>A0500C</td><td>Patient last name</td></tr><tr><td>A0600A</td><td>Social Security Number</td></tr><tr><td>A0800</td><td>Gender</td></tr><tr><td>A0900</td><td>Birthdate</td></tr></table>	A0220	Admission date	A0250	Reason for record	A0270	Discharge date	A0500A	Patient first name	A0500C	Patient last name	A0600A	Social Security Number	A0800	Gender	A0900	Birthdate
A0220	Admission date																		
A0250	Reason for record																		
A0270	Discharge date																		
A0500A	Patient first name																		
A0500C	Patient last name																		
A0600A	Social Security Number																		
A0800	Gender																		
A0900	Birthdate																		
-3024	Consistency	Fatal	<p>If any item A1000A through A1000F is equal to [-], then all items from A1000A through A1000F must equal [-].</p> <p><b>Items:</b></p> <table><tr><td>A1000A</td><td>Ethnicity: American Indian or Alaska Native</td></tr><tr><td>A1000B</td><td>Ethnicity: Asian</td></tr><tr><td>A1000C</td><td>Ethnicity: Black or African American</td></tr><tr><td>A1000D</td><td>Ethnicity: Hispanic or Latino</td></tr><tr><td>A1000E</td><td>Ethnicity: Native Hawaiian/Pacific Islander</td></tr><tr><td>A1000F</td><td>Ethnicity: White</td></tr></table>	A1000A	Ethnicity: American Indian or Alaska Native	A1000B	Ethnicity: Asian	A1000C	Ethnicity: Black or African American	A1000D	Ethnicity: Hispanic or Latino	A1000E	Ethnicity: Native Hawaiian/Pacific Islander	A1000F	Ethnicity: White				
A1000A	Ethnicity: American Indian or Alaska Native																		
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A1000D	Ethnicity: Hispanic or Latino																		
A1000E	Ethnicity: Native Hawaiian/Pacific Islander																		
A1000F	Ethnicity: White																		
-3025	Consistency	Fatal	<p>The first record that is submitted to correct or inactivate an existing record must have a value of "01" in CRCTN_NUM (correction number). If that correction/inactivation is accepted and if a subsequent correction/inactivation is required, it must have a value of "02", and so on. In other words, the correction number in CRCTN_NUM on the first correction/inactivation must be "01", and the value on each subsequent correction/inactivation must be incremented by 1. If the value submitted in CRCTN_NUM is incorrect, a fatal error will result and the submitted record will be rejected.</p> <p><b>Items:</b></p> <table><tr><td>CRCTN_NUM</td><td>Correction number</td></tr></table>	CRCTN_NUM	Correction number														
CRCTN_NUM	Correction number																		



