

# Data Submission Specifications for the IRF-PAI (V5.02.0)

## Detailed Data Specifications Report

### Section: H

Item ID: H0350

XML Tag	Item Label	Item Group	Item Type	Max Length	Fixed Format Start-End
H0350	Bladder Contenance	Asmt	Code	1	1614-1614

#### Item Values

Value	Value Text
0	Always continent (no documented incontinence)
1	Stress incontinence only
2	Incontinent less than daily (e.g., once or twice during the 3-day assessment period)
3	Incontinent daily (at least once a day)
4	Always incontinent
5	No urine output (e.g., renal failure)
9	Not applicable (e.g., indwelling catheter)
-	Not Assessed/No Information

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-1010	Format	Fatal	Invalid Data Value: The submitted value for this item is not in the valid range of acceptable values.

#### Version Changes

Type	ID	Description
Format	-1010	[V5.02.0]-Added mappings to new items A1400A-A1400K, A1400X, A1400Y, O0350. Removed mappings to the following deleted items: GG0130A2, GG0130B2, GG0130C2, GG0130E2, GG0130F2, GG0130G2, GG0130H2, GG0170A2, GG0170B2, GG0170C2, GG0170D2, GG0170E2, GG0170F2, GG0170G2, GG0170I2, GG0170J2, GG0170K2, GG0170L2, GG0170M2, GG0170N2, GG0170O2, GG0170P2, GG0170R2, GG0170S2, 20A, 20B.

# Data Submission Specifications for the IRF-PAI (V5.02.0)

## Detailed Data Specifications Report

### Section: H

Item ID: H0400

XML Tag	Item Label	Item Group	Item Type	Max Length	Fixed Format Start-End
H0400	Bowel Continence	Asmt	Code	1	1615-1615

#### Item Values

Value	Value Text
0	Always continent
1	Occasionally incontinent (one episode of bowel incontinence)
2	Frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel movement)
3	Always incontinent (no episodes of continent bowel movements)
9	Not rated, patient had an ostomy or did not have a bowel movement for the entire 3 days.
-	Not Assessed/No Information

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-5004	Consistency	Warning	A dash (-) submitted in this item may result in a payment reduction for your facility of two percentage points for the applicable FY annual increase factor.
-1010	Format	Fatal	Invalid Data Value: The submitted value for this item is not in the valid range of acceptable values.

#### Version Changes

Type	ID	Description
Format	-1010	[V5.02.0]-Added mappings to new items A1400A-A1400K, A1400X, A1400Y, O0350. Removed mappings to the following deleted items: GG0130A2, GG0130B2, GG0130C2, GG0130E2, GG0130F2, GG0130G2, GG0130H2, GG0170A2, GG0170B2, GG0170C2, GG0170D2, GG0170E2, GG0170F2, GG0170G2, GG0170I2, GG0170J2, GG0170K2, GG0170L2, GG0170M2, GG0170N2, GG0170O2, GG0170P2, GG0170R2, GG0170S2, 20A, 20B.
Consistency	-5004	[V5.02.0]-Added mapping to new item O0350. Added mappings to the M0300 admission items. Removed mappings to D0160_1 and D0160_2.