

## Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-1000	Format	Fatal	<p>If the value is not equal to [^], it must be 9 characters long.</p> <p><b>Items:</b> A0600A Social Security Number</p>
-1001	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>
-1002	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>
-1003	Format	Fatal	<p>If A0100A is not equal to [^], then it must be 10 digits long.</p> <p><b>Items:</b> A0100A Facility National Provider Identifier (NPI)</p>
-1007	Consistency	Fatal	<p>The Item Subset Code (ISC) is a two- or three-character code that indicates the type of record that is being submitted. The set of active items is controlled by the ISC. The characters of the ISC are defined as follows:</p> <p>Characters 1 and 2 indicate the type of record and are based upon the values of the Type of Provider (A0200) and Reason For Assessment (RFA) (A0250). The "Item Subset Code (ISC) Report" that accompanies the data specifications lists all possible combinations of the RFA items and their associated ISCs.</p> <p>Note: A special ISC is used for inactivations. When the record is an inactivation (A0050=[3]), then the ISC is equal to [XX].</p> <p><b>Items:</b> A0200 Type of provider A0250 Reason for Assessment</p>
-1008	Consistency	Fatal	<p>A0900 (Birth Date) cannot be more than 140 years earlier than the current date.</p> <p><b>Items:</b> A0900 Birth Date</p>
-1009	Format	Fatal	<p>Only the code values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.</p> <p><b>Items:</b> ASMT_SYS_CD Assessment system code ITM_SBST_CD Item subset code STATE_CD Facility's state postal code A0050 Type of record A0200 Type of provider A0250 Reason for Assessment A0800 Gender A1005A Ethnicity: No, not Hispanic, Latino/a, Spanish A1005B Ethnicity: Yes, Mex, Mex Amer, Chicano/a A1005C Ethnicity: Yes, Puerto Rican A1005D Ethnicity: Yes, Cuban A1005E Ethnicity: Yes, another Hispanic/Latino/Spanish A1005X Ethnicity: Patient unable to respond A1005Y Ethnicity: Patient declines to respond A1010A Race: White A1010B Race: Black or African American</p>

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ID	Type	Severity	Text/Items
			<b>Items:</b>
			A1010C Race: American Indian or Alaska Native
			A1010D Race: Asian Indian
			A1010E Race: Chinese
			A1010F Race: Filipino
			A1010G Race: Japanese
			A1010H Race: Korean
			A1010I Race: Vietnamese
			A1010J Race: Other Asian
			A1010K Race: Native Hawaiian
			A1010L Race: Guamanian or Chamorro
			A1010M Race: Samoan
			A1010N Race: Other Pacific Islander
			A1010X Race: Patient unable to respond
			A1010Y Race: Patient declines to respond
			A1010Z Race: None of the above
			A1110B Does the patient need or want an interpreter
			A1200 Marital status
			A1250A Transportation: Yes, medical
			A1250B Transportation: Yes, non-medical
			A1250C Transportation: No
			A1250X Transportation: Patient unable to respond
			A1250Y Transportation: Patient declines to respond
			A1400A Payer: Medicare (FFS)
			A1400B Payer: Medicare (managed care/Part C/Mcr Advant.)
			A1400C Payer: Medicaid (FFS)
			A1400D Payer: Medicaid (managed care)
			A1400E Payer: Workers' compensation
			A1400F Payer: Title programs
			A1400G Payer: Other Government
			A1400H Payer: Private insurance/Medigap
			A1400I Payer: Private managed care
			A1400J Payer: Self-pay
			A1400K Payer: No payer source
			A1400X Payer: Unknown
			A1400Y Payer: Other
			A1805 Admitted from
			A1990 Discharged against medical advice
			A2105 Discharge location
			A2121 Current Reconciled Medication List - Provider
			A2122A Provider Trans - Electronic Health Record
			A2122B Provider Trans - Health Info Exchange
			A2122C Provider Trans - Verbal

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ID	Type	Severity	Text/Items
		Items:	A2122D Provider Trans - Paper-based
			A2122E Provider Trans - Other Methods
			A2123 Current Reconciled Medication List - Ptnt/Fam/Care
			A2124A Patient Trans - Electronic Health Record
			A2124B Patient Trans - Health Info Exchange
			A2124C Patient Trans - Verbal
			A2124D Patient Trans - Paper-based
			A2124E Patient Trans - Other Methods
			B0100 Comatose
			B0200 Hearing
			B1000 Vision
			B1300 Health Literacy
			BB0700 Expression of Ideas and Wants (3-day asmt period)
			BB0800 Understand Verbal/Non-Verbal Content (3-day asmt)
			C0100 Brief Interview for Mental Status
			C0200 Repetition of three words
			C0300A Temporal Orientation: Able to report correct year
			C0300B Temporal Orientation: Able to report correct month
			C0300C Temporal Orientation: Able to report correct day
			C0400A Recall: Able to recall "sock"
			C0400B Recall: Able to recall "blue"
			C0400C Recall: Able to recall "bed"
			C1310A Delirium: Acute Onset Mental Status Change
			C1310B Delirium: Inattention
			C1310C Delirium: Disorganized thinking
			C1310D Delirium: Altered level of consciousness
			D0150A1 Mood: Little interest/pleasure doing things: Pres
			D0150A2 Mood: Little interest/pleasure doing things: Freq
			D0150B1 Mood: Feeling down, depressed, or hopeless: Pres
			D0150B2 Mood: Feeling down, depressed, or hopeless: Freq
			D0150C1 Mood: Trouble falling or staying asleep: Pres
			D0150C2 Mood: Trouble falling or staying asleep: Freq
			D0150D1 Mood: Feeling tired or having little energy: Pres
			D0150D2 Mood: Feeling tired or having little energy: Freq
			D0150E1 Mood: Poor appetite or overeating: Pres
			D0150E2 Mood: Poor appetite or overeating: Freq
			D0150F1 Mood: Feeling bad about yourself: Pres
			D0150F2 Mood: Feeling bad about yourself: Freq
			D0150G1 Mood: Trouble concentrating on things: Pres
			D0150G2 Mood: Trouble concentrating on things: Freq
			D0150H1 Mood: Moving or speaking so slowly: Pres
			D0150H2 Mood: Moving or speaking so slowly: Freq

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## Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
		Items:	D0150I1 Mood: Thoughts of better off dead: Pres
			D0150I2 Mood: Thoughts of better off dead: Freq
			D0700 Social Isolation
			GG0100B Indoor Mobility (Ambulation)
			GG0110A Manual wheelchair
			GG0110B Motorized wheelchair and/or scooter
			GG0110C Mechanical lift
			GG0110Z None of the above
			GG0130A1 Self-Care (Adm Perf) - Eating
			GG0130A3 Self-Care (Dschg Perf) - Eating
			GG0130B1 Self-Care (Adm Perf) - Oral hygiene
			GG0130B3 Self-Care (Dschg Perf) - Oral hygiene
			GG0130C1 Self-Care (Adm Perf) - Toileting hygiene
			GG0130C3 Self-Care (Dschg Perf) - Toileting hygiene
			GG0170A1 Func Mobil (Adm Perf) - Roll left and right
			GG0170A3 Func Mobil (Dschg Perf) - Roll left and right
			GG0170B1 Func Mobil (Adm Perf) - Sit to lying
			GG0170B3 Func Mobil (Dschg Perf) - Sit to lying
			GG0170C1 Func Mobil (Adm Perf) - Lying to sitting on side
			GG0170C3 Func Mobil (Dschg Perf) - Lying to sitting on side
			GG0170D1 Func Mobil (Adm Perf) - Sit to stand
			GG0170D3 Func Mobil (Dschg Perf) - Sit to stand
			GG0170E1 Func Mobil (Adm Perf) - Chair/bed-to-chair trans
			GG0170E3 Func Mobil (Dschg Perf) - Chair/bed-to-chair trans
			GG0170F1 Func Mobil (Adm Perf) - Toilet transfer
			GG0170F3 Func Mobil (Dschg Perf) - Toilet transfer
			GG0170G1 Func Mobil (Adm Perf) - Car Transfer
			GG0170G3 Func Mobil (Dschrg Perf) - Car Transfer
			GG0170I1 Func Mobil (Adm Perf) - Walk 10 feet
			GG0170I3 Func Mobil (Dschg Perf) - Walk 10 feet
			GG0170J1 Func Mobil (Adm Perf) - Walk 50 feet w/2 turns
			GG0170J3 Func Mobil (Dschg Perf) - Walk 50 feet w/2 turns
			GG0170K1 Func Mobil (Adm Perf) - Walk 150 feet
			GG0170K3 Func Mobil (Dschg Perf) - Walk 150 feet
			GG0170L1 Func Mobil (Adm Perf) - Walking 10ft uneven surf
			GG0170L3 Func Mobil (Dschg Perf) - Walk 10ft uneven surf
			GG0170M1 Func Mobil (Adm Perf) - 1 step (curb)
			GG0170M3 Func Mobil (Dschg Perf) - 1 step (curb)
			GG0170N1 Func Mobil (Adm Perf) - 4 steps
			GG0170N3 Func Mobil (Dschg Perf) - 4 steps
			GG0170O1 Func Mobil (Adm Perf) - 12 steps
			GG0170O3 Func Mobil (Dschg Perf) - 12 steps

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## Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
		Items:	GG0170P1 Func Mobil (Adm Perf) - Picking up an object
			GG0170P3 Func Mobil (Dschg Perf) - Picking up an object
			GG0170Q1 Does the patient use a wheelchair and/or scooter
			GG0170Q3 Does the patient use a wheelchair and/or scooter
			GG0170R1 Func Mobil (Adm Perf) - Wheel 50 feet w/2 turns
			GG0170R3 Func Mobil (Dschg Perf) - Wheel 50 feet w/2 turns
			GG0170RR1 Indicate the type of wheelchair or scooter used
			GG0170RR3 Indicate the type of wheelchair or scooter used
			GG0170S1 Func Mobil (Adm Perf) - Wheel 150 feet
			GG0170S3 Func Mobil (Dschg Perf) - Wheel 150 feet
			GG0170SS1 Indicate the type of wheelchair or scooter used
			GG0170SS3 Indicate the type of wheelchair or scooter used.
			H0350 Bladder continence
			H0400 Bowel continence
			I0050 Patient primary medical condition
			I0103 Metastatic Cancer
			I0104 Severe Cancer
			I0605 Severe Left Systolic/Ventricular Dysfunction
			I0900 Peripheral vascular disease (PVD) or PAD
			I1501 Chronic Kidney Disease, Stage 5
			I1502 Acute Renal Failure
			I2101 Septicemia, Sepsis, Systemic Inflammatory Response
			I2600 CNS Infect, Oppor Infect, Bone/Joint/Muscle Infect
			I2900 Diabetes mellitus (DM)
			I4100 Major Lower Limb Amputation
			I4501 Stroke
			I4801 Dementia
			I4900 Hemiplegia or Hemiparesis
			I5000 Paraplegia
			I5101 Complete Tetraplegia
			I5102 Incomplete Tetraplegia
			I5110 Other Spinal Cord Disorder/Injury
			I5200 Multiple Sclerosis (MS)
			I5250 Huntington's Disease
			I5300 Parkinson's Disease
			I5450 Amyotrophic Lateral Sclerosis
			I5455 Other Progressive Neuromuscular Disease
			I5460 Locked-In State
			I5470 Severe Anoxic Brain Damage, Cerebral Edema
			I5480 Other Severe Neurological Injury-Disease-Dysfunc
			I5601 Malnutrition
			I7100 Lung Transplant

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## Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
		Items:	I7101 Heart Transplant
			I7102 Liver Transplant
			I7103 Kidney Transplant
			I7104 Bone Marrow Transplant
			I7900 None of the Above
			J0510 Pain Effect on Sleep
			J0520 Pain Interference with Therapy Activities
			J0530 Pain Interference with Day-to-Day Activities
			J1800 Any Falls Since Admission
			J1900A Num Falls Since Admission - No injury
			J1900B Num Falls Since Admission - Injury (except major)
			J1900C Num Falls Since Admission - Major injury
			K0520A1 Nutritional Approaches (Admission): Parenteral
			K0520A4 Nutritional Approaches (7 days): Parenteral
			K0520A5 Nutritional Approaches (Discharge): Parenteral
			K0520B1 Nutritional Approaches (Admission): Feeding tube
			K0520B4 Nutritional Approaches (7 days): Feeding tube
			K0520B5 Nutritional Approaches (Discharge): Feeding Tube
			K0520C1 Nutritional Approaches (Admission) : Mech Alt Diet
			K0520C4 Nutritional Approaches (7 days): Mech Alt Diet
			K0520C5 Nutritional Approaches (Discharge): Mech Alt Diet
			K0520D1 Nutritional Approaches (Admission) : Therapeutic
			K0520D4 Nutritional Approaches (7 day): Therapeutic
			K0520D5 Nutritional Approaches (Discharge): Therapeutic
			K0520Z1 Nutritional Approaches (Admission) : None
			K0520Z4 Nutritional Approaches (7 days): None
			K0520Z5 Nutritional Approaches (Discharge): None
			M0210 Patient has 1+ unhealed pressure ulcers/injuries
			N0415A1 High-Risk Drug (Is Taking): Antipsychotic
			N0415A2 High-Risk Drug (Indication) : Antipsychotic
			N0415E1 High-Risk Drug (Is taking): Anticoagulant
			N0415E2 High-Risk Drug (Indication): Anticoagulant
			N0415F1 High-Risk Drug (Is taking): Antibiotic
			N0415F2 High-Risk Drug (Indication): Antibiotic
			N0415H1 High-Risk Drug (Is taking): Opioid
			N0415H2 High-Risk Drug (Indication): Opioid
			N0415I1 High-Risk Drug (Is taking): Antiplatelet
			N0415I2 High-Risk Drug (Indication): Antiplatelet
			N0415J1 High-Risk Drug (Is taking): Hypoglycemic
			N0415J2 High-Risk Drug (Indication): Hypoglycemic
			N0415Z1 High-Risk Drug (Is taking): None of the above
			N2001 Drug Regimen Review

**Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)**  
**Unduplicated Edits Report by Edit ID**

ID	Type	Severity	Text/Items
			Items: N2003 Medication Follow-up
			N2005 Medication Intervention
			O0110A1A Treatment: Chemotherapy (Admission)
			O0110A1C Treatment: Chemotherapy (Discharge)
			O0110A2A Treatment: Chemo - IV (Admission)
			O0110A2C Treatment: Chemo - IV (Discharge)
			O0110A3A Treatment: Chemo - Oral (Admission)
			O0110A3C Treatment: Chemo - Oral (Discharge)
			O0110A10A Treatment: Chemo - Other (Admission)
			O0110A10C Treatment: Chemo - Other (Discharge)
			O0110B1A Treatment: Radiation (Admission)
			O0110B1C Treatment: Radiation (Discharge)
			O0110C1A Therapies: Oxygen Therapy (Admission)
			O0110C1C Therapies: Oxygen Therapy (Discharge)
			O0110C2A Therapies: Oxygen - Continuous (Admission)
			O0110C2C Therapies: Oxygen - Continuous (Discharge)
			O0110C3A Therapies: Oxygen - Intermittent (Admission)
			O0110C3C Therapies: Oxygen - Intermittent (Discharge)
			O0110C4A Therapies: Oxygen - High-concentration (Admission)
			O0110C4C Therapies: Oxygen - High-concentration (Discharge)
			O0110D1A Therapies: Suctioning (Admission)
			O0110D1C Therapies: Suctioning (Discharge)
			O0110D2A Therapies: Suctioning - Scheduled (Admission)
			O0110D2C Therapies: Suctioning - Scheduled (Discharge)
			O0110D3A Therapies: Suctioning - As Needed (Admission)
			O0110D3C Therapies: Suctioning - As Needed (Discharge)
			O0110E1A Therapies: Tracheostomy Care (Admission)
			O0110E1C Therapies: Tracheostomy Care (Discharge)
			O0110F1C Therapies: Invasive Mechanical Ventilator (Disch)
			O0110G1A Therapies: Non-Invas Mechanical Ventilator (Admis)
			O0110G1C Therapies: Non-Invas Mechanical Ventilator (Disch)
			O0110G2A Therapies: BiPAP (Admission)
			O0110G2C Therapies: BiPAP (Discharge)
			O0110G3A Therapies: CPAP (Admission)
			O0110G3C Therapies: CPAP (Discharge)
			O0110H1A Other: IV Medications (Admission)
			O0110H1C Other: IV Medications (Discharge)
			O0110H2A Other: IV - Vasoactive medications (Admission)
			O0110H2C Other: IV - Vasoactive medications (Discharge)
			O0110H3A Other: IV - Antibiotics (Admission)
			O0110H3C Other: IV - Antibiotics (Discharge)
			O0110H4A Other: IV - Anticoagulation (Admission)