## Data Submission Specifications for the Hospice Item Set (V3.00.0)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items																												
-3026	Format	Fatal	<p>The length of the text submitted for a free-form text item must not exceed the maximum length specified for that item.</p> <p><b>Items:</b></p> <table><tr><td>SFTWR_VNDR_ID</td><td>Software vendor federal employer tax ID</td></tr><tr><td>SFTWR_VNDR_NAME</td><td>Software vendor company name</td></tr><tr><td>SFTWR_VNDR_EMAIL_ADR</td><td>Software vendor email address</td></tr><tr><td>SFTWR_PROD_NAME</td><td>Software product name</td></tr><tr><td>SFTWR_PROD_VRSN_CD</td><td>Software product version code</td></tr><tr><td>A0100A</td><td>Facility National Provider Identifier (NPI)</td></tr><tr><td>A0100B</td><td>Facility CMS Certification Number (CCN)</td></tr><tr><td>A0500A</td><td>Patient first name</td></tr><tr><td>A0500B</td><td>Patient middle initial</td></tr><tr><td>A0500C</td><td>Patient last name</td></tr><tr><td>A0500D</td><td>Patient name suffix</td></tr><tr><td>A0600A</td><td>Social Security Number</td></tr><tr><td>A0600B</td><td>Patient Medicare/railroad insurance number</td></tr><tr><td>A0700</td><td>Patient Medicaid number</td></tr></table>	SFTWR_VNDR_ID	Software vendor federal employer tax ID	SFTWR_VNDR_NAME	Software vendor company name	SFTWR_VNDR_EMAIL_ADR	Software vendor email address	SFTWR_PROD_NAME	Software product name	SFTWR_PROD_VRSN_CD	Software product version code	A0100A	Facility National Provider Identifier (NPI)	A0100B	Facility CMS Certification Number (CCN)	A0500A	Patient first name	A0500B	Patient middle initial	A0500C	Patient last name	A0500D	Patient name suffix	A0600A	Social Security Number	A0600B	Patient Medicare/railroad insurance number	A0700	Patient Medicaid number
SFTWR_VNDR_ID	Software vendor federal employer tax ID																														
SFTWR_VNDR_NAME	Software vendor company name																														
SFTWR_VNDR_EMAIL_ADR	Software vendor email address																														
SFTWR_PROD_NAME	Software product name																														
SFTWR_PROD_VRSN_CD	Software product version code																														
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A0500B	Patient middle initial																														
A0500C	Patient last name																														
A0500D	Patient name suffix																														
A0600A	Social Security Number																														
A0600B	Patient Medicare/railroad insurance number																														
A0700	Patient Medicaid number																														
-3027	Consistency	Fatal	<p>a) If SFTWR_PROD_NAME is equal to [^], then SFTWR_PROD_VRSN_CD must be equal to [^].</p> <p>b) If SFTWR_PROD_NAME is not equal to [^], then SFTWR_PROD_VRSN_CD must not be equal to [^].</p> <p><b>Items:</b></p> <table><tr><td>SFTWR_PROD_NAME</td><td>Software product name</td></tr><tr><td>SFTWR_PROD_VRSN_CD</td><td>Software product version code</td></tr></table>	SFTWR_PROD_NAME	Software product name	SFTWR_PROD_VRSN_CD	Software product version code																								
SFTWR_PROD_NAME	Software product name																														
SFTWR_PROD_VRSN_CD	Software product version code																														
-3028	Consistency	Fatal	<p>The Item Subset Code (ISC) is a two-character code that indicates the type of record that is being submitted. The set of active items is controlled by the ISC.</p> <p>The submission system will recalculate the ISC and compare the recalculated value with the value that is submitted in ITM_SBST_CD. If the recalculated value does not match the value submitted in ITM_SBST_CD, a fatal error will result.</p> <p>The ISC is defined as follows:</p> <p>If A0050 = [1,2] and A0250 = [01] then ITM_SBST_CD = [HA]</p> <p>If A0050 = [1,2] and A0250 = [09] then ITM_SBST_CD = [HD]</p> <p>If A0050 = [3] and A0250 = [01,09] then ITM_SBST_CD = [XX]</p> <p><b>Items:</b></p> <table><tr><td>ITM_SBST_CD</td><td>Item subset code</td></tr><tr><td>A0050</td><td>Type of record</td></tr><tr><td>A0250</td><td>Reason for record</td></tr></table>	ITM_SBST_CD	Item subset code	A0050	Type of record	A0250	Reason for record																						
ITM_SBST_CD	Item subset code																														
A0050	Type of record																														
A0250	Reason for record																														
-3029	Format	Fatal	<p>Formatting of Alphanumeric Text Items That Can Contain Dashes, Spaces, Ampersands, and Other Special Characters:</p> <p>If this item is not equal to one of the special values (if any) that are listed in the Item Values table of the Detailed Data Specifications Report, then it must contain a text string.</p> <p>This text string may contain only the following characters:</p> <p>a) The numeric characters: [0] through [9].</p> <p>b) The letters [A] through [Z] and [a] through [z].</p> <p>c) The character [-].</p>																												

## Data Submission Specifications for the Hospice Item Set (V3.00.0)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			<p>d) The following special characters:</p> <ul style="list-style-type: none"> <li>[&amp;] (ampersand)</li> <li>[@] (at sign)</li> <li>['] (single quote)</li> <li>[/] (forward slash)</li> <li>[+] (plus sign)</li> <li>[,] (comma)</li> <li>[.] (period)</li> <li>[_] (underscore)</li> </ul> <p>e) Embedded spaces (spaces surrounded by any of the characters listed)</p> <p><b>Items:</b>    SFTWR_VNDR_NAME            Software vendor company name                     SFTWR_PROD_NAME        Software product name</p>
-3032	Consistency	Fatal	<p>DATE ITEM CONSISTENCY RULES</p> <p>Date items fall into three groups - designated Group A, Group B and Group C - see below. Each group has its own consistency rules.</p> <p>-----</p> <p>GROUP A RULES (Edit -3032a)</p> <p>Group A items are listed below. Each active item in this list that contains a valid date (not blank or dash) must be in the specified order:</p> <p>A0900 (birth date) &lt;=</p> <p>A0220 (admission date) &lt;=</p> <p>A0245 (date initial nursing assessment initiated) &lt;=</p> <p>A0270 (discharge date) &lt;=</p> <p>Z0500B (date of signature verifying record completion) &lt;=</p> <p>submission date</p> <p>-----</p> <p>GROUP B RULES (Edit -3032b)</p> <p>Group B items are listed below. Each active item in this list that contains a valid date (not blank or dash) must obey all of the following rules:</p> <ol style="list-style-type: none"> <li>1. Each Group B date must be greater than or equal to A0220 (admission date).</li> <li>2. Each Group B date must be less than or equal to Z0500B (date record completion was verified).</li> <li>3. For date pairs shown below, the first date listed must be less than or equal to the second date listed.</li> <li>4. Otherwise, the Group B dates may be in any order.</li> </ol> <p>The following is a list of Group B dates:</p> <ul style="list-style-type: none"> <li>a) J0900B (date of first screening for pain) &lt;= J0910B (date of comprehensive pain assessment)</li> <li>b) J2030B (date of first screening for shortness of breath)</li> <li>c) J2040B (date treatment for shortness of breath initiated)</li> <li>d) N0500B (date scheduled opioid initiated or continued)</li> <li>e) N0510B (date PRN opioid initiated or continued)</li> <li>f) N0520B (date bowel regimen initiated or continued)</li> </ul> <p>-----</p>

# Data Submission Specifications for the Hospice Item Set (V3.00.0)

## Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items																																
			<p>GROUP C RULES (Edit –3032c)</p> <p>Group C items are listed below. Each Group C date must be less than or equal to Z0500B (date record completion was verified).</p> <p>The following is a list of Group C dates:</p> <p>a) F2000B (date asked about CPR)</p> <p>b) F2100B (date asked about treatment other than CPR)</p> <p>c) F2200B (date asked about hospitalization)</p> <p><b>Items:</b></p> <table><tr><td>A0220</td><td>Admission date</td></tr><tr><td>A0245</td><td>Date initial nursing assessment initiated</td></tr><tr><td>A0270</td><td>Discharge date</td></tr><tr><td>A0900</td><td>Birthdate</td></tr><tr><td>F2000B</td><td>Date asked about CPR</td></tr><tr><td>F2100B</td><td>Date asked about treatment other than CPR</td></tr><tr><td>F2200B</td><td>Date asked about hospitalization</td></tr><tr><td>F3000B</td><td>Date asked about spiritual/existential concerns</td></tr><tr><td>J0900B</td><td>Date of first screening for pain</td></tr><tr><td>J0910B</td><td>Date of comprehensive pain assessment</td></tr><tr><td>J2030B</td><td>Date of first screening for shortness of breath</td></tr><tr><td>J2040B</td><td>Date treatment for shortness of breath initiated</td></tr><tr><td>N0500B</td><td>Date scheduled opioid initiated or continued</td></tr><tr><td>N0510B</td><td>Date PRN opioid initiated or continued</td></tr><tr><td>N0520B</td><td>Date bowel regimen initiated or continued</td></tr><tr><td>Z0500B</td><td>Date of signature verifying record completion</td></tr></table>	A0220	Admission date	A0245	Date initial nursing assessment initiated	A0270	Discharge date	A0900	Birthdate	F2000B	Date asked about CPR	F2100B	Date asked about treatment other than CPR	F2200B	Date asked about hospitalization	F3000B	Date asked about spiritual/existential concerns	J0900B	Date of first screening for pain	J0910B	Date of comprehensive pain assessment	J2030B	Date of first screening for shortness of breath	J2040B	Date treatment for shortness of breath initiated	N0500B	Date scheduled opioid initiated or continued	N0510B	Date PRN opioid initiated or continued	N0520B	Date bowel regimen initiated or continued	Z0500B	Date of signature verifying record completion
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F3000B	Date asked about spiritual/existential concerns																																		
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J2040B	Date treatment for shortness of breath initiated																																		
N0500B	Date scheduled opioid initiated or continued																																		
N0510B	Date PRN opioid initiated or continued																																		
N0520B	Date bowel regimen initiated or continued																																		
Z0500B	Date of signature verifying record completion																																		
-3034	Consistency	Warning	<p>RECORD SUBMISSION TIMING RULES</p> <p>The following rules specify the maximum number of days which should elapse between each date listed and the submission date. Violation of these rules will result in warnings.</p> <p>These rules apply only to new records (where A0050=[1]). They do not apply to modification or inactivation records (where A0050=[2,3]).</p> <p>a) If A0250=[01] (admission record), then submission date minus A0220 (admission date) should be less than or equal to 30 days.</p> <p>b) If A0250=[09] (discharge record), then submission date minus A0270 (discharge date) should be less than or equal to 30 days.</p> <p><b>Items:</b></p> <table><tr><td>A0050</td><td>Type of record</td></tr><tr><td>A0220</td><td>Admission date</td></tr><tr><td>A0250</td><td>Reason for record</td></tr><tr><td>A0270</td><td>Discharge date</td></tr></table>	A0050	Type of record	A0220	Admission date	A0250	Reason for record	A0270	Discharge date																								
A0050	Type of record																																		
A0220	Admission date																																		
A0250	Reason for record																																		
A0270	Discharge date																																		
-3035	Skip pattern	Fatal	<p>a) If F2000A=[0], then if F2000B is active it must equal [^].</p> <p>b) If F2000A=[1,2], then if F2000B is active it must not equal [^].</p> <p><b>Items:</b></p> <table><tr><td>F2000A</td><td>Was patient asked about CPR</td></tr><tr><td>F2000B</td><td>Date asked about CPR</td></tr></table>	F2000A	Was patient asked about CPR	F2000B	Date asked about CPR																												
F2000A	Was patient asked about CPR																																		
F2000B	Date asked about CPR																																		
-3036	Skip pattern	Fatal	<p>a) If F2100A=[0], then if F2100B is active it must equal [^].</p> <p>b) If F2100A=[1,2], then if F2100B is active it must not equal [^].</p> <p><b>Items:</b></p> <table><tr><td>F2100A</td><td>Was patient asked about treatments other than</td></tr></table>	F2100A	Was patient asked about treatments other than																														
F2100A	Was patient asked about treatments other than																																		

# Data Submission Specifications for the Hospice Item Set (V3.00.0)

## Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-3037	Skip pattern	Fatal	<b>Items:</b> F2100B Date asked about treatment other than CPR
			a) If F2200A=[0], then if F2200B is active it must equal [^]. b) If F2200A=[1,2], then if F2200B is active it must not equal [^].
			<b>Items:</b> F2200A Was patient asked about hospitalization F2200B Date asked about hospitalization
-3038	Skip pattern	Fatal	a) If F3000A=[0], then if F3000B is active it must equal [^]. b) If F3000A=[1,2], then if F3000B is active it must not equal [^].
			<b>Items:</b> F3000A Was patient asked spiritual/existential concerns F3000B Date asked about spiritual/existential concerns
-3040	Skip pattern	Fatal	a) If J0910A=[0], then all active items from J0910B through J0910C9 must equal [^]. b) If J0910A=[1], then all active items from J0910B through J0910C9 must not equal [^].
			<b>Items:</b> J0910A Was comprehensive pain assessment done
			J0910B Date of comprehensive pain assessment
			J0910C1 Pain asmt included: location
			J0910C2 Pain asmt included: severity
			J0910C3 Pain asmt included: character
			J0910C4 Pain asmt included: duration
			J0910C5 Pain asmt included: frequency
			J0910C6 Pain asmt included: what relieves/worsens
			J0910C7 Pain asmt included: effect function/quality life
			J0910C9 Pain asmt included: none of the above
-3041	None of above	Fatal	If J0910C1 through J0910C7 and J0910C9 are all active, then the following rules apply: a) If J0910C9=[0], then at least one item from J0910C1 through J0910C7 must equal [1]. b) If J0910C9=[1], then all items from J0910C1 through J0910C7 must equal [0]. c) If any item J0910C1 through J0910C9 is equal to [-], then all items from J0910C1 through J0910C9 must equal [-].
			<b>Items:</b> J0910C1 Pain asmt included: location
			J0910C2 Pain asmt included: severity
			J0910C3 Pain asmt included: character
			J0910C4 Pain asmt included: duration
			J0910C5 Pain asmt included: frequency
			J0910C6 Pain asmt included: what relieves/worsens
			J0910C7 Pain asmt included: effect function/quality life
			J0910C9 Pain asmt included: none of the above
-3043	Skip pattern	Fatal	If J2030A=[0], then all active items from J2030B through J2040C4 must equal [^].
			<b>Items:</b> J2030A Was patient screened for shortness of breath
			J2030B Date of first screening for shortness of breath

# **Data Submission Specifications for the Hospice Item Set (V3.00.0)**

## **Unduplicated Edits Report by Edit ID**

<b>ID</b>	<b>Type</b>	<b>Severity</b>	<b>Text/Items</b>
			<b>Items:</b> J2030C Did screening indicate pt had shortness of breath J2040A Was treatment for shortness of breath initiated J2040B Date treatment for shortness of breath initiated J2040C1 Type(s) treat for shortness of breath: opioids J2040C2 Type(s) treat for shortness of breath: other med J2040C3 Type(s) treat for shortness of breath: oxygen J2040C4 Type(s) treat for shortness of breath: non-med
<b>-3044</b>	<b>Skip pattern</b>	<b>Fatal</b>	<p>If J2030A=[1], then all active items from J2030B through J2030C must not equal [^].</p> <b>Items:</b> J2030A Was patient screened for shortness of breath J2030B Date of first screening for shortness of breath J2030C Did screening indicate pt had shortness of breath
<b>-3045</b>	<b>Skip pattern</b>	<b>Fatal</b>	<p>If J2030C=[0], then all active items from J2040A through J2040C4 must equal [^].</p> <b>Items:</b> J2030C Did screening indicate pt had shortness of breath J2040A Was treatment for shortness of breath initiated J2040B Date treatment for shortness of breath initiated J2040C1 Type(s) treat for shortness of breath: opioids J2040C2 Type(s) treat for shortness of breath: other med J2040C3 Type(s) treat for shortness of breath: oxygen J2040C4 Type(s) treat for shortness of breath: non-med
<b>-3046</b>	<b>Skip pattern</b>	<b>Fatal</b>	<p>If J2030C=[1], then if J2040A is active it must not equal [^].</p> <b>Items:</b> J2030C Did screening indicate pt had shortness of breath J2040A Was treatment for shortness of breath initiated
<b>-3047</b>	<b>Skip pattern</b>	<b>Fatal</b>	<p>a) If J2040A=[0,1], then all active items from J2040B through J2040C4 must equal [^].  b) If J2040A=[2], then all active items from J2040B through J2040C4 must not equal [^].</p> <b>Items:</b> J2040A Was treatment for shortness of breath initiated J2040B Date treatment for shortness of breath initiated J2040C1 Type(s) treat for shortness of breath: opioids J2040C2 Type(s) treat for shortness of breath: other med J2040C3 Type(s) treat for shortness of breath: oxygen J2040C4 Type(s) treat for shortness of breath: non-med
<b>-3048</b>	<b>Consistency</b>	<b>Fatal</b>	<p>If J2040A=[2], then at least one active item from J2040C1 through J2040C4 must equal [1,-].</p> <b>Items:</b> J2040A Was treatment for shortness of breath initiated J2040C1 Type(s) treat for shortness of breath: opioids J2040C2 Type(s) treat for shortness of breath: other med J2040C3 Type(s) treat for shortness of breath: oxygen J2040C4 Type(s) treat for shortness of breath: non-med