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ID	Type	Severity	Text/Items
			<b>Items:</b> O0110H4C Other: IV - Anticoagulation (Discharge) O0110H10A Other: IV - Other (Admission) O0110H10C Other: IV - Other (Discharge) O0110I1A Other: Transfusions (Admission) O0110I1C Other: Transfusions (Discharge) O0110J1A Other: Dialysis (Admission) O0110J1C Other: Dialysis (Discharge) O0110J2A Other: Hemodialysis (Admission) O0110J2C Other: Hemodialysis (Discharge) O0110J3A Other: Peritoneal dialysis (Admission) O0110J3C Other: Peritoneal dialysis (Discharge) O0110O1A Other: IV Access (Admission) O0110O1C Other: IV Access (Discharge) O0110O2A Other: IV Access - Peripheral (Admission) O0110O2C Other: IV Access - Peripheral (Discharge) O0110O3A Other: IV Access - Midline (Admission) O0110O3C Other: IV Access - Midline (Discharge) O0110O4A Other: IV Access - Central (Admission) O0110O4C Other: IV Access - Central (Discharge) O0110Z1A Other: None of the above (Admission) O0110Z1C Other: None of the above (Discharge) O0150A SBT: Invasive Mechanical Ventilation Support O0150A2 SBT: Ventilator Weaning Status O0150B SBT: Assessed for readiness by day 2 O0150C SBT: Deemed medically ready by day 2 O0150D SBT: Documentation of reason(s) - patient unready O0150E SBT: Performed by day 2 O0200A Invasive Mechanical Ventilator - Liberation Status O0350 COVID-19 Vaccination Up To Date

-1010 Format Fatal This item must contain either (a) a valid date in YYYYMMDD format, or (b) one of the special values (if any) that are listed in the "Item Values" table of the Detailed Data Specifications Report.

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, 2011 must be submitted as "20110101".

<b>Items:</b> A0210	Assessment reference date
A0220	Admission date
A0270	Discharge date
Z0500B	Date assessment signed as complete



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ID	Type	Severity	Text/Items
-1011	Format	Fatal	<p>This item must contain a valid date in YYYYMMDD, YYYYMM, or YYYY format.</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</p> <p><b>Items:</b>    A0900                      Birth Date</p>
-1012	Format	Fatal	<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) are not accepted.</p> <p><b>Items:</b>    A0055                      Correction number</p> <p>              C0500                      BIMS Summary Score</p> <p>              D0160                      Total severity score</p> <p>              K0200A                    Height (in inches)</p> <p>              K0200B                    Weight (in pounds)</p> <p>              M0300A                    Stage 1 pressure injuries: number present</p> <p>              M0300B1                   Stage 2 pressure ulcers: number present</p> <p>              M0300B2                   Stage 2 pressure ulcers: number at admit</p> <p>              M0300C1                   Stage 3 pressure ulcers: number present</p> <p>              M0300C2                   Stage 3 pressure ulcers: number at admit</p> <p>              M0300D1                   Stage 4 pressure ulcers: number present</p> <p>              M0300D2                   Stage 4 pressure ulcers: number at admit</p> <p>              M0300E1                   Unstageable due to dressing/device: number present</p> <p>              M0300E2                   Unstageable due to dressing/device: number at adm</p> <p>              M0300F1                   Unstageable slough/eschar: number present</p> <p>              M0300F2                   Unstageable slough/eschar: number at admit</p> <p>              M0300G1                   Unstageable as deep tissue: num present</p> <p>              M0300G2                   Unstageable as deep tissue: num at adm</p>

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ID	Type	Severity	Text/Items															
-1013	Format	Fatal	<p>Formatting of Integer Numeric Items:</p> <p>Only integer values and the special values (if any) that are listed in the "Item Values" table of the Detailed Data Specifications Report are 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.</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]. 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].</p> <table><tr><td><b>Items:</b></td><td>A0055</td><td>Correction number</td></tr><tr><td></td><td>C0500</td><td>BIMS Summary Score</td></tr><tr><td></td><td>D0160</td><td>Total severity score</td></tr><tr><td></td><td>K0200A</td><td>Height (in inches)</td></tr><tr><td></td><td>K0200B</td><td>Weight (in pounds)</td></tr></table>	<b>Items:</b>	A0055	Correction number		C0500	BIMS Summary Score		D0160	Total severity score		K0200A	Height (in inches)		K0200B	Weight (in pounds)
<b>Items:</b>	A0055	Correction number																
	C0500	BIMS Summary Score																
	D0160	Total severity score																
	K0200A	Height (in inches)																
	K0200B	Weight (in pounds)																
-1014	Consistency	Fatal	<p>If the SFTWR_VNDR_ID=[^], then SFTWR_VNDR_NAME and SFTWR_VNDR_EMAIL_ADR must equal [^].</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>SFTWR_VNDR_NA</td><td>Software vendor company name</td></tr><tr><td></td><td>ME</td><td></td></tr><tr><td></td><td>SFTWR_VNDR_EM</td><td>Software vendor email address</td></tr><tr><td></td><td>AIL_ADR</td><td></td></tr></table>	<b>Items:</b>	SFTWR_VNDR_ID	Software vendor federal employer tax ID		SFTWR_VNDR_NA	Software vendor company name		ME			SFTWR_VNDR_EM	Software vendor email address		AIL_ADR	
<b>Items:</b>	SFTWR_VNDR_ID	Software vendor federal employer tax ID																
	SFTWR_VNDR_NA	Software vendor company name																
	ME																	
	SFTWR_VNDR_EM	Software vendor email address																
	AIL_ADR																	
-1015	Consistency	Fatal	<p>If the SFTWR_VNDR_ID is not equal to [^], then SFTWR_VNDR_NAME and SFTWR_VNDR_EMAIL_ADR must not equal [^].</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>SFTWR_VNDR_NA</td><td>Software vendor company name</td></tr><tr><td></td><td>ME</td><td></td></tr><tr><td></td><td>SFTWR_VNDR_EM</td><td>Software vendor email address</td></tr><tr><td></td><td>AIL_ADR</td><td></td></tr></table>	<b>Items:</b>	SFTWR_VNDR_ID	Software vendor federal employer tax ID		SFTWR_VNDR_NA	Software vendor company name		ME			SFTWR_VNDR_EM	Software vendor email address		AIL_ADR	
<b>Items:</b>	SFTWR_VNDR_ID	Software vendor federal employer tax ID																
	SFTWR_VNDR_NA	Software vendor company name																
	ME																	
	SFTWR_VNDR_EM	Software vendor email address																
	AIL_ADR																	
-1016	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>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)		A0600A	Social Security Number						
<b>Items:</b>	SFTWR_VNDR_ID	Software vendor federal employer tax ID																
	A0100A	Facility National Provider Identifier (NPI)																
	A0600A	Social Security Number																
-1017	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> <p>b) The letters [A] through [Z] and [a] through [z].</p> <table><tr><td><b>Items:</b></td><td>A0100B</td><td>Facility CMS Certification Number (CCN)</td></tr><tr><td></td><td>A0100C</td><td>State Medicaid provider number</td></tr></table>	<b>Items:</b>	A0100B	Facility CMS Certification Number (CCN)		A0100C	State Medicaid provider number									
<b>Items:</b>	A0100B	Facility CMS Certification Number (CCN)																
	A0100C	State Medicaid provider number																

## Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			<b>Items:</b> A0600B Medicare/railroad insurance number A0700 Medicaid number
-1018	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> <p>[@] (at sign)</p> <p>['] (single quote)</p> <p>[/] (forward slash)</p> <p>[+] (plus sign)</p> <p>[,] (comma)</p> <p>[.] (period)</p> <p>[_] (underscore)</p> <p>e) Embedded spaces (spaces surrounded by any of the characters listed above). For example, [LEGAL TEXT] is allowed.</p> <p><b>Items:</b> SFTWR_PROD_VRS Software product version code  N_CD  A0500A Patient first name  A0500C Patient last name  A0500D Patient name suffix  A1110A Preferred language</p>
-1019	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>[@] (at sign)</p> <p>['] (single quote)</p> <p>[/] (forward slash)</p> <p>[+] (plus sign)</p> <p>[,] (comma)</p> <p>[.] (period)</p> <p>[_] (underscore)</p> <p><b>Items:</b> A0500B Patient middle initial</p>
-1020	Format	Fatal	<p>Formatting of email address.</p> <p>Any valid email address is accepted. The text string may contain any printable characters except single-quotes or double-quotes.</p> <p><b>Items:</b> SFTWR_VNDR_EM Software vendor email address  AIL_ADR</p>
-1021	Consistency	Fatal	<p>The value submitted for FAC_ID is inconsistent with the information stored in iQIES. It must match the FAC_ID in iQIES for the provider. The FAC_ID is the provider's submission ID.</p>

## Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			<b>Items:</b> FAC_ID                      Assigned facility/provider submission ID
-1022	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 iQIES database. If the values do not match, a warning will be issued.</p> <b>Items:</b> A0100B                      Facility CMS Certification Number (CCN)
-1025	Consistency	Fatal	<p>For the first record that is submitted to correct or inactivate an existing record, A0055 (correction number) must equal "01". If that correction/inactivation is accepted and if a subsequent correction/inactivation is required A0055 must equal "02", and so on. If the value submitted in A0055 is incorrect, a fatal error will result and the submitted record will be rejected.</p> <b>Items:</b> A0055                      Correction number
-1026	Consistency	Fatal	<p>If A0050=[1], then A0055 (correction number) must equal [0].</p> <b>Items:</b> A0055                      Correction number A0050                      Type of record
-1027	Format	Fatal	<p>The length of the text submitted for a free-form text item must not exceed the maximum length specified for this item.</p> <b>Items:</b> SFTWR_VNDR_ID      Software vendor federal employer tax ID SFTWR_VNDR_NA      Software vendor company name ME SFTWR_VNDR_EM      Software vendor email address AIL_ADR SFTWR_PROD_NA      Software product name ME SFTWR_PROD_VRS      Software product version code N_CD A0100A                      Facility National Provider Identifier (NPI) A0100C                      State Medicaid provider number A0500A                      Patient first name A0500B                      Patient middle initial A0500C                      Patient last name A0500D                      Patient name suffix A0600A                      Social Security Number A0600B                      Medicare/railroad insurance number A0700                      Medicaid number A1110A                      Preferred language
-1028	Consistency	Fatal	<p>If SFTWR_PROD_NAME=[^], then SFTWR_PROD_VRSN_CD must be equal to [^].</p> <b>Items:</b> SFTWR_PROD_NA      Software product name ME SFTWR_PROD_VRS      Software product version code N_CD
-1029	Consistency	Fatal	<p>If SFTWR_PROD_NAME is not equal to [^], then SFTWR_PROD_VRSN_CD must not be equal to [^].</p>

## Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			<b>Items:</b> SFTWR_PROD_NA Software product name ME SFTWR_PROD_VRS Software product version code N_CD
-1030	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. 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> <p>[&amp;] (ampersand)</p> <p>[@] (at sign)</p> <p>['] (single quote)</p> <p>[/] (forward slash)</p> <p>[+] (plus sign)</p> <p>[,] (comma)</p> <p>[.] (period)</p> <p>[_] (underscore)</p> <p>e) Embedded spaces (spaces surrounded by any of the characters listed above). For example, [LEGAL TEXT] is allowed.</p> <b>Items:</b> SFTWR_VNDR_NA Software vendor company name ME SFTWR_PROD_NA Software product name ME
-1031	Format	Warning	<p>The version code submitted should match one of the values listed in the "Item Values" table of the Detailed Data Specifications Report. For example, do not submit [1.00.], [1.00.0], [1.00.1], or [1.00.2]. A value of [1.00] should be submitted</p> <b>Items:</b> ITM_SET_VRSN_CD Item set version code SPEC_VRSN_CD Specifications version code
-1033	Consistency	Fatal	<p>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> <b>Items:</b> FAC_ID Assigned facility/provider submission ID
-1034	Consistency	Fatal	<p>iQIES 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> <b>Items:</b> ITM_SBST_CD Item subset code
-1036	Consistency	Fatal	<p>If A0050 = [2,3], then A0055 must not be equal to [0].</p> <b>Items:</b> A0055 Correction number A0050 Type of record

## Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items																																							
-1038	Format	Fatal	<p>Formatting of Integer Numeric Items:</p> <p>Only integer values and the special values (if any) that are listed in the "Item Values" table of the Detailed Data Specifications Report are accepted for this item. The maximum length is 1. Leading zeroes, decimal points, and decimal values are not allowed. For example, the only allowed value to be submitted if the value is 1 is [1].</p> <p>The following values are NOT allowed and will lead to a fatal error: [1.], [1.0], [01.],</p> <table><tr><td><b>Items:</b></td><td>M0300A</td><td>Stage 1 pressure injuries: number present</td></tr><tr><td></td><td>M0300B1</td><td>Stage 2 pressure ulcers: number present</td></tr><tr><td></td><td>M0300B2</td><td>Stage 2 pressure ulcers: number at admit</td></tr><tr><td></td><td>M0300C1</td><td>Stage 3 pressure ulcers: number present</td></tr><tr><td></td><td>M0300C2</td><td>Stage 3 pressure ulcers: number at admit</td></tr><tr><td></td><td>M0300D1</td><td>Stage 4 pressure ulcers: number present</td></tr><tr><td></td><td>M0300D2</td><td>Stage 4 pressure ulcers: number at admit</td></tr><tr><td></td><td>M0300E1</td><td>Unstageable due to dressing/device: number present</td></tr><tr><td></td><td>M0300E2</td><td>Unstageable due to dressing/device: number at adm</td></tr><tr><td></td><td>M0300F1</td><td>Unstageable slough/eschar: number present</td></tr><tr><td></td><td>M0300F2</td><td>Unstageable slough/eschar: number at admit</td></tr><tr><td></td><td>M0300G1</td><td>Unstageable as deep tissue: num present</td></tr><tr><td></td><td>M0300G2</td><td>Unstageable as deep tissue: num at adm</td></tr></table>	<b>Items:</b>	M0300A	Stage 1 pressure injuries: number present		M0300B1	Stage 2 pressure ulcers: number present		M0300B2	Stage 2 pressure ulcers: number at admit		M0300C1	Stage 3 pressure ulcers: number present		M0300C2	Stage 3 pressure ulcers: number at admit		M0300D1	Stage 4 pressure ulcers: number present		M0300D2	Stage 4 pressure ulcers: number at admit		M0300E1	Unstageable due to dressing/device: number present		M0300E2	Unstageable due to dressing/device: number at adm		M0300F1	Unstageable slough/eschar: number present		M0300F2	Unstageable slough/eschar: number at admit		M0300G1	Unstageable as deep tissue: num present		M0300G2	Unstageable as deep tissue: num at adm
<b>Items:</b>	M0300A	Stage 1 pressure injuries: number present																																								
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	M0300G2	Unstageable as deep tissue: num at adm																																								
-1039	Format	Fatal	<p>Incorrect Medicare Beneficiary Identifier (MBI): This item must conform to the format defined below:</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 fourth, seventh, tenth and eleventh characters must be numeric.</p> <p>The third and sixth characters must be alphabetic (excluding S, L, O, I, B and Z) or numeric.</p> <table><tr><td><b>Items:</b></td><td>A0600B</td><td>Medicare/railroad insurance number</td></tr></table>	<b>Items:</b>	A0600B	Medicare/railroad insurance number																																				
<b>Items:</b>	A0600B	Medicare/railroad insurance number																																								
-3010	Consistency	Fatal	<p>If A0250=[10,11] and M0300B1=[0,^], then M0300B2 must equal [^].</p> <table><tr><td><b>Items:</b></td><td>A0250</td><td>Reason for Assessment</td></tr><tr><td></td><td>M0300B1</td><td>Stage 2 pressure ulcers: number present</td></tr><tr><td></td><td>M0300B2</td><td>Stage 2 pressure ulcers: number at admit</td></tr></table>	<b>Items:</b>	A0250	Reason for Assessment		M0300B1	Stage 2 pressure ulcers: number present		M0300B2	Stage 2 pressure ulcers: number at admit																														
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	M0300B1	Stage 2 pressure ulcers: number present																																								
	M0300B2	Stage 2 pressure ulcers: number at admit																																								
-3011	Consistency	Fatal	<p>If A0250=[10,11] and M0300B1=[-], then M0300B2 must equal [-].</p> <table><tr><td><b>Items:</b></td><td>A0250</td><td>Reason for Assessment</td></tr><tr><td></td><td>M0300B1</td><td>Stage 2 pressure ulcers: number present</td></tr><tr><td></td><td>M0300B2</td><td>Stage 2 pressure ulcers: number at admit</td></tr></table>	<b>Items:</b>	A0250	Reason for Assessment		M0300B1	Stage 2 pressure ulcers: number present		M0300B2	Stage 2 pressure ulcers: number at admit																														
<b>Items:</b>	A0250	Reason for Assessment																																								
	M0300B1	Stage 2 pressure ulcers: number present																																								
	M0300B2	Stage 2 pressure ulcers: number at admit																																								
-3012	Consistency	Fatal	<p>If A0250=[10,11] and M0300C1=[0,^], then M0300C2 must equal [^].</p>																																							

# Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

## Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			<b>Items:</b> A0250 Reason for Assessment M0300C1 Stage 3 pressure ulcers: number present M0300C2 Stage 3 pressure ulcers: number at admit
-3013	Consistency	Fatal	If A0250=[10,11] and M0300C1=[-], then M0300C2 must equal [-]. <b>Items:</b> A0250 Reason for Assessment M0300C1 Stage 3 pressure ulcers: number present M0300C2 Stage 3 pressure ulcers: number at admit
-3014	Consistency	Fatal	If A0250=[10,11] and M0300D1=[0,^], then M0300D2 must equal [^]. <b>Items:</b> A0250 Reason for Assessment M0300D1 Stage 4 pressure ulcers: number present M0300D2 Stage 4 pressure ulcers: number at admit
-3015	Consistency	Fatal	If A0250=[10,11] and M0300D1=[-], then M0300D2 must equal [-]. <b>Items:</b> A0250 Reason for Assessment M0300D1 Stage 4 pressure ulcers: number present M0300D2 Stage 4 pressure ulcers: number at admit
-3016	Consistency	Fatal	If A0250=[10,11] and M0300E1=[0,^], then M0300E2 must equal [^]. <b>Items:</b> A0250 Reason for Assessment M0300E1 Unstageable due to dressing/device: number present M0300E2 Unstageable due to dressing/device: number at adm
-3017	Consistency	Fatal	If A0250=[10,11] and M0300E1=[-], then M0300E2 must equal [-]. <b>Items:</b> A0250 Reason for Assessment M0300E1 Unstageable due to dressing/device: number present M0300E2 Unstageable due to dressing/device: number at adm
-3018	Consistency	Fatal	If A0250=[10,11] and M0300F1=[0,^], then M0300F2 must equal [^]. <b>Items:</b> A0250 Reason for Assessment M0300F1 Unstageable slough/eschar: number present M0300F2 Unstageable slough/eschar: number at admit
-3019	Consistency	Fatal	(a) If A0250=[10,11] and M0300F1=[-], then M0300F2 must equal [-]. <b>Items:</b> A0250 Reason for Assessment M0300F1 Unstageable slough/eschar: number present M0300F2 Unstageable slough/eschar: number at admit
-3020	Consistency	Fatal	If A0250=[10,11] and M0300G1=[0,^], then M0300G2 must equal [^]. <b>Items:</b> A0250 Reason for Assessment M0300G1 Unstageable as deep tissue: num present M0300G2 Unstageable as deep tissue: num at adm
-3021	Consistency	Fatal	(a) If A0250=[10,11] and M0300G1=[-], then M0300G2 must equal [-]. <b>Items:</b> A0250 Reason for Assessment M0300G1 Unstageable as deep tissue: num present

## Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-3025	Consistency	Fatal	<b>Items:</b> M0300G2      Unstageable as deep tissue: num at adm
			If A0250=[01], then A0270 must equal [^].
-3034	Consistency	Fatal	<b>Items:</b> A0250      Reason for Assessment
			A0270      Discharge date
-3039	Consistency	Fatal	If M0210=[-], then all active items from M0300A through M0300G2 must equal [-].
			<b>Items:</b> M0210      Patient has 1+ unhealed pressure ulcers/injuries
			M0300A      Stage 1 pressure injuries: number present
			M0300B1      Stage 2 pressure ulcers: number present
			M0300B2      Stage 2 pressure ulcers: number at admit
			M0300C1      Stage 3 pressure ulcers: number present
			M0300C2      Stage 3 pressure ulcers: number at admit
			M0300D1      Stage 4 pressure ulcers: number present
			M0300D2      Stage 4 pressure ulcers: number at admit
			M0300E1      Unstageable due to dressing/device: number present
			M0300E2      Unstageable due to dressing/device: number at adm
			M0300F1      Unstageable slough/eschar: number present
			M0300F2      Unstageable slough/eschar: number at admit
			M0300G1      Unstageable as deep tissue: num present
			M0300G2      Unstageable as deep tissue: num at adm
			a) If GG0110Z=[1], then all active items from GG0110A through GG0110C must equal [0].
			b) If GG0110Z=[0], then at least one active item from GG0110A through GG0110C must not be equal to [0].
			c) If GG0110Z=[-], then all active items from GG0110A through GG0110C must equal [0,-].
-3044	Consistency	Fatal	<b>Items:</b> GG0110A      Manual wheelchair
			GG0110B      Motorized wheelchair and/or scooter
			GG0110C      Mechanical lift
			GG0110Z      None of the above
			a) If I0050=[5], then I0050A must not be equal to [^].
-3049	Consistency	Fatal	b) If I0050=[1,2,3,4,-], then I0050A must be equal to [^].
			<b>Items:</b> I0050      Patient primary medical condition
			I0050A      Other medical condition - ICD code
-3049	Consistency	Fatal	a) If J1800=[0], then all active items from J1900A through J1900C must be equal to [^].
			b) If J1800=[1], then all active items from J1900A through J1900C must not equal [^], and at least one of these items must equal [-,1,2].
			<b>Items:</b> J1800      Any Falls Since Admission
			J1900A      Num Falls Since Admission - No injury
			J1900B      Num Falls Since Admission - Injury (except major)



## Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			<b>Items:</b> J1900C                      Num Falls Since Admission - Major injury
-3542	Consistency	Fatal	If M0210=[1], then all active items from M0300A through M0300B1 must not equal <b>Items:</b> M0210                      Patient has 1+ unhealed pressure ulcers/injuries M0300A                      Stage 1 pressure injuries: number present M0300B1                      Stage 2 pressure ulcers: number present
-3543	Consistency	Fatal	If M0210=[1], then M0300C1 must not equal [^]. <b>Items:</b> M0210                      Patient has 1+ unhealed pressure ulcers/injuries M0300C1                      Stage 3 pressure ulcers: number present
-3544	Consistency	Fatal	If M0210=[1], then M0300D1 must not equal [^]. <b>Items:</b> M0210                      Patient has 1+ unhealed pressure ulcers/injuries M0300D1                      Stage 4 pressure ulcers: number present
-3545	Consistency	Fatal	If M0210=[1], then M0300E1 must not equal [^]. <b>Items:</b> M0210                      Patient has 1+ unhealed pressure ulcers/injuries M0300E1                      Unstageable due to dressing/device: number present
-3546	Consistency	Fatal	If M0210=[1], then M0300F1 must not equal [^]. <b>Items:</b> M0210                      Patient has 1+ unhealed pressure ulcers/injuries M0300F1                      Unstageable slough/eschar: number present
-3547	Consistency	Fatal	If M0210=[1], then M0300G1 must not equal [^]. <b>Items:</b> M0210                      Patient has 1+ unhealed pressure ulcers/injuries M0300G1                      Unstageable as deep tissue: num present
-3548	Consistency	Fatal	If A0250=[10,11] and M0300B1=[1-9], then M0300B2 must not equal [^]. <b>Items:</b> A0250                      Reason for Assessment M0300B1                      Stage 2 pressure ulcers: number present M0300B2                      Stage 2 pressure ulcers: number at admit
-3549	Consistency	Fatal	If A0250=[10,11] and M0300C1=[1-9], then M0300C2 must not equal [^]. <b>Items:</b> A0250                      Reason for Assessment M0300C1                      Stage 3 pressure ulcers: number present M0300C2                      Stage 3 pressure ulcers: number at admit
-3550	Consistency	Fatal	If A0250=[10,11] and M0300D1=[1-9], then M0300D2 must not equal [^]. <b>Items:</b> A0250                      Reason for Assessment M0300D1                      Stage 4 pressure ulcers: number present M0300D2                      Stage 4 pressure ulcers: number at admit
-3551	Consistency	Fatal	If A0250=[10,11] and M0300E1=[1-9], then M0300E2 must not equal [^]. <b>Items:</b> A0250                      Reason for Assessment M0300E1                      Unstageable due to dressing/device: number present M0300E2                      Unstageable due to dressing/device: number at adm
-3552	Consistency	Fatal	If A0250=[10,11] and M0300F1=[1-9], then M0300F2 must not equal [^].

# Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

## Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			<b>Items:</b> A0250 Reason for Assessment M0300F1 Unstageable slough/eschar: number present M0300F2 Unstageable slough/eschar: number at admit
-3553	Consistency	Fatal	If A0250=[10,11] and M0300G1=[1-9], then M0300G2 must not equal [^]. <b>Items:</b> A0250 Reason for Assessment M0300G1 Unstageable as deep tissue: num present M0300G2 Unstageable as deep tissue: num at adm
-3573	Consistency	Fatal	Each active date item in the following list that contains a valid date (not blank or dashes) must be in the specified order:  A0900 (birth date) <= A0220 (admission date) <= A0210 (assessment reference date) = A0270 (discharge date) <= Z0500B (date assessment signed as complete) <= current date  <b>Items:</b> A0210 Assessment reference date A0220 Admission date A0270 Discharge date A0900 Birth Date Z0500B Date assessment signed as complete
-3662	Consistency	Fatal	If M0300B1=[1-9], then one of the following must be true: a) M0300B2 must be equal to [-] OR b) M0300B2 must be equal to [0-9] and must be less than or equal to M0300B1.  <b>Items:</b> M0300B1 Stage 2 pressure ulcers: number present M0300B2 Stage 2 pressure ulcers: number at admit
-3663	Consistency	Fatal	If M0300C1=[1-9], then one of the following must be true: a) M0300C2 must be equal to [-] OR b) M0300C2 must be equal to [0-9] and must be less than or equal to M0300C1.  <b>Items:</b> M0300C1 Stage 3 pressure ulcers: number present M0300C2 Stage 3 pressure ulcers: number at admit
-3664	Consistency	Fatal	If M0300D1=[1-9], then one of the following must be true: a) M0300D2 must be equal to [-] OR b) M0300D2 must be equal to [0-9] and must be less than or equal to M0300D1.  <b>Items:</b> M0300D1 Stage 4 pressure ulcers: number present M0300D2 Stage 4 pressure ulcers: number at admit
-3665	Consistency	Fatal	If M0300E1=[1-9], then one of the following must be true: a) M0300E2 must be equal to [-] OR b) M0300E2 must be equal to [0-9] and must be less than or equal to M0300E1.  <b>Items:</b> M0300E1 Unstageable due to dressing/device: number present M0300E2 Unstageable due to dressing/device: number at adm
-3666	Consistency	Fatal	If M0300F1=[1-9], then one of the following must be true: a) M0300F2 must be equal to [-] OR b) M0300F2 must be equal to [0-9] and must be less than or equal to M0300F1.

# Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

## Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			<b>Items:</b> M0300F1 Unstageable slough/eschar: number present M0300F2 Unstageable slough/eschar: number at admit
-3667	Consistency	Fatal	<p>If M0300G1=[1-9], then one of the following must be true:</p> <p>a) M0300G2 must be equal to [-] OR</p> <p>b) M0300G2 must be equal to [0-9] and must be less than or equal to M0300G1.</p> <p><b>Items:</b> M0300G1 Unstageable as deep tissue: num present  M0300G2 Unstageable as deep tissue: num at adm</p>
-3749	Consistency	Warning	<p>Record Completion Timing Rule</p> <p>The following rule describes allowable spans between pairs of dates. The rule applies if both date items in the pair are active and contain valid dates (not dashes or other special values).</p> <p>Z0500B (completion date) - A0210 (assessment reference date) &lt;= 5 days.</p> <p><b>Items:</b> A0210 Assessment reference date  Z0500B Date assessment signed as complete</p>
-3790	Consistency	Fatal	<p>If A0250=[10, 11, 12], then A0270 must not equal [^].</p> <p><b>Items:</b> A0250 Reason for Assessment  A0270 Discharge date</p>
-3810	Consistency	Warning	<p>The record was submitted Late. The submission date is more than 7 days after Z0500B for this new (A0050 equals 1) record.</p> <p><b>Items:</b> A0050 Type of record  Z0500B Date assessment signed as complete</p>
-3852	Format	Fatal	<p>FORMATTING OF ICD-10 DIAGNOSIS CODES</p> <p>ICD-10 diagnosis codes must conform with the following formatting rules:</p> <p>a) Character 1 must be alphabetic [A-Z,a-z].</p> <p>b) Character 2 must be numeric [0-9].</p> <p>c) Character 3 must be numeric [0-9] or alphabetic [A-Z,a-z].</p> <p>d) Character 4 must be a decimal point.</p> <p>e) Characters 5 through 8 must be numeric [0-9], alphabetic [A-Z,a-z], or caret [^].</p> <p>f) If any character 5 through 8 is equal to [^], all subsequent characters must equal [^].</p>
			<b>Items:</b> I0050A Other medical condition - ICD code
-3863	Consistency	Warning	<p>(a) If A1400K=[1], then A1400A through A1400J must equal [0].</p> <p>(b) If A1400K=[1], then A1400X must equal [0].</p> <p>(c) If A1400K=[1], then A1400Y must equal [0].</p> <p><b>Items:</b> A1400A Payer: Medicare (FFS)  A1400B Payer: Medicare (managed care/Part C/Mcr Advant.)  A1400C Payer: Medicaid (FFS)  A1400D Payer: Medicaid (managed care)  A1400E Payer: Workers' compensation  A1400F Payer: Title programs  A1400G Payer: Other Government  A1400H Payer: Private insurance/Medigap</p>

# Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

## Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			<b>Items:</b> A1400I Payer: Private managed care A1400J Payer: Self-pay A1400K Payer: No payer source A1400X Payer: Unknown A1400Y Payer: Other
-3900	Consistency	Warning	A dash (-) submitted in this item may result in a payment reduction for your facility of two percentage points for the affected payment determination.  <b>Items:</b> A1110A Preferred language B0100 Comatose B0200 Hearing B1000 Vision BB0700 Expression of Ideas and Wants (3-day asmt period) BB0800 Understand Verbal/Non-Verbal Content (3-day asmt) C0100 Brief Interview for Mental Status C0200 Repetition of three words C0300A Temporal Orientation: Able to report correct year C0300B Temporal Orientation: Able to report correct month C0300C Temporal Orientation: Able to report correct day C0500 BIMS Summary Score C1310A Delirium: Acute Onset Mental Status Change C1310B Delirium: Inattention C1310C Delirium: Disorganized thinking C1310D Delirium: Altered level of consciousness D0150A1 Mood: Little interest/pleasure doing things: Pres D0150B1 Mood: Feeling down, depressed, or hopeless: Pres D0150C1 Mood: Trouble falling or staying asleep: Pres D0150D1 Mood: Feeling tired or having little energy: Pres D0150E1 Mood: Poor appetite or overeating: Pres D0150F1 Mood: Feeling bad about yourself: Pres D0150G1 Mood: Trouble concentrating on things: Pres D0150H1 Mood: Moving or speaking so slowly: Pres D0150I1 Mood: Thoughts of better off dead: Pres GG0130A1 Self-Care (Adm Perf) - Eating GG0130A3 Self-Care (Dschg Perf) - Eating GG0130B1 Self-Care (Adm Perf) - Oral hygiene GG0130B3 Self-Care (Dschg Perf) - Oral hygiene GG0130C1 Self-Care (Adm Perf) - Toileting hygiene GG0130C3 Self-Care (Dschg Perf) - Toileting hygiene GG0170A1 Func Mobil (Adm Perf) - Roll left and right GG0170A3 Func Mobil (Dschg Perf) - Roll left and right GG0170B1 Func Mobil (Adm Perf) - Sit to lying GG0170B3 Func Mobil (Dschg Perf) - Sit to lying

# Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

## Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
		Items:	GG0170C1 Func Mobil (Adm Perf) - Lying to sitting on side
			GG0170C3 Func Mobil (Dschg Perf) - Lying to sitting on side
			GG0170D1 Func Mobil (Adm Perf) - Sit to stand
			GG0170D3 Func Mobil (Dschg Perf) - Sit to stand
			GG0170E1 Func Mobil (Adm Perf) - Chair/bed-to-chair trans
			GG0170E3 Func Mobil (Dschg Perf) - Chair/bed-to-chair trans
			GG0170F1 Func Mobil (Adm Perf) - Toilet transfer
			GG0170F3 Func Mobil (Dschg Perf) - Toilet transfer
			GG0170G1 Func Mobil (Adm Perf) - Car Transfer
			GG0170G3 Func Mobil (Dischrg Perf) - Car Transfer
			GG0170I1 Func Mobil (Adm Perf) - Walk 10 feet
			GG0170I3 Func Mobil (Dschg Perf) - Walk 10 feet
			GG0170J1 Func Mobil (Adm Perf) - Walk 50 feet w/2 turns
			GG0170J3 Func Mobil (Dschg Perf) - Walk 50 feet w/2 turns
			GG0170K1 Func Mobil (Adm Perf) - Walk 150 feet
			GG0170K3 Func Mobil (Dschg Perf) - Walk 150 feet
			GG0170L1 Func Mobil (Adm Perf) - Walking 10ft uneven surf
			GG0170L3 Func Mobil (Dschg Perf) - Walk 10ft uneven surf
			GG0170M1 Func Mobil (Adm Perf) - 1 step (curb)
			GG0170M3 Func Mobil (Dschg Perf) - 1 step (curb)
			GG0170N1 Func Mobil (Adm Perf) - 4 steps
			GG0170N3 Func Mobil (Dschg Perf) - 4 steps
			GG0170O1 Func Mobil (Adm Perf) - 12 steps
			GG0170O3 Func Mobil (Dschg Perf) - 12 steps
			GG0170P1 Func Mobil (Adm Perf) - Picking up an object
			GG0170P3 Func Mobil (Dschg Perf) - Picking up an object
			GG0170Q1 Does the patient use a wheelchair and/or scooter
			GG0170Q3 Does the patient use a wheelchair and/or scooter
			GG0170R1 Func Mobil (Adm Perf) - Wheel 50 feet w/2 turns
			GG0170R3 Func Mobil (Dschg Perf) - Wheel 50 feet w/2 turns
			GG0170RR1 Indicate the type of wheelchair or scooter used
			GG0170RR3 Indicate the type of wheelchair or scooter used
			GG0170S1 Func Mobil (Adm Perf) - Wheel 150 feet
			GG0170S3 Func Mobil (Dschg Perf) - Wheel 150 feet
			GG0170SS1 Indicate the type of wheelchair or scooter used
			GG0170SS3 Indicate the type of wheelchair or scooter used.
			H0400 Bowel continence
			I0900 Peripheral vascular disease (PVD) or PAD
			I2900 Diabetes mellitus (DM)
			J1900C Num Falls Since Admission - Major injury
			K0200A Height (in inches)
			K0200B Weight (in pounds)

# Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

## Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
		Items:	K0520A1 Nutritional Approaches (Admission): Parenteral
			K0520A4 Nutritional Approaches (7 days): Parenteral
			K0520A5 Nutritional Approaches (Discharge): Parenteral
			K0520B1 Nutritional Approaches (Admission): Feeding tube
			K0520B4 Nutritional Approaches (7 days): Feeding tube
			K0520B5 Nutritional Approaches (Discharge): Feeding Tube
			K0520C1 Nutritional Approaches (Admission) : Mech Alt Diet
			K0520C4 Nutritional Approaches (7 days): Mech Alt Diet
			K0520C5 Nutritional Approaches (Discharge): Mech Alt Diet
			K0520D1 Nutritional Approaches (Admission) : Therapeutic
			K0520D4 Nutritional Approaches (7 day): Therapeutic
			K0520D5 Nutritional Approaches (Discharge): Therapeutic
			K0520Z1 Nutritional Approaches (Admission) : None
			K0520Z4 Nutritional Approaches (7 days): None
			K0520Z5 Nutritional Approaches (Discharge): None
			M0300B1 Stage 2 pressure ulcers: number present
			M0300B2 Stage 2 pressure ulcers: number at admit
			M0300C1 Stage 3 pressure ulcers: number present
			M0300C2 Stage 3 pressure ulcers: number at admit
			M0300D1 Stage 4 pressure ulcers: number present
			M0300D2 Stage 4 pressure ulcers: number at admit
			M0300E1 Unstageable due to dressing/device: number present
			M0300E2 Unstageable due to dressing/device: number at adm
			M0300F1 Unstageable slough/eschar: number present
			M0300F2 Unstageable slough/eschar: number at admit
			M0300G1 Unstageable as deep tissue: num present
			M0300G2 Unstageable as deep tissue: num at adm
			N0415A1 High-Risk Drug (Is Taking): Antipsychotic
			N0415A2 High-Risk Drug (Indication) : Antipsychotic
			N0415E1 High-Risk Drug (Is taking): Anticoagulant
			N0415E2 High-Risk Drug (Indication): Anticoagulant
			N0415F1 High-Risk Drug (Is taking): Antibiotic
			N0415F2 High-Risk Drug (Indication): Antibiotic
			N0415H1 High-Risk Drug (Is taking): Opioid
			N0415H2 High-Risk Drug (Indication): Opioid
			N0415I1 High-Risk Drug (Is taking): Antiplatelet
			N0415I2 High-Risk Drug (Indication): Antiplatelet
			N0415J1 High-Risk Drug (Is taking): Hypoglycemic
			N0415J2 High-Risk Drug (Indication): Hypoglycemic
			N0415Z1 High-Risk Drug (Is taking): None of the above
			N2001 Drug Regimen Review
			N2003 Medication Follow-up

**Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)**  
**Unduplicated Edits Report by Edit ID**

ID	Type	Severity	Text/Items
			Items: N2005 Medication Intervention
			O0110A1A Treatment: Chemotherapy (Admission)
			O0110A1C Treatment: Chemotherapy (Discharge)
			O0110A2A Treatment: Chemo - IV (Admission)
			O0110A2C Treatment: Chemo - IV (Discharge)
			O0110A3A Treatment: Chemo - Oral (Admission)
			O0110A3C Treatment: Chemo - Oral (Discharge)
			O0110A10A Treatment: Chemo - Other (Admission)
			O0110A10C Treatment: Chemo - Other (Discharge)
			O0110B1A Treatment: Radiation (Admission)
			O0110B1C Treatment: Radiation (Discharge)
			O0110C1A Therapies: Oxygen Therapy (Admission)
			O0110C1C Therapies: Oxygen Therapy (Discharge)
			O0110C2A Therapies: Oxygen - Continuous (Admission)
			O0110C2C Therapies: Oxygen - Continuous (Discharge)
			O0110C3A Therapies: Oxygen - Intermittent (Admission)
			O0110C3C Therapies: Oxygen - Intermittent (Discharge)
			O0110C4A Therapies: Oxygen - High-concentration (Admission)
			O0110C4C Therapies: Oxygen - High-concentration (Discharge)
			O0110D1A Therapies: Suctioning (Admission)
			O0110D1C Therapies: Suctioning (Discharge)
			O0110D2A Therapies: Suctioning - Scheduled (Admission)
			O0110D2C Therapies: Suctioning - Scheduled (Discharge)
			O0110D3A Therapies: Suctioning - As Needed (Admission)
			O0110D3C Therapies: Suctioning - As Needed (Discharge)
			O0110E1A Therapies: Tracheostomy Care (Admission)
			O0110E1C Therapies: Tracheostomy Care (Discharge)
			O0110F1C Therapies: Invasive Mechanical Ventilator (Disch)
			O0110G1A Therapies: Non-Invas Mechanical Ventilator (Admis)
			O0110G1C Therapies: Non-Invas Mechanical Ventilator (Disch)
			O0110G2A Therapies: BiPAP (Admission)
			O0110G2C Therapies: BiPAP (Discharge)
			O0110G3A Therapies: CPAP (Admission)
			O0110G3C Therapies: CPAP (Discharge)
			O0110H1A Other: IV Medications (Admission)
			O0110H1C Other: IV Medications (Discharge)
			O0110H2A Other: IV - Vasoactive medications (Admission)
			O0110H2C Other: IV - Vasoactive medications (Discharge)
			O0110H3A Other: IV - Antibiotics (Admission)
			O0110H3C Other: IV - Antibiotics (Discharge)
			O0110H4A Other: IV - Anticoagulation (Admission)
			O0110H4C Other: IV - Anticoagulation (Discharge)

**Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)**  
**Unduplicated Edits Report by Edit ID**

ID	Type	Severity	Text/Items
			<b>Items:</b> O0110H10A Other: IV - Other (Admission) O0110H10C Other: IV - Other (Discharge) O0110I1A Other: Transfusions (Admission) O0110I1C Other: Transfusions (Discharge) O0110J1A Other: Dialysis (Admission) O0110J1C Other: Dialysis (Discharge) O0110J2A Other: Hemodialysis (Admission) O0110J2C Other: Hemodialysis (Discharge) O0110J3A Other: Peritoneal dialysis (Admission) O0110J3C Other: Peritoneal dialysis (Discharge) O0110O1A Other: IV Access (Admission) O0110O1C Other: IV Access (Discharge) O0110O2A Other: IV Access - Peripheral (Admission) O0110O2C Other: IV Access - Peripheral (Discharge) O0110O3A Other: IV Access - Midline (Admission) O0110O3C Other: IV Access - Midline (Discharge) O0110O4A Other: IV Access - Central (Admission) O0110O4C Other: IV Access - Central (Discharge) O0110Z1A Other: None of the above (Admission) O0110Z1C Other: None of the above (Discharge) O0150A SBT: Invasive Mechanical Ventilation Support O0150A2 SBT: Ventilator Weaning Status O0150B SBT: Assessed for readiness by day 2 O0150C SBT: Deemed medically ready by day 2 O0150D SBT: Documentation of reason(s) - patient unready O0150E SBT: Performed by day 2 O0200A Invasive Mechanical Ventilator - Liberation Status O0350 COVID-19 Vaccination Up To Date
-3924	Format	Fatal	The CMS Certification Number (CCN) must be exactly 6 characters in length. <b>Items:</b> A0100B Facility CMS Certification Number (CCN)
-3936	Consistency	Fatal	If GG0170Q1=[-], then all active items from GG0170R1 through GG0170SS1 must be equal to [-]. <b>Items:</b> GG0170Q1 Does the patient use a wheelchair and/or scooter GG0170R1 Func Mobil (Adm Perf) - Wheel 50 feet w/2 turns GG0170RR1 Indicate the type of wheelchair or scooter used GG0170S1 Func Mobil (Adm Perf) - Wheel 150 feet GG0170SS1 Indicate the type of wheelchair or scooter used
-3943	Consistency	Fatal	If M0210=[0], then all active items from M0300A through M0300G2 must equal [^]. <b>Items:</b> M0210 Patient has 1+ unhealed pressure ulcers/injuries M0300A Stage 1 pressure injuries: number present M0300B1 Stage 2 pressure ulcers: number present



# Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

## Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			<b>Items:</b> M0300B2 Stage 2 pressure ulcers: number at admit M0300C1 Stage 3 pressure ulcers: number present M0300C2 Stage 3 pressure ulcers: number at admit M0300D1 Stage 4 pressure ulcers: number present M0300D2 Stage 4 pressure ulcers: number at admit M0300E1 Unstageable due to dressing/device: number present M0300E2 Unstageable due to dressing/device: number at adm M0300F1 Unstageable slough/eschar: number present M0300F2 Unstageable slough/eschar: number at admit M0300G1 Unstageable as deep tissue: num present M0300G2 Unstageable as deep tissue: num at adm
-3944	Consistency	Fatal	a) If N2001=[0,9], then N2003 must be equal to [^].  b) If N2001=[1], then N2003 must not be equal to [^].  c) If N2001=[-], then N2003 must be equal to [-]. <b>Items:</b> N2001 Drug Regimen Review N2003 Medication Follow-up
-3948	Consistency	Fatal	(a) If O0150B=[0], then all active items from O0150C through O0150E must equal [^].  (b) If O0150B=[1], then O0150C must not equal [^].  (c) If O0150B=[-], then all active items from O0150C through O0150E must equal [-]. <b>Items:</b> O0150B SBT: Assessed for readiness by day 2 O0150C SBT: Deemed medically ready by day 2 O0150D SBT: Documentation of reason(s) - patient unready O0150E SBT: Performed by day 2
-3949	Consistency	Fatal	(a) If O0150C=[0], then O0150D must not equal [^].  (b) If O0150C=[1], then O0150D must equal [^].  (c) If O0150C=[-], then O0150D must equal [-]. <b>Items:</b> O0150C SBT: Deemed medically ready by day 2 O0150D SBT: Documentation of reason(s) - patient unready
-3950	Consistency	Fatal	(a) If O0150D=[0,1], then O0150E must equal [^].  (b) If O0150D=[-], then O0150E must equal [-]. <b>Items:</b> O0150D SBT: Documentation of reason(s) - patient unready O0150E SBT: Performed by day 2
-3952	Format	Warning	The height value submitted in K0200A is less than 10 inches. Please confirm that the submitted value for K0200A is correct.  <b>Items:</b> K0200A Height (in inches)

## Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-3953	Format	Warning	<p>The weight value submitted in K0200B is less than 10 pounds. Please confirm that the submitted value for K0200B is correct.</p> <p><b>Items:</b> K0200B                      Weight (in pounds)</p>
-3954	Consistency	Warning	<p>Payment Reduction Warning: If A0250=[10,11], then a dash (-) submitted in this item may result in a payment reduction for your facility of two percentage points for the affected payment determination.</p> <p><b>Items:</b> A0250                      Reason for Assessment</p> <p>M0300B1                      Stage 2 pressure ulcers: number present</p> <p>M0300C1                      Stage 3 pressure ulcers: number present</p> <p>M0300D1                      Stage 4 pressure ulcers: number present</p> <p>M0300E1                      Unstageable due to dressing/device: number present</p> <p>M0300F1                      Unstageable slough/eschar: number present</p> <p>M0300G1                      Unstageable as deep tissue: num present</p>
-3955	Consistency	Fatal	<p>(a) If C0100=[0], then all active items from C0200 through C0500 must equal [^] .</p> <p>(b) If C0100=[1], then all active items from C0200 through C0500 must not equal [^].</p> <p>(c) If C0100=[-], then all active items from C0200 through C0500 must equal [-].</p> <p><b>Items:</b> C0100                      Brief Interview for Mental Status</p> <p>C0200                      Repetition of three words</p> <p>C0300A                      Temporal Orientation: Able to report correct year</p> <p>C0300B                      Temporal Orientation: Able to report correct month</p> <p>C0300C                      Temporal Orientation: Able to report correct day</p> <p>C0400A                      Recall: Able to recall "sock"</p> <p>C0400B                      Recall: Able to recall "blue"</p> <p>C0400C                      Recall: Able to recall "bed"</p> <p>C0500                      BIMS Summary Score</p>
-3956	Consistency	Fatal	<p>(a) If O0110H1A=[0], then all active items from O0110H2A through O0110H10A must equal [0].</p> <p>(b) If O0110H1A=[1], then at least one active item from O0110H2A through O0110H10A must equal [1], and the remaining items must equal [0,1].</p> <p>(c) If O0110H1A=[-], then all active items from O0110H2A through O0110H10A must equal [-].</p> <p><b>Items:</b> O0110H1A                      Other: IV Medications (Admission)</p> <p>O0110H2A                      Other: IV - Vasoactive medications (Admission)</p> <p>O0110H3A                      Other: IV - Antibiotics (Admission)</p> <p>O0110H4A                      Other: IV - Anticoagulation (Admission)</p> <p>O0110H10A                      Other: IV - Other (Admission)</p>

**Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)**  
**Unduplicated Edits Report by Edit ID**

<b>ID</b>	<b>Type</b>	<b>Severity</b>	<b>Text/Items</b>
-3957	Skip	Fatal	<p>(a) If GG0170F1=[07,09,10,88] then GG0170G1 must equal [^].</p> <p>(b) If GG0170F1=[01,02,03,04,05,06] then GG0170G1 must not equal [^].</p> <p>(c) If GG0170F1=[-] then GG0170G1 must equal [-].</p> <p><b>Items:</b> GG0170F1                      Func Mobil (Adm Perf) - Toilet transfer  GG0170G1                      Func Mobil (Adm Perf) - Car Transfer</p>
-3958	Consistency	Fatal	<p>(a) If GG0170I1=[07,09,10,88], then the following items must equal [^]: GG0170J1, GG0170K1, GG0170L1.</p> <p>(b) If GG0170I1=[01,02,03,04,05,06], then the following items must not equal [^]: GG0170J1, GG0170K1, GG0170L1.</p> <p>(c) If GG0170I1=[-], then the following items must equal [-]: GG0170J1, GG0170K1, GG0170L1.</p> <p><b>Items:</b> GG0170I1                      Func Mobil (Adm Perf) - Walk 10 feet  GG0170J1                      Func Mobil (Adm Perf) - Walk 50 feet w/2 turns  GG0170K1                      Func Mobil (Adm Perf) - Walk 150 feet  GG0170L1                      Func Mobil (Adm Perf) - Walking 10ft uneven surf</p>
-3959	Consistency	Fatal	<p>(a) If GG0170I3=[07,09,10,88], then the following items must equal [^]: GG0170J3, GG0170K3, GG0170L3.</p> <p>(b) If GG0170I3=[01,02,03,04,05,06], then the following items must not equal [^]: GG0170J3, GG0170K3, GG0170L3.</p> <p>(c) If GG0170I3=[-], then the following items must equal [-]: GG0170J3, GG0170K3, GG0170L3.</p> <p><b>Items:</b> GG0170I3                      Func Mobil (Dschg Perf) - Walk 10 feet  GG0170J3                      Func Mobil (Dschg Perf) - Walk 50 feet w/2 turns  GG0170K3                      Func Mobil (Dschg Perf) - Walk 150 feet  GG0170L3                      Func Mobil (Dschg Perf) - Walk 10ft uneven surf</p>
-3960	Consistency	Fatal	<p>(a) If GG0170M1=[07,09,10,88], then GG0170N1 must equal [^].</p> <p>(b) If GG0170M1=[01,02,03,04,05,06], then GG0170N1 must not equal [^].</p> <p>(c) If GG0170M1=[-], then GG0170N1 must equal [-].</p> <p><b>Items:</b> GG0170M1                      Func Mobil (Adm Perf) - 1 step (curb)  GG0170N1                      Func Mobil (Adm Perf) - 4 steps</p>
-3961	Consistency	Fatal	<p>(a) If GG0170M3=[07,09,10,88], then GG0170N3 must equal [^].</p> <p>(b) If GG0170M3=[01,02,03,04,05,06], then GG0170N3 must not equal [^].</p> <p>(c) If GG0170M3=[-], then GG0170N3 must equal [-].</p> <p><b>Items:</b> GG0170M3                      Func Mobil (Dschg Perf) - 1 step (curb)  GG0170N3                      Func Mobil (Dschg Perf) - 4 steps</p>

## Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-3962	Consistency	Fatal	<p>(a) If GG0170N1=[07,09,10,88,^], then GG0170O1 must equal [^] .</p> <p>(b) If GG0170N1=[01,02,03,04,05,06], then GG0170O1 must not equal [^].</p> <p>(c) If GG0170N1=[-], then GG0170O1 must equal [-].</p> <p><b>Items:</b> GG0170N1              Func Mobil (Adm Perf) - 4 steps  GG0170O1              Func Mobil (Adm Perf) - 12 steps</p>
-3963	Consistency	Fatal	<p>(a) If GG0170N3=[07,09,10,88,^], then GG0170O3 must equal [^].</p> <p>(b) If GG0170N3=[01,02,03,04,05,06], then GG0170O3 must not equal [^].</p> <p>(c) If GG0170N3=[-], then GG0170O3 must equal [-].</p> <p><b>Items:</b> GG0170N3              Func Mobil (Dschg Perf) - 4 steps  GG0170O3              Func Mobil (Dschg Perf) - 12 steps</p>
-3964	Consistency	Fatal	<p>(a) If J0510=[0], then the following items J0520 and J0530 must equal [^].</p> <p>(b) If J0510=[1,2,3,4,8], then the following items J0520 and J0530 must not equal [^].</p> <p><b>Items:</b> J0510                      Pain Effect on Sleep  J0520                      Pain Interference with Therapy Activities  J0530                      Pain Interference with Day-to-Day Activities</p>
-3966	Consistency	Fatal	<p>(a) At least one active item from A1250A to A1250Y must equal [1].</p> <p>(b) If A1250A=[1] or A1250B=[1], then A1250C and A1250Y must equal [0].</p> <p>(c) If A1250C=[1], then A1250A and A1250B must equal [0].</p> <p>(d) If A1250X=[1], then A1250Y must equal [0].</p> <p>(e) If A1250Y=[1], then the following items must equal [0]: A1250A, A1250B, A1250C, A1250X.</p> <p><b>Items:</b> A1250A                      Transportation: Yes, medical  A1250B                      Transportation: Yes, non-medical  A1250C                      Transportation: No  A1250X                      Transportation: Patient unable to respond  A1250Y                      Transportation: Patient declines to respond</p>
-3967	Consistency	Fatal	<p>(a) At least one active item from A1010A through A1010Z must equal [1].</p> <p>(b) If any item from A1010A through A1010N=[1], then A1010Y must equal [0] and A1010Z must equal [0].</p> <p>(c) If A1010X=[1], then A1010Y must equal [0].</p> <p>(d) If A1010Y=[1], then all active items from A1010A to A1010X must equal [0], and A1010Z must equal [0].</p> <p>(e) If A1010Z=[1], then all active items from A1010A to A1010N must equal [0], and A1010Y must equal [0].</p> <p><b>Items:</b> A1010A                      Race: White  A1010B                      Race: Black or African American  A1010C                      Race: American Indian or Alaska Native  A1010D                      Race: Asian Indian  A1010E                      Race: Chinese  A1010F                      Race: Filipino</p>

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## Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			<b>Items:</b> A1010G Race: Japanese A1010H Race: Korean A1010I Race: Vietnamese A1010J Race: Other Asian A1010K Race: Native Hawaiian A1010L Race: Guamanian or Chamorro A1010M Race: Samoan A1010N Race: Other Pacific Islander A1010X Race: Patient unable to respond A1010Y Race: Patient declines to respond A1010Z Race: None of the above
-3969	Skip	Fatal	(a) If A2121=[0,^], then all active items from A2122A through A2122E must equal [^].  (b) If A2121=[1], then all active items from A2122A through A2122E must not equal [^].  <b>Items:</b> A2121 Current Reconciled Medication List - Provider A2122A Provider Trans - Electronic Health Record A2122B Provider Trans - Health Info Exchange A2122C Provider Trans - Verbal A2122D Provider Trans - Paper-based A2122E Provider Trans - Other Methods
-3970	Skip	Fatal	(a) If A2123=[0,^], then all active items from A2124A through A2124E must equal [^].  (b) If A2123=[1], then all active items from A2124A through A2124E must not equal [^].  (c) If A2123=[1], then at least one active item from A2124A through A2124E must <b>Items:</b> A2123 Current Reconciled Medication List - Ptnt/Fam/Care A2124A Patient Trans - Electronic Health Record A2124B Patient Trans - Health Info Exchange A2124C Patient Trans - Verbal A2124D Patient Trans - Paper-based A2124E Patient Trans - Other Methods
-3971	Skip	Fatal	If A0250=[11], then all active items from C1310A through C1310D must not be equal to [^].  <b>Items:</b> A0250 Reason for Assessment C1310A Delirium: Acute Onset Mental Status Change C1310B Delirium: Inattention C1310C Delirium: Disorganized thinking C1310D Delirium: Altered level of consciousness
-3972	Skip	Fatal	If B0100=[1], then all active fields from B0200 through D0700 must equal [^].

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## Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
		Items:	B0100 Comatose
			B0200 Hearing
			B1000 Vision
			B1300 Health Literacy
			BB0700 Expression of Ideas and Wants (3-day asmt period)
			BB0800 Understand Verbal/Non-Verbal Content (3-day asmt)
			C0100 Brief Interview for Mental Status
			C0200 Repetition of three words
			C0300A Temporal Orientation: Able to report correct year
			C0300B Temporal Orientation: Able to report correct month
			C0300C Temporal Orientation: Able to report correct day
			C0400A Recall: Able to recall "sock"
			C0400B Recall: Able to recall "blue"
			C0400C Recall: Able to recall "bed"
			C0500 BIMS Summary Score
			C1310A Delirium: Acute Onset Mental Status Change
			C1310B Delirium: Inattention
			C1310C Delirium: Disorganized thinking
			C1310D Delirium: Altered level of consciousness
			D0150A1 Mood: Little interest/pleasure doing things: Pres
			D0150A2 Mood: Little interest/pleasure doing things: Freq
			D0150B1 Mood: Feeling down, depressed, or hopeless: Pres
			D0150B2 Mood: Feeling down, depressed, or hopeless: Freq
			D0150C1 Mood: Trouble falling or staying asleep: Pres
			D0150C2 Mood: Trouble falling or staying asleep: Freq
			D0150D1 Mood: Feeling tired or having little energy: Pres
			D0150D2 Mood: Feeling tired or having little energy: Freq
			D0150E1 Mood: Poor appetite or overeating: Pres
			D0150E2 Mood: Poor appetite or overeating: Freq
			D0150F1 Mood: Feeling bad about yourself: Pres
			D0150F2 Mood: Feeling bad about yourself: Freq
			D0150G1 Mood: Trouble concentrating on things: Pres
			D0150G2 Mood: Trouble concentrating on things: Freq
			D0150H1 Mood: Moving or speaking so slowly: Pres
			D0150H2 Mood: Moving or speaking so slowly: Freq
			D0150I1 Mood: Thoughts of better off dead: Pres
			D0150I2 Mood: Thoughts of better off dead: Freq
			D0160 Total severity score
			D0700 Social Isolation

## Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-3973	Consistency	Fatal	<p>(a) If D0150A1=[0], then D0150A2 must equal [0].</p> <p>(b) If D0150A1=[1], then D0150A2 must equal [0,1,2,3].</p> <p>(c) If D0150A1=[9,-], then D0150A2 must equal [^].</p> <p><b>Items:</b> D0150A1 Mood: Little interest/pleasure doing things: Pres D0150A2 Mood: Little interest/pleasure doing things: Freq</p>
-3974	Consistency	Fatal	<p>(a) If D0150B1=[0], then D0150B2 must equal [0].</p> <p>(b) If D0150B1=[1], then D0150B2 must equal [0,1,2,3].</p> <p>(c) If D0150B1=[9,-], then D0150B2 must equal [^].</p> <p><b>Items:</b> D0150B1 Mood: Feeling down, depressed, or hopeless: Pres D0150B2 Mood: Feeling down, depressed, or hopeless: Freq</p>
-3975	Consistency	Fatal	<p>(a) If D0150C1=[0], then D0150C2 must equal [0].</p> <p>(b) If D0150C1=[1], then D0150C2 must equal [0,1,2,3].</p> <p>(c) If D0150C1=[9,^,-], then D0150C2 must equal [^].</p> <p><b>Items:</b> D0150C1 Mood: Trouble falling or staying asleep: Pres D0150C2 Mood: Trouble falling or staying asleep: Freq</p>
-3976	Consistency	Fatal	<p>(a) If D0150D1=[0], then D0150D2 must equal [0].</p> <p>(b) If D0150D1=[1], then D0150D2 must equal [0,1,2,3].</p> <p>(c) If D0150D1=[9,^,-], then D0150D2 must equal [^].</p> <p><b>Items:</b> D0150D1 Mood: Feeling tired or having little energy: Pres D0150D2 Mood: Feeling tired or having little energy: Freq</p>
-3977	Consistency	Fatal	<p>(a) If D0150E1=[0], then D0150E2 must equal [0].</p> <p>(b) If D0150E1=[1], then D0150E2 must equal [0,1,2,3].</p> <p>(c) If D0150E1=[9,^,-], then D0150E2 must equal [^].</p> <p><b>Items:</b> D0150E1 Mood: Poor appetite or overeating: Pres D0150E2 Mood: Poor appetite or overeating: Freq</p>
-3978	Consistency	Fatal	<p>(a) If D0150F1=[0], then D0150F2 must equal [0].</p> <p>(b) If D0150F1=[1], then D0150F2 must equal [0,1,2,3].</p> <p>(c) If D0150F1=[9,^,-], then D0150F2 must equal [^].</p> <p><b>Items:</b> D0150F1 Mood: Feeling bad about yourself: Pres D0150F2 Mood: Feeling bad about yourself: Freq</p>

## Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-3979	Consistency	Fatal	<p>(a) If D0150G1=[0], then D0150G2 must equal [0].</p> <p>(b) If D0150G1=[1], then D0150G2 must equal [0,1,2,3].</p> <p>(c) If D0150G1=[9,^,-], then D0150G2 must equal [^].</p> <p><b>Items:</b> D0150G1 Mood: Trouble concentrating on things: Pres D0150G2 Mood: Trouble concentrating on things: Freq</p>
-3980	Consistency	Fatal	<p>(a) If D0150H1=[0], then D0150H2 must equal [0].</p> <p>(b) If D0150H1=[1], then D0150H2 must equal [0,1,2,3].</p> <p>(c) If D0150H1=[9,^,-], then D0150H2 must equal [^].</p> <p><b>Items:</b> D0150H1 Mood: Moving or speaking so slowly: Pres D0150H2 Mood: Moving or speaking so slowly: Freq</p>
-3981	Consistency	Fatal	<p>(a) If D0150I1=[0], then D0150I2 must equal [0].</p> <p>(b) If D0150I1=[1], then D0150I2 must equal [0,1,2,3].</p> <p>(c) If D0150I1=[9,^,-], then D0150I2 must equal [^].</p> <p><b>Items:</b> D0150I1 Mood: Thoughts of better off dead: Pres D0150I2 Mood: Thoughts of better off dead: Freq</p>
-3982	Consistency	Fatal	<p>(a) If D0150A2 = [0,1] and D0150B2 = [0,1], then the following active items must equal [^]: D0150C1, D0150D1, D0150E1, D0150F1, D0150G1, D0150H1, D0150I1.</p> <p>(b) If D0150A1 = [-] or D0150B1 = [-], then the following active items must not equal [^]: D0150C1, D0150D1, D0150E1, D0150F1, D0150G1, D0150H1, D0150I1.</p> <p>(c) If D0150A1 = [9] and D0150B1 = [9], then the following active items must equal [^]: D0150C1, D0150D1, D0150E1, D0150F1, D0150G1, D0150H1, D0150I1.</p> <p>(d) If (D0150A2 = [^] and D0150B2 = [0,1]) OR (D0150A2 = [0,1] and D0150B2 = [^]), then the following active items must not equal [^]: D0150C1, D0150D1, D0150E1, D0150F1, D0150G1, D0150H1, D0150I1.</p> <p>(e) If D0150A2 = [2,3] or D0150B2 = [2,3], then the following active items must not equal [^]: D0150C1, D0150D1, D0150E1, D0150F1, D0150G1, D0150H1, D0150I1.</p> <p><b>Items:</b> D0150A1 Mood: Little interest/pleasure doing things: Pres D0150A2 Mood: Little interest/pleasure doing things: Freq D0150B1 Mood: Feeling down, depressed, or hopeless: Pres D0150B2 Mood: Feeling down, depressed, or hopeless: Freq D0150C1 Mood: Trouble falling or staying asleep: Pres D0150D1 Mood: Feeling tired or having little energy: Pres D0150E1 Mood: Poor appetite or overeating: Pres D0150F1 Mood: Feeling bad about yourself: Pres D0150G1 Mood: Trouble concentrating on things: Pres D0150H1 Mood: Moving or speaking so slowly: Pres D0150I1 Mood: Thoughts of better off dead: Pres</p>



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### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items																																							
-3983	Consistency	Fatal	<p>Total Severity Score Calculation:</p> <p>(a) If D0150A1 = [9] and D0150B1 = [9], then D0160 must equal [^].</p> <p>(b) If D0150A2 = [0,1] and D0150B2 = [0,1], then D0160 must equal the sum of the values from D0150A2 and D0150B2.</p> <p>Otherwise, the PHQ-9 must be completed, and D0160 must equal the sum of the values of the following nine items: D0150A2, D0150B2, D0150C2, D0150D2, D0150E2, D0150F2, D0150G2, D0150H2, D0150I2 and Format Integer Items to nearest integer. These are referred to as the "items in Column 2", below.</p> <p>The following rules explain how to compute the score that is placed in item D0160. These rules consider the "number of missing items in Column 2" which is the number of items in Column 2 that are skipped.</p> <p>(c) If the following items D0150A2, D0150B2, D0150C2, D0150D2, D0150E2, D0150F2, D0150G2, D0150H2, D0150I2 equal [0,1,2,3], then D0160 must equal the sum of these items.</p> <p>(d) If one of the following items: D0150A2, D0150B2, D0150C2, D0150D2, D0150E2, D0150F2, D0150G2, D0150H2, D0150I2 = [^], then D0160 must equal the sum of the remaining items times 9/8(1.125), rounded to the nearest integer.</p> <p>(e) If two of the following items: D0150A2, D0150B2, D0150C2, D0150D2, D0150E2, D0150F2, D0150G2, D0150H2, D0150I2 = [^], then D0160 must equal the sum of the remaining items times 9/7(1.286), rounded to the nearest integer.</p> <p>(f) If three or more items between D0150A2, D0150B2, D0150C2, D0150D2, D0150E2, D0150F2, D0150G2, D0150H2 and D0150I2 = [^] and B0100 is equal to [0], then D0160 must equal [99].</p> <table><tr><td><b>Items:</b></td><td>B0100</td><td>Comatose</td></tr><tr><td></td><td>D0150A1</td><td>Mood: Little interest/pleasure doing things: Pres</td></tr><tr><td></td><td>D0150A2</td><td>Mood: Little interest/pleasure doing things: Freq</td></tr><tr><td></td><td>D0150B1</td><td>Mood: Feeling down, depressed, or hopeless: Pres</td></tr><tr><td></td><td>D0150B2</td><td>Mood: Feeling down, depressed, or hopeless: Freq</td></tr><tr><td></td><td>D0150C2</td><td>Mood: Trouble falling or staying asleep: Freq</td></tr><tr><td></td><td>D0150D2</td><td>Mood: Feeling tired or having little energy: Freq</td></tr><tr><td></td><td>D0150E2</td><td>Mood: Poor appetite or overeating: Freq</td></tr><tr><td></td><td>D0150F2</td><td>Mood: Feeling bad about yourself: Freq</td></tr><tr><td></td><td>D0150G2</td><td>Mood: Trouble concentrating on things: Freq</td></tr><tr><td></td><td>D0150H2</td><td>Mood: Moving or speaking so slowly: Freq</td></tr><tr><td></td><td>D0150I2</td><td>Mood: Thoughts of better off dead: Freq</td></tr><tr><td></td><td>D0160</td><td>Total severity score</td></tr></table>	<b>Items:</b>	B0100	Comatose		D0150A1	Mood: Little interest/pleasure doing things: Pres		D0150A2	Mood: Little interest/pleasure doing things: Freq		D0150B1	Mood: Feeling down, depressed, or hopeless: Pres		D0150B2	Mood: Feeling down, depressed, or hopeless: Freq		D0150C2	Mood: Trouble falling or staying asleep: Freq		D0150D2	Mood: Feeling tired or having little energy: Freq		D0150E2	Mood: Poor appetite or overeating: Freq		D0150F2	Mood: Feeling bad about yourself: Freq		D0150G2	Mood: Trouble concentrating on things: Freq		D0150H2	Mood: Moving or speaking so slowly: Freq		D0150I2	Mood: Thoughts of better off dead: Freq		D0160	Total severity score
<b>Items:</b>	B0100	Comatose																																								
	D0150A1	Mood: Little interest/pleasure doing things: Pres																																								
	D0150A2	Mood: Little interest/pleasure doing things: Freq																																								
	D0150B1	Mood: Feeling down, depressed, or hopeless: Pres																																								
	D0150B2	Mood: Feeling down, depressed, or hopeless: Freq																																								
	D0150C2	Mood: Trouble falling or staying asleep: Freq																																								
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	D0150H2	Mood: Moving or speaking so slowly: Freq																																								
	D0150I2	Mood: Thoughts of better off dead: Freq																																								
	D0160	Total severity score																																								
-3984	Consistency	Fatal	<p>(a) If K0520Z1=[1], then all active items from K0520A1 through K0520D1 must equal [0].</p> <p>(b) If K0520Z1=[0], then at least one active item from K0520A1 through K0520D1 must equal [1].</p> <p>(c) If K0520Z1 = [-], then at least one active item from K0520A1 through K0520D1</p> <table><tr><td><b>Items:</b></td><td>K0520A1</td><td>Nutritional Approaches (Admission): Parenteral</td></tr><tr><td></td><td>K0520B1</td><td>Nutritional Approaches (Admission): Feeding tube</td></tr><tr><td></td><td>K0520C1</td><td>Nutritional Approaches (Admission) : Mech Alt Diet</td></tr><tr><td></td><td>K0520D1</td><td>Nutritional Approaches (Admission) : Therapeutic</td></tr><tr><td></td><td>K0520Z1</td><td>Nutritional Approaches (Admission) : None</td></tr></table>	<b>Items:</b>	K0520A1	Nutritional Approaches (Admission): Parenteral		K0520B1	Nutritional Approaches (Admission): Feeding tube		K0520C1	Nutritional Approaches (Admission) : Mech Alt Diet		K0520D1	Nutritional Approaches (Admission) : Therapeutic		K0520Z1	Nutritional Approaches (Admission) : None																								
<b>Items:</b>	K0520A1	Nutritional Approaches (Admission): Parenteral																																								
	K0520B1	Nutritional Approaches (Admission): Feeding tube																																								
	K0520C1	Nutritional Approaches (Admission) : Mech Alt Diet																																								
	K0520D1	Nutritional Approaches (Admission) : Therapeutic																																								
	K0520Z1	Nutritional Approaches (Admission) : None																																								

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ID	Type	Severity	Text/Items
-3985	Consistency	Fatal	<p>(a) If K0520Z4=[1], then the following items must equal [0]: K0520A4, K0520B4, K0520C4, K0520D4.</p> <p>(b) If K0520Z4=[0], then at least one of the following items must equal [1]: K0520A4, K0520B4, K0520C4, K0520D4.</p> <p>(c) If K0520Z4 = [-], then at least one of the following items must equal [-], and all remaining active items must equal [0,-]: K0520A4, K0520B4, K0520C4, K0520D4).</p> <p><b>Items:</b> K0520A4                      Nutritional Approaches (7 days): Parenteral  K0520B4                      Nutritional Approaches (7 days): Feeding tube  K0520C4                      Nutritional Approaches (7 days): Mech Alt Diet  K0520D4                      Nutritional Approaches (7 day): Therapeutic  K0520Z4                      Nutritional Approaches (7 days): None</p>
-3986	Consistency	Fatal	<p>(a) If K0520Z5=[1], then the following items must equal [0]: K0520A5, K0520B5, K0520C5, K0520D5.</p> <p>(b) If K0520Z5=[0], then at least one of the following items must equal [1]: K0520A5, K0520B5, K0520C5, K0520D5.</p> <p>(c) If K0520Z5=[-], then at least one of the following items must equal [-] and all remaining active items must equal [0,-]: K0520A5, K0520B5, K0520C5, K0520D5.</p> <p><b>Items:</b> K0520A5                      Nutritional Approaches (Discharge): Parenteral  K0520B5                      Nutritional Approaches (Discharge): Feeding Tube  K0520C5                      Nutritional Approaches (Discharge): Mech Alt Diet  K0520D5                      Nutritional Approaches (Discharge): Therapeutic  K0520Z5                      Nutritional Approaches (Discharge): None</p>
-3987	Skip	Fatal	<p>(a) If N0415A1=[0], then N0415A2 must equal [^].</p> <p>(b) If N0415A1=[1], then N0415A2 must not equal [^].</p> <p>(c) If N0415A1=[-], then N0415A2 must equal [-].</p> <p><b>Items:</b> N0415A1                      High-Risk Drug (Is Taking): Antipsychotic  N0415A2                      High-Risk Drug (Indication) : Antipsychotic</p>
-3988	Skip	Fatal	<p>(a) If N0415E1=[0], then N0415E2 must equal [^].</p> <p>(b) If N0415E1=[1], then N0415E2 must not equal [^].</p> <p>(c) If N0415E1=[-], then N0415E2 must equal [-].</p> <p><b>Items:</b> N0415E1                      High-Risk Drug (Is taking): Anticoagulant  N0415E2                      High-Risk Drug (Indication): Anticoagulant</p>
-3989	Skip	Fatal	<p>(a) If N0415F1=[0], then N0415F2 must equal [^].</p> <p>(b) If N0415F1=[1], then N0415F2 must not equal [^].</p> <p>(c) If N0415F1=[-], then N0415F2 must equal [-].</p> <p><b>Items:</b> N0415F1                      High-Risk Drug (Is taking): Antibiotic</p>

**Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)**  
**Unduplicated Edits Report by Edit ID**

ID	Type	Severity	Text/Items
-3990	Skip	Fatal	<b>Items:</b> N0415F2 High-Risk Drug (Indication): Antibiotic (a) If N0415H1=[0], then N0415H2 must equal [^].  (b) If N0415H1=[1], then N0415H2 must not equal [^].  (c) If N0415H1=[-], then N0415H2 must equal [-].
			<b>Items:</b> N0415H1 High-Risk Drug (Is taking): Opioid N0415H2 High-Risk Drug (Indication): Opioid (a) If N0415I1=[0], then N0415I2 must equal [^].  (b) If N0415I1=[1], then N0415I2 must not equal [^].  (c) If N0415I1=[-], then N0415I2 must equal [-].
			<b>Items:</b> N0415I1 High-Risk Drug (Is taking): Antiplatelet N0415I2 High-Risk Drug (Indication): Antiplatelet (a) If N0415J1=[0], then N0415J2 must equal [^].  (b) If N0415J1=[1], then N0415J2 must not equal [^].  (c) If N0415J1=[-], then N0415J2 must equal [-].
-3992	Skip	Fatal	<b>Items:</b> N0415J1 High-Risk Drug (Is taking): Hypoglycemic N0415J2 High-Risk Drug (Indication): Hypoglycemic (a) If N0415Z1=[1], then the following items must equal [0]: N0415A1, N0415E1, N0415F1, N0415H1, N0415I1, N0415J1.  (b) If N0415Z1=[0], then at least one of the following active items must equal [1]: N0415A1, N0415E1, N0415F1, N0415H1, N0415I1, N0415J1.  (c) If N0415Z1=[-], then at least one of the following active items must equal [-] and the rest of the active items must be [0,-]: N0415A1, N0415E1, N0415F1, N0415H1, N0415I1, N0415J1.
			<b>Items:</b> N0415A1 High-Risk Drug (Is Taking): Antipsychotic N0415E1 High-Risk Drug (Is taking): Anticoagulant N0415F1 High-Risk Drug (Is taking): Antibiotic N0415H1 High-Risk Drug (Is taking): Opioid N0415I1 High-Risk Drug (Is taking): Antiplatelet N0415J1 High-Risk Drug (Is taking): Hypoglycemic N0415Z1 High-Risk Drug (Is taking): None of the above
			(a) If O0110A1A=[0], then all active items from O0110A2A through O0110A10A must equal [0].  (b) If O0110A1A=[1], then at least one active item from O0110A2A through O0110A10A must equal [1], and remaining items must equal [0,1].  (c) If O0110A1A=[-], then all active items from O0110A2A through O0110A10A must equal [-].
-3994	Consistency	Fatal	

## Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			<b>Items:</b> O0110A1A Treatment: Chemotherapy (Admission) O0110A2A Treatment: Chemo - IV (Admission) O0110A3A Treatment: Chemo - Oral (Admission) O0110A10A Treatment: Chemo - Other (Admission)
-3995	Consistency	Fatal	<p>(a) If O0110C1A=[0], then all active items from O0110C2A through O0110C4A must equal [0].</p> <p>(b) If O0110C1A=[1], then at least one active item from O0110C2A through O0110C4A must equal [1], and all remaining item must equal [0,1].</p> <p>(c) If O0110C1A=[-], then all active items from O0110C2A through O0110C4A must equal [-].</p>
			<b>Items:</b> O0110C1A Therapies: Oxygen Therapy (Admission) O0110C2A Therapies: Oxygen - Continuous (Admission) O0110C3A Therapies: Oxygen - Intermittent (Admission) O0110C4A Therapies: Oxygen - High-concentration (Admission)
-3996	Consistency	Fatal	<p>(a) If O0110D1A=[0], then the following items O0110D2A and O0110D3A must equal [0].</p> <p>(b) If O0110D1A=[1], then at least one of the following items O0110D2A and O0110D3A must equal [1], and the remaining item must equal [0,1].</p>
			<b>Items:</b> O0110D1A Therapies: Suctioning (Admission) O0110D2A Therapies: Suctioning - Scheduled (Admission) O0110D3A Therapies: Suctioning - As Needed (Admission)
-3997	Consistency	Fatal	<p>(a) If O0110G1A=[0], then O0110G2A and O0110G3A must equal [0].</p> <p>(b) If O0110G1A=[1], then at least one of the following items must equal [1], and the remaining item must equal [0,1]: O0110G2A, O0110G3A.</p> <p>(c) If O0110G1A=[-], then O0110G2A and O0110G3A must equal [-].</p>
			<b>Items:</b> O0110G1A Therapies: Non-Invas Mechanical Ventilator (Admis) O0110G2A Therapies: BiPAP (Admission) O0110G3A Therapies: CPAP (Admission)
-3998	Consistency	Fatal	<p>(a) If O0110A1C=[0], then all active items from O0110A2C through O0110A10C must equal [0].</p> <p>(b) If O0110A1C=[1], then at least one active item from O0110A2C through O0110A10C must equal [1], and all remaining items must equal [0,1].</p> <p>(c) If O0110A1C=[-], then all active items from O0110A2C through O0110A10C must equal [-].</p>
			<b>Items:</b> O0110A1C Treatment: Chemotherapy (Discharge) O0110A2C Treatment: Chemo - IV (Discharge) O0110A3C Treatment: Chemo - Oral (Discharge) O0110A10C Treatment: Chemo - Other (Discharge)

## Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-3999	Consistency	Fatal	<p>(a) If O0110C1C=[0], then all active items from O0110C2C through O0110C4C must equal [0].</p> <p>(b) If O0110C1C=[1], then at least one active item from O0110C2C through O0110C4C must equal [1], and all remaining items must equal [0,1].</p> <p>(c) If O0110C1C=[-], then all active items from O0110C2C through O0110C4C must equal [-].</p> <p><b>Items:</b> O0110C1C      Therapies: Oxygen Therapy (Discharge)  O0110C2C      Therapies: Oxygen - Continuous (Discharge)  O0110C3C      Therapies: Oxygen - Intermittent (Discharge)  O0110C4C      Therapies: Oxygen - High-concentration (Discharge)</p>
-4000	Consistency	Fatal	<p>(a) If O0110D1C=[0], then all active items from O0110D2C through O0110D3C must equal [0].</p> <p>(b) If O0110D1C=[1], then at least one active item from O0110D2C through O0110D3C must equal [1], and remaining items must equal [0,1].</p> <p>(c) If O0110D1C=[-], then all active items from O0110D2C through O0110D3C must equal [-].</p> <p><b>Items:</b> O0110D1C      Therapies: Suctioning (Discharge)  O0110D2C      Therapies: Suctioning - Scheduled (Discharge)  O0110D3C      Therapies: Suctioning - As Needed (Discharge)</p>
-4001	Consistency	Fatal	<p>(a) If O0110G1C=[0], then all active items from O0110G2C through O0110G3C must equal [0].</p> <p>(b) If O0110G1C=[1], then at least one active item from O0110G2C through O0110G3C must equal [1], and the remaining items must equal [0,1].</p> <p>(c) If O0110G1C=[-], then all active items from O0110G2C through O0110G3C must equal [-].</p> <p><b>Items:</b> O0110G1C      Therapies: Non-Invas Mechanical Ventilator (Disch)  O0110G2C      Therapies: BiPAP (Discharge)  O0110G3C      Therapies: CPAP (Discharge)</p>
-4002	Consistency	Fatal	<p>(a) if O0110J1C=[0], then items O0110J2C and O0110J3C must equal [0].</p> <p>(b) If O0110J1C=[1], then at least one of the following items must equal [1], and the remaining item must equal [0,1]: O0110J2C, O0110J3C.</p> <p>(c) If O0110J1C=[-], then items O0110J2C and O0110J3C must equal [-].</p> <p><b>Items:</b> O0110J1C      Other: Dialysis (Discharge)  O0110J2C      Other: Hemodialysis (Discharge)  O0110J3C      Other: Peritoneal dialysis (Discharge)</p>

## Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-4003	Consistency	Fatal	<p>(a) If O0110H1C=[0], then all active items from O0110H2C through O0110H10C must equal [0].</p> <p>(b) If O0110H1C=[1], then at least one active item from O0110H2C through O0110H10C must equal [1], and the remaining items must equal [0,1].</p> <p>(c) If O0110H1C=[-], then all active items from O0110H2C through O0110H10C must equal [-].</p> <p><b>Items:</b> O0110H1C                      Other: IV Medications (Discharge)  O0110H2C                      Other: IV - Vasoactive medications (Discharge)  O0110H3C                      Other: IV - Antibiotics (Discharge)  O0110H4C                      Other: IV - Anticoagulation (Discharge)  O0110H10C                      Other: IV - Other (Discharge)</p>
-4004	Consistency	Fatal	<p>(a) if O0110J1A=[0], then O0110J2A and O0110J3A must equal [0].</p> <p>(b) If O0110J1A=[1], then at least one of the following items must equal [1], and the remaining item must equal [0,1]: O0110J2A, O0110J3A.</p> <p>(c) If O0110J1A=[-], then O0110J2A and O0110J3A must equal [-].</p> <p><b>Items:</b> O0110J1A                      Other: Dialysis (Admission)  O0110J2A                      Other: Hemodialysis (Admission)  O0110J3A                      Other: Peritoneal dialysis (Admission)</p>
-4005	Consistency	Fatal	<p>(a) If O0110O1A=[0], then all active items from O0110O2A through O0110O4A must equal [0].</p> <p>(b) If O0110O1A=[1], then at least one active item from O0110O2A through O0110O4A must equal [1], and all remaining items must equal [0,1].</p> <p>(c) If O0110O1A=[-], then all active items from O0110O2A through O0110O4A must equal [-].</p> <p><b>Items:</b> O0110O1A                      Other: IV Access (Admission)  O0110O2A                      Other: IV Access - Peripheral (Admission)  O0110O3A                      Other: IV Access - Midline (Admission)  O0110O4A                      Other: IV Access - Central (Admission)</p>
-4006	Consistency	Fatal	<p>(a) If O0110O1C=[0], then all active items from O0110O2C through O0110O4C must equal [0].</p> <p>(b) If O0110O1C=[1], then at least one active item from O0110O2C through O0110O4C must equal [1], and the remaining items must equal [0,1].</p> <p>(c) If O0110O1C=[-], then all active items from O0110O2C through O0110O4C must equal [-].</p> <p><b>Items:</b> O0110O1C                      Other: IV Access (Discharge)  O0110O2C                      Other: IV Access - Peripheral (Discharge)  O0110O3C                      Other: IV Access - Midline (Discharge)  O0110O4C                      Other: IV Access - Central (Discharge)</p>

## Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items																																				
-4007	Consistency	Fatal	<p>(a) If O0110Z1A=[1], then the following items must equal [0]: O0110A1A, O0110B1A, O0110C1A, O0110D1A, O0110E1A, O0110G1A, O0110H1A, O0110I1A, O0110J1A, O0110O1A.</p> <p>(b) if O0110Z1A=[0], then at least one item of the following items must equal [1], and the remaining items must equal [0,1]: O0110A1A, O0110B1A, O0110C1A, O0110D1A, O0110E1A, O0110G1A, O0110H1A, O0110I1A, O0110J1A, O0110O1A.</p> <p>(c) If O0110Z1A=[-], then the following items must equal [-]: O0110A1A, O0110B1A, O0110C1A, O0110D1A, O0110E1A, O0110G1A, O0110H1A, O0110I1A, O0110J1A, O0110O1A.</p> <table><tr><td><b>Items:</b></td><td>O0110A1A</td><td>Treatment: Chemotherapy (Admission)</td></tr><tr><td></td><td>O0110B1A</td><td>Treatment: Radiation (Admission)</td></tr><tr><td></td><td>O0110C1A</td><td>Therapies: Oxygen Therapy (Admission)</td></tr><tr><td></td><td>O0110D1A</td><td>Therapies: Suctioning (Admission)</td></tr><tr><td></td><td>O0110E1A</td><td>Therapies: Tracheostomy Care (Admission)</td></tr><tr><td></td><td>O0110G1A</td><td>Therapies: Non-Invas Mechanical Ventilator (Admis)</td></tr><tr><td></td><td>O0110H1A</td><td>Other: IV Medications (Admission)</td></tr><tr><td></td><td>O0110I1A</td><td>Other: Transfusions (Admission)</td></tr><tr><td></td><td>O0110J1A</td><td>Other: Dialysis (Admission)</td></tr><tr><td></td><td>O0110O1A</td><td>Other: IV Access (Admission)</td></tr><tr><td></td><td>O0110Z1A</td><td>Other: None of the above (Admission)</td></tr></table>	<b>Items:</b>	O0110A1A	Treatment: Chemotherapy (Admission)		O0110B1A	Treatment: Radiation (Admission)		O0110C1A	Therapies: Oxygen Therapy (Admission)		O0110D1A	Therapies: Suctioning (Admission)		O0110E1A	Therapies: Tracheostomy Care (Admission)		O0110G1A	Therapies: Non-Invas Mechanical Ventilator (Admis)		O0110H1A	Other: IV Medications (Admission)		O0110I1A	Other: Transfusions (Admission)		O0110J1A	Other: Dialysis (Admission)		O0110O1A	Other: IV Access (Admission)		O0110Z1A	Other: None of the above (Admission)			
<b>Items:</b>	O0110A1A	Treatment: Chemotherapy (Admission)																																					
	O0110B1A	Treatment: Radiation (Admission)																																					
	O0110C1A	Therapies: Oxygen Therapy (Admission)																																					
	O0110D1A	Therapies: Suctioning (Admission)																																					
	O0110E1A	Therapies: Tracheostomy Care (Admission)																																					
	O0110G1A	Therapies: Non-Invas Mechanical Ventilator (Admis)																																					
	O0110H1A	Other: IV Medications (Admission)																																					
	O0110I1A	Other: Transfusions (Admission)																																					
	O0110J1A	Other: Dialysis (Admission)																																					
	O0110O1A	Other: IV Access (Admission)																																					
	O0110Z1A	Other: None of the above (Admission)																																					
-4008	Consistency	Fatal	<p>(a) If O0110Z1C=[1], then the following items must equal [0]: O0110A1C, O0110B1C, O0110C1C, O0110D1C, O0110E1C, O0110F1C, O0110G1C, O0110H1C, O0110I1C, O0110J1C, O0110O1C.</p> <p>(b) if O0110Z1C=[0], then at least one of the following items must equal [1], and the remaining items must equal [0,1]: O0110A1C, O0110B1C, O0110C1C, O0110D1C, O0110E1C, O0110F1C, O0110G1C, O0110H1C, O0110I1C, O0110J1C, O0110O1C.</p> <p>(c) If O0110Z1C=[-], then the following items must equal [-]: O0110A1C, O0110B1C, O0110C1C, O0110D1C, O0110E1C, O0110F1C, O0110G1C, O0110H1C, O0110I1C, O0110J1C, O0110O1C.</p> <table><tr><td><b>Items:</b></td><td>O0110A1C</td><td>Treatment: Chemotherapy (Discharge)</td></tr><tr><td></td><td>O0110B1C</td><td>Treatment: Radiation (Discharge)</td></tr><tr><td></td><td>O0110C1C</td><td>Therapies: Oxygen Therapy (Discharge)</td></tr><tr><td></td><td>O0110D1C</td><td>Therapies: Suctioning (Discharge)</td></tr><tr><td></td><td>O0110E1C</td><td>Therapies: Tracheostomy Care (Discharge)</td></tr><tr><td></td><td>O0110F1C</td><td>Therapies: Invasive Mechanical Ventilator (Disch)</td></tr><tr><td></td><td>O0110G1C</td><td>Therapies: Non-Invas Mechanical Ventilator (Disch)</td></tr><tr><td></td><td>O0110H1C</td><td>Other: IV Medications (Discharge)</td></tr><tr><td></td><td>O0110I1C</td><td>Other: Transfusions (Discharge)</td></tr><tr><td></td><td>O0110J1C</td><td>Other: Dialysis (Discharge)</td></tr><tr><td></td><td>O0110O1C</td><td>Other: IV Access (Discharge)</td></tr><tr><td></td><td>O0110Z1C</td><td>Other: None of the above (Discharge)</td></tr></table>	<b>Items:</b>	O0110A1C	Treatment: Chemotherapy (Discharge)		O0110B1C	Treatment: Radiation (Discharge)		O0110C1C	Therapies: Oxygen Therapy (Discharge)		O0110D1C	Therapies: Suctioning (Discharge)		O0110E1C	Therapies: Tracheostomy Care (Discharge)		O0110F1C	Therapies: Invasive Mechanical Ventilator (Disch)		O0110G1C	Therapies: Non-Invas Mechanical Ventilator (Disch)		O0110H1C	Other: IV Medications (Discharge)		O0110I1C	Other: Transfusions (Discharge)		O0110J1C	Other: Dialysis (Discharge)		O0110O1C	Other: IV Access (Discharge)		O0110Z1C	Other: None of the above (Discharge)
<b>Items:</b>	O0110A1C	Treatment: Chemotherapy (Discharge)																																					
	O0110B1C	Treatment: Radiation (Discharge)																																					
	O0110C1C	Therapies: Oxygen Therapy (Discharge)																																					
	O0110D1C	Therapies: Suctioning (Discharge)																																					
	O0110E1C	Therapies: Tracheostomy Care (Discharge)																																					
	O0110F1C	Therapies: Invasive Mechanical Ventilator (Disch)																																					
	O0110G1C	Therapies: Non-Invas Mechanical Ventilator (Disch)																																					
	O0110H1C	Other: IV Medications (Discharge)																																					
	O0110I1C	Other: Transfusions (Discharge)																																					
	O0110J1C	Other: Dialysis (Discharge)																																					
	O0110O1C	Other: IV Access (Discharge)																																					
	O0110Z1C	Other: None of the above (Discharge)																																					

# Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

## Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-4009	Consistency	Fatal	<p>(a) If O0150A=[0], then all active items from O0150A2 through O0150E must equal [^].</p> <p>(b) If O0150A=[1], then O0150A2 must not equal [^].</p> <p><b>Items:</b> O0150A SBT: Invasive Mechanical Ventilation Support  O0150A2 SBT: Ventilator Weaning Status  O0150B SBT: Assessed for readiness by day 2  O0150C SBT: Deemed medically ready by day 2  O0150D SBT: Documentation of reason(s) - patient unready  O0150E SBT: Performed by day 2</p>
-4011	Skip	Fatal	<p>*** THIS EDIT WAS DELETED IN V4.02.0 ***</p> <p><b>Items:</b> GG0170Q1 Does the patient use a wheelchair and/or scooter  GG0170R1 Func Mobil (Adm Perf) - Wheel 50 feet w/2 turns  GG0170RR1 Indicate the type of wheelchair or scooter used  GG0170S1 Func Mobil (Adm Perf) - Wheel 150 feet  GG0170SS1 Indicate the type of wheelchair or scooter used</p>
-4012	Skip	Fatal	<p>(a) If GG0170F3=[07, 09, 10, 88], then GG0170G3 must equal [^].</p> <p>(b) If GG0170F3=[01, 02, 03, 04, 05, 06], then GG0170G3 must not equal [^].</p> <p>(c) If GG0170F3=[-], then GG0170G3 must equal [-].</p> <p><b>Items:</b> GG0170F3 Func Mobil (Dschg Perf) - Toilet transfer  GG0170G3 Func Mobil (Dischrg Perf) - Car Transfer</p>
-4013	Skip	Fatal	<p>(a) If GG0170Q3=[0], then all active items from GG0170R3 through GG0170SS3 must equal [^].</p> <p>(b) If GG0170Q3=[1], then all active items from GG0170R3 through GG0170SS3 must not equal [^].</p> <p>(c) If GG0170Q3=[-], then all active items from GG0170R3 through GG0170SS3 must equal [-].</p> <p><b>Items:</b> GG0170Q3 Does the patient use a wheelchair and/or scooter  GG0170R3 Func Mobil (Dschg Perf) - Wheel 50 feet w/2 turns  GG0170RR3 Indicate the type of wheelchair or scooter used  GG0170S3 Func Mobil (Dschg Perf) - Wheel 150 feet  GG0170SS3 Indicate the type of wheelchair or scooter used.</p>
-4016	Skip	Fatal	<p>(a) If O0150A2=[0], then all active items from O0150B through O0150E must equal [^].</p> <p>(b) If O0150A2=[1], then O0150B must not equal [^].</p> <p><b>Items:</b> O0150A2 SBT: Ventilator Weaning Status  O0150B SBT: Assessed for readiness by day 2</p>



# Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

## Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			<b>Items:</b> O0150C SBT: Deemed medically ready by day 2 O0150D SBT: Documentation of reason(s) - patient unready O0150E SBT: Performed by day 2
-4017	Consistency	Fatal	<p>BIMS Interview Summary Score: The following rules refer to the "BIMS component items" which are C0200, C0300A, C0300B, C0300C, C0400A, C0400B, and C0400C.</p> <p>a) If all of the BIMS component items have numeric values (not dash) and if three or fewer of the BIMS component items are equal to [0], then C0500 must equal the sum of the values of the component items.</p> <p>b) If all of the BIMS component items have numeric values (not dash) and if four or more of the BIMS component items are equal to [0], then C0500 must equal the sum of the values of the component items OR it must equal [99].</p> <p>c) If some, but not all, of the BIMS component items have a value of [-], then C0500 must equal [99].</p> <p>d) If all of the BIMS component items have a value of [-], then C0500 must equal [-].</p> <p><b>Items:</b> C0200 Repetition of three words  C0300A Temporal Orientation: Able to report correct year  C0300B Temporal Orientation: Able to report correct month  C0300C Temporal Orientation: Able to report correct day  C0400A Recall: Able to recall "sock"  C0400B Recall: Able to recall "blue"  C0400C Recall: Able to recall "bed"  C0500 BIMS Summary Score</p>
-4018	Consistency	Fatal	<p>a) If I7900=[1], then all active items from I0103 through I7104 must be equal to [0].</p> <p>b) If I7900=[0], then at least one active item from I0103 through I7104 must not be equal to [0].</p> <p>c) If I7900=[-], then at least one active item from I0103 through I7104 must be equal to [-], and the other active items must be equal to [0,-].</p> <p><b>Items:</b> I0103 Metastatic Cancer  I0104 Severe Cancer  I0605 Severe Left Systolic/Ventricular Dysfunction  I0900 Peripheral vascular disease (PVD) or PAD  I1501 Chronic Kidney Disease, Stage 5  I1502 Acute Renal Failure  I2101 Septicemia, Sepsis, Systemic Inflammatory Response  I2600 CNS Infect, Oppor Infect, Bone/Joint/Muscle Infect  I2900 Diabetes mellitus (DM)  I4100 Major Lower Limb Amputation  I4501 Stroke  I4801 Dementia  I4900 Hemiplegia or Hemiparesis  I5000 Paraplegia  I5101 Complete Tetraplegia  I5102 Incomplete Tetraplegia  I5110 Other Spinal Cord Disorder/Injury</p>

# Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

## Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			<b>Items:</b> I5200 Multiple Sclerosis (MS) I5250 Huntington's Disease I5300 Parkinson's Disease I5450 Amyotrophic Lateral Sclerosis I5455 Other Progressive Neuromuscular Disease I5460 Locked-In State I5470 Severe Anoxic Brain Damage, Cerebral Edema I5480 Other Severe Neurological Injury-Disease-Dysfunc I5601 Malnutrition I7100 Lung Transplant I7101 Heart Transplant I7102 Liver Transplant I7103 Kidney Transplant I7104 Bone Marrow Transplant I7900 None of the Above
-4022	Consistency	Fatal	(a) At least one active item from A1005A to A1005Y must equal [1]. (b) If A1005A=[1], then all active items from A1005B through A1005E must equal [0], and A1005Y must equal [0]. (c) If A1005B=[1] or A1005C=[1] or A1005D=[1] or A1005E=[1], then A1005A must equal [0] and A1005Y must equal [0]. (d) If A1005X=[1], then A1005Y must equal [0]. (e) If A1005Y=[1], then all active items from A1005A to A1005X must equal [0].  <b>Items:</b> A1005A Ethnicity: No, not Hispanic, Latino/a, Spanish A1005B Ethnicity: Yes, Mex, Mex Amer, Chicano/a A1005C Ethnicity: Yes, Puerto Rican A1005D Ethnicity: Yes, Cuban A1005E Ethnicity: Yes, another Hispanic/Latino/Spanish A1005X Ethnicity: Patient unable to respond A1005Y Ethnicity: Patient declines to respond
-4023	Consistency	Fatal	At least one active item from A1400A through A1400Y must equal [1].  <b>Items:</b> A1400A Payer: Medicare (FFS) A1400B Payer: Medicare (managed care/Part C/Mcr Advant.) A1400C Payer: Medicaid (FFS) A1400D Payer: Medicaid (managed care) A1400E Payer: Workers' compensation A1400F Payer: Title programs A1400G Payer: Other Government A1400H Payer: Private insurance/Medigap A1400I Payer: Private managed care A1400J Payer: Self-pay A1400K Payer: No payer source A1400X Payer: Unknown A1400Y Payer: Other

## Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items																																										
-4024	Fatal	Fatal	<p>If B0100=[0], then the following fields, when active, must not equal [^]: B0200, B1000, B1300, BB0700, BB0800, C0100, C1310A, C1310B, C1310C, C1310D, D0150A1, D0150B1, D0700.</p> <table><tr><td>Items:</td><td>B0100</td><td>Comatose</td></tr><tr><td></td><td>B0200</td><td>Hearing</td></tr><tr><td></td><td>B1000</td><td>Vision</td></tr><tr><td></td><td>B1300</td><td>Health Literacy</td></tr><tr><td></td><td>BB0700</td><td>Expression of Ideas and Wants (3-day asmt period)</td></tr><tr><td></td><td>BB0800</td><td>Understand Verbal/Non-Verbal Content (3-day asmt)</td></tr><tr><td></td><td>C0100</td><td>Brief Interview for Mental Status</td></tr><tr><td></td><td>C1310A</td><td>Delirium: Acute Onset Mental Status Change</td></tr><tr><td></td><td>C1310B</td><td>Delirium: Inattention</td></tr><tr><td></td><td>C1310C</td><td>Delirium: Disorganized thinking</td></tr><tr><td></td><td>C1310D</td><td>Delirium: Altered level of consciousness</td></tr><tr><td></td><td>D0150A1</td><td>Mood: Little interest/pleasure doing things: Pres</td></tr><tr><td></td><td>D0150B1</td><td>Mood: Feeling down, depressed, or hopeless: Pres</td></tr><tr><td></td><td>D0700</td><td>Social Isolation</td></tr></table>	Items:	B0100	Comatose		B0200	Hearing		B1000	Vision		B1300	Health Literacy		BB0700	Expression of Ideas and Wants (3-day asmt period)		BB0800	Understand Verbal/Non-Verbal Content (3-day asmt)		C0100	Brief Interview for Mental Status		C1310A	Delirium: Acute Onset Mental Status Change		C1310B	Delirium: Inattention		C1310C	Delirium: Disorganized thinking		C1310D	Delirium: Altered level of consciousness		D0150A1	Mood: Little interest/pleasure doing things: Pres		D0150B1	Mood: Feeling down, depressed, or hopeless: Pres		D0700	Social Isolation
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	D0700	Social Isolation																																											
-4025	Fatal	Fatal	<p>If B0100=[-], then the following fields, when active, must equal [-]: B0200, B1000, BB0700, BB0800, C0100, C1310A, C1310B, C1310C, C1310D, D0150A1, D0150B1.</p> <table><tr><td>Items:</td><td>B0100</td><td>Comatose</td></tr><tr><td></td><td>B0200</td><td>Hearing</td></tr><tr><td></td><td>B1000</td><td>Vision</td></tr><tr><td></td><td>BB0700</td><td>Expression of Ideas and Wants (3-day asmt period)</td></tr><tr><td></td><td>BB0800</td><td>Understand Verbal/Non-Verbal Content (3-day asmt)</td></tr><tr><td></td><td>C0100</td><td>Brief Interview for Mental Status</td></tr><tr><td></td><td>C1310A</td><td>Delirium: Acute Onset Mental Status Change</td></tr><tr><td></td><td>C1310B</td><td>Delirium: Inattention</td></tr><tr><td></td><td>C1310C</td><td>Delirium: Disorganized thinking</td></tr><tr><td></td><td>C1310D</td><td>Delirium: Altered level of consciousness</td></tr><tr><td></td><td>D0150A1</td><td>Mood: Little interest/pleasure doing things: Pres</td></tr><tr><td></td><td>D0150B1</td><td>Mood: Feeling down, depressed, or hopeless: Pres</td></tr></table>	Items:	B0100	Comatose		B0200	Hearing		B1000	Vision		BB0700	Expression of Ideas and Wants (3-day asmt period)		BB0800	Understand Verbal/Non-Verbal Content (3-day asmt)		C0100	Brief Interview for Mental Status		C1310A	Delirium: Acute Onset Mental Status Change		C1310B	Delirium: Inattention		C1310C	Delirium: Disorganized thinking		C1310D	Delirium: Altered level of consciousness		D0150A1	Mood: Little interest/pleasure doing things: Pres		D0150B1	Mood: Feeling down, depressed, or hopeless: Pres						
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	D0150B1	Mood: Feeling down, depressed, or hopeless: Pres																																											
-4026	Skip	Fatal	<p>(a) If A2105 = [01,99], then A2121 must equal [^] and A2123 must not equal [^]. (b) If A2105 = [02,03,04,05,06,07,08,09,10,11,12], then A2121 must not equal [^] and A2123 must equal [^].</p> <table><tr><td>Items:</td><td>A2105</td><td>Discharge location</td></tr><tr><td></td><td>A2121</td><td>Current Reconciled Medication List - Provider</td></tr><tr><td></td><td>A2123</td><td>Current Reconciled Medication List - Ptnt/Fam/Care</td></tr></table>	Items:	A2105	Discharge location		A2121	Current Reconciled Medication List - Provider		A2123	Current Reconciled Medication List - Ptnt/Fam/Care																																	
Items:	A2105	Discharge location																																											
	A2121	Current Reconciled Medication List - Provider																																											
	A2123	Current Reconciled Medication List - Ptnt/Fam/Care																																											
-4027	Skip	Fatal	<p>(a) If GG0170Q1=[0], then the following items must equal [^]: GG0170R1, GG0170RR1, GG0170S1, GG0170SS1.</p> <p>(b) If GG0170Q1=[1], then the following items must not equal [^]: GG0170R1, GG0170RR1, GG0170S1, GG0170SS1.</p>																																										

# Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

## Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items	
			<b>Items:</b>	GG0170Q1 Does the patient use a wheelchair and/or scooter
				GG0170R1 Func Mobil (Adm Perf) - Wheel 50 feet w/2 turns
				GG0170RR1 Indicate the type of wheelchair or scooter used
				GG0170S1 Func Mobil (Adm Perf) - Wheel 150 feet
				GG0170SS1 Indicate the type of wheelchair or scooter used
			(a) If A1400X=[1], then A1400A through A1400J should equal [0].	
			(b) If A1400X=[1], then A1400Y should equal [0].	
			<b>Items:</b>	A1400A Payer: Medicare (FFS)
				A1400B Payer: Medicare (managed care/Part C/Mcr Advant.)
				A1400C Payer: Medicaid (FFS)
-4028	Consistency	Warning		A1400D Payer: Medicaid (managed care)
				A1400E Payer: Workers' compensation
				A1400F Payer: Title programs
				A1400G Payer: Other Government
				A1400H Payer: Private insurance/Medigap
				A1400I Payer: Private managed care
				A1400J Payer: Self-pay
				A1400X Payer: Unknown
				A1400Y Payer: Other
-4029	Consistency	Fatal	If A1400A=[1], then A1400B must equal [0].	
			<b>Items:</b>	A1400A Payer: Medicare (FFS)
-4030	Consistency	Fatal		A1400B Payer: Medicare (managed care/Part C/Mcr Advant.)
			If A1400C=[1], then A1400D must equal [0].	
			<b>Items:</b>	A1400C Payer: Medicaid (FFS)
				A1400D Payer: Medicaid (managed care)
-4031	Consistency	Warning	If A1400C=[1], then A1400H should equal [0].	
			<b>Items:</b>	A1400C Payer: Medicaid (FFS)
				A1400H Payer: Private insurance/Medigap
-4032	Consistency	Warning	If A1400C=[1], then A1400I should equal [0].	
			<b>Items:</b>	A1400C Payer: Medicaid (FFS)
				A1400I Payer: Private managed care
-4033	Consistency	