# **Data Submission Specifications for the Hospice Item Set (V3.00.0)**

## **Unduplicated Edits Report by Edit ID**

<b>ID</b>	<b>Type</b>	<b>Severity</b>	<b>Text/Items</b>
<b>-3049</b>	<b>Skip pattern</b>	<b>Fatal</b>	<p>a) If N0500A=[0], then if N0500B is active it must equal [^].  b) If N0500A=[1], then if N0500B is active it must not equal [^].</p> <p><b>Items:</b>    N0500A                      Was scheduled opioid initiated or continued                   N0500B                      Date scheduled opioid initiated or continued</p>
<b>-3050</b>	<b>Skip pattern</b>	<b>Fatal</b>	<p>a) If N0510A=[0], then if N0510B is active it must equal [^].  b) If N0510A=[1], then if N0510B is active it must not equal [^].</p> <p><b>Items:</b>    N0510A                      Was PRN opioid initiated or continued                   N0510B                      Date PRN opioid initiated or continued</p>
<b>-3051</b>	<b>Skip pattern</b>	<b>Fatal</b>	<p>a) If N0520A=[0,1], then if N0520B is active it must equal [^].  b) If N0520A=[2], then if N0520B is active it must not equal [^].</p> <p><b>Items:</b>    N0520A                      Was bowel regimen initiated or continued                   N0520B                      Date bowel regimen initiated or continued</p>
<b>-3052</b>	<b>Consistency</b>	<b>Fatal</b>	<p>If A0050=[1], then CRCTN_NUM must equal [00].</p> <p><b>Items:</b>    CRCTN_NUM                      Correction number                   A0050                              Type of record</p>
<b>-3053</b>	<b>Consistency</b>	<b>Fatal</b>	<p>a) If A0050=[3] (inactivation record) and A0250=[01] (admission record), then A0270 (discharge date) must equal [^].  b) If A0050=[3] (inactivation record) and A0250=[09] (discharge record), then A0270 (discharge date) must not equal [^].</p> <p><b>Items:</b>    A0050                              Type of record                   A0250                              Reason for record                   A0270                              Discharge date</p>
<b>-3054</b>	<b>Format</b>	<b>Fatal</b>	<p>SFTWR_VNDR_ID must contain an Employer ID Number which is 9 digits long.</p> <p><b>Items:</b>    SFTWR_VNDR_ID                      Software vendor federal employer tax ID</p>
<b>-3055</b>	<b>Consistency</b>	<b>Warning</b>	<p>Failure to provide information by submitting a dash [-] indicates incomplete record keeping and could impact measure calculation.</p> <p><b>Items:</b>    F2000B                              Date asked about CPR                   F2100B                              Date asked about treatment other than CPR                   F2200B                              Date asked about hospitalization                   F3000B                              Date asked about spiritual/existential concerns                   J0900B                              Date of first screening for pain                   J0900C                              Patient's pain severity was                   J0900D                              Type of standardized pain tool used                   J0910B                              Date of comprehensive pain assessment                   J0910C1                              Pain asmt included: location                   J0910C2                              Pain asmt included: severity                   J0910C3                              Pain asmt included: character</p>

# Data Submission Specifications for the Hospice Item Set (V3.00.0)

## Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			<b>Items:</b> J0910C4 Pain asmt included: duration J0910C5 Pain asmt included: frequency J0910C6 Pain asmt included: what relieves/worsens J0910C7 Pain asmt included: effect function/quality life J0910C9 Pain asmt included: none of the above J2030B Date of first screening for shortness of breath J2040B Date treatment for shortness of breath initiated J2040C1 Type(s) treat for shortness of breath: opioids J2040C2 Type(s) treat for shortness of breath: other med J2040C3 Type(s) treat for shortness of breath: oxygen J2040C4 Type(s) treat for shortness of breath: non-med N0500B Date scheduled opioid initiated or continued N0510B Date PRN opioid initiated or continued N0520B Date bowel regimen initiated or continued
-3058	Consistency	Fatal	<p>If any item J2040C1 through J2040C4 is equal to [-], then all items from J2040C1 through J2040C4 must equal [-].</p> <b>Items:</b> J2040C1 Type(s) treat for shortness of breath: opioids J2040C2 Type(s) treat for shortness of breath: other med J2040C3 Type(s) treat for shortness of breath: oxygen J2040C4 Type(s) treat for shortness of breath: non-med
-3059	Consistency	Fatal	<p>If N0500A=[1] or N0510A=[1], then if N0520A is active it must not equal [^].</p> <b>Items:</b> N0500A Was scheduled opioid initiated or continued N0510A Was PRN opioid initiated or continued N0520A Was bowel regimen initiated or continued
-3060	Consistency	Fatal	<p>If N0500A=[0] and N0510A=[0], then all active items from N0520A through N0520B must equal [^].</p> <b>Items:</b> N0500A Was scheduled opioid initiated or continued N0510A Was PRN opioid initiated or continued N0520A Was bowel regimen initiated or continued N0520B Date bowel regimen initiated or continued
-3063	Consistency	Warning	<p>If any of the items F2000B, F2100B, F2200B, or F3000B are active, they should be greater than or equal to A0220 (admission date) minus 7 days.</p> <b>Items:</b> A0220 Admission date F2000B Date asked about CPR F2100B Date asked about treatment other than CPR F2200B Date asked about hospitalization F3000B Date asked about spiritual/existential concerns

## Data Submission Specifications for the Hospice Item Set (V3.00.0)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-3064	Consistency	Warning	<p>A0245 (Date Initial Nursing Assessment Initiated) contains a dash. A dash should only be used when the patient was discharged prior to the start of the initial nursing assessment.</p> <p><b>Items:</b> A0245 Date initial nursing assessment initiated</p>
-3065	Format	Warning	<p>Version Code Values: The version code submitted should match one of the values listed in the “Item Values” table of the Detailed Data Specifications Report.</p> <p><b>Items:</b> ITM_SET_VRSN_CD Item set version code SPEC_VRSN_CD Specifications version code</p>
-3066	Skip pattern	Fatal	<p>a) If J0900A=[0], then all active items from J0900B through J0900D must equal [^]. b) If J0900A=[1], then all active items from J0900B through J0900D must not equal [^].</p> <p><b>Items:</b> J0900A Was patient screened for pain J0900B Date of first screening for pain J0900C Patient's pain severity was J0900D Type of standardized pain tool used</p>
-3067	Skip pattern	Fatal	<p>If J0905=[0], then all active items J0910A through J0910C9 must equal [^].</p> <p><b>Items:</b> J0905 Is pain an active problem for the patient? J0910A Was comprehensive pain assessment done J0910B Date of comprehensive pain assessment J0910C1 Pain asmt included: location J0910C2 Pain asmt included: severity J0910C3 Pain asmt included: character J0910C4 Pain asmt included: duration J0910C5 Pain asmt included: frequency J0910C6 Pain asmt included: what relieves/worsens J0910C7 Pain asmt included: effect function/quality life J0910C9 Pain asmt included: none of the above</p>
-3068	Format	Fatal	<p>The patient ZIP code must be either 5 or 9 bytes in length. Do not include a dash if a ZIP+4 code is submitted.</p> <p><b>Items:</b> A0550 Patient zip code</p>
-3069	Consistency	Warning	<p>If A1400K=[1], then A1400A through A1400D, A1400G through A1400J, A1400X and A1400Y must equal [0].</p> <p><b>Items:</b> A1400A Payor: Medicare (FFS) A1400B Payor: Medicare (managed care/Part C/Mcr) A1400C Payor: Medicaid (FFS) A1400D Payor: Medicaid (managed care) A1400G Payor: Other Government A1400H Payor: Private insurance/Medigap A1400I Payor: Private managed care</p>



## Data Submission Specifications for the Hospice Item Set (V3.00.0)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			<b>Items:</b> A1400J Payor: Self-pay A1400K Payor: No payor source A1400X Payor: Unknown A1400Y Payor: Other
-3072	Skip pattern	Fatal	<p>***THIS EDIT WAS DELETED IN V3.00.0 OF THE DATA SPECS.</p> <b>Items:</b> A2115 Reason for discharge
-3073	Consistency	Fatal	<p>***THIS EDIT WAS DELETED IN V3.00.0 OF THE DATA SPECS.</p> <b>Items:</b> A2115 Reason for discharge
-3075	Consistency	Warning	<p>If J0900C=[1,2,3], then J0900D should not be equal to dash [-]. Since pain was rated mild, moderate, or severe, the type of pain rating tool should be identified. If no tool was used, then J0900D should be equal to [9].</p> <b>Items:</b> J0900C Patient's pain severity was J0900D Type of standardized pain tool used
-3076	Consistency	Fatal	<p>If J0900C=[1,2,3], then J0905 must be equal to [1].</p> <b>Items:</b> J0900C Patient's pain severity was J0905 Is pain an active problem for the patient?
-3077	Consistency	Warning	<p>If N0500A=[1] or N0510A=[1], indicating a scheduled or PRN opioid was initiated or continued, and J0905 = [0], then:</p> <p>(a) If the opioid was used to treat pain, J0905 should be equal to [1].</p> <p>(b) If the opioid was used to treat another symptom (e.g., shortness of breath) AND there is no further evidence that pain is an active problem for the patient, leave J0905 equal to [0] and disregard this warning message.</p> <b>Items:</b> J0905 Is pain an active problem for the patient? N0500A Was scheduled opioid initiated or continued N0510A Was PRN opioid initiated or continued
-3078	Format	Fatal	<p>***THIS EDIT WAS DELETED IN V3.00.0 OF THE DATA SPECS.</p> <b>Items:</b> A0600B Patient Medicare/railroad insurance number
-3079	Format	Fatal	<p>Incorrect Medicare Beneficiary Identifier (MBI): This item must conform to the following format:</p> <p>The MBI shall be eleven characters in length.</p> <p>The first character must be numeric, excluding zero (0).</p> <p>The second, fifth, eighth and ninth characters must be alphabetic, excluding the following letters: S, L, O, I, B, and Z.</p> <p>The third and sixth characters must be alphabetic (excluding S, L, O, I, B, and Z) or numeric.</p> <p>The fourth, seventh, tenth and eleventh characters must be numeric.</p> <b>Items:</b> A0600B Patient Medicare/railroad insurance number

## Data Submission Specifications for the Hospice Item Set (V3.00.0)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-9001	Information	None	<p>Vendor's version number for the software that was used to create the hospice data submission file.</p> <p><b>Items:</b> SFTWR_PROD_VRSN_CD Software product version code</p>
-9003	Information	None	<p>Valid federal tax ID (EIN) for the company that developed the software used to create the hospice data submission file.</p> <p><b>Items:</b> SFTWR_VNDR_ID Software vendor federal employer tax ID</p>
-9004	Information	None	<p>Name of the software that was used to create the hospice data submission file.</p> <p><b>Items:</b> SFTWR_PROD_NAME Software product name</p>
-9005	Information	None	<p>Email address of the vendor who created the software that was used to produce the hospice submission file.</p> <p><b>Items:</b> SFTWR_VNDR_EMAIL_ADR Software vendor email address</p>
-9006	Information	None	<p>Any letters that are contained in this item may be submitted as lower case or upper case, but will be converted and stored as upper case by the ASAP system. System reports will therefore display upper case values.</p> <p><b>Items:</b> SFTWR_VNDR_NAME Software vendor company name  SFTWR_PROD_NAME Software product name  SFTWR_PROD_VRSN_CD Software product version code  A0100B Facility CMS Certification Number (CCN)  A0500A Patient first name  A0500B Patient middle initial  A0500C Patient last name  A0500D Patient name suffix  A0600B Patient Medicare/railroad insurance number  A0700 Patient Medicaid number</p>
-9007	Information	None	<p>Submit [+] (the plus sign) to indicate that Medicaid number is pending.</p> <p><b>Items:</b> A0700 Patient Medicaid number</p>
-9008	Information	None	<p>Submit [N] to indicate that the resident is non-Medicaid.</p> <p><b>Items:</b> A0700 Patient Medicaid number</p>
-9009	Information	None	<p>a) If A0250=[01] (admission record), then TARGET_DATE is equal to A0220 (admission date).  b) If A0250=[09] (discharge record), then TARGET_DATE is equal to A0270 (discharge date).</p> <p><b>Items:</b> A0250 Reason for record  A0270 Discharge date  TARGET_DATE Target date</p>
-9011	Information	None	<p>The CMS Certification Number (CCN) for hospices is currently 6 digits in length and only contains numbers. However, the specs for this item allow letters and a maximum length of 12 to accommodate changes to the CCN that might occur in the future.</p>

**Data Submission Specifications for the Hospice Item Set (V3.00.0)**  
**Unduplicated Edits Report by Edit ID**

ID	Type	Severity	Text/Items
			Items: A0100B
			Facility CMS Certification Number (CCN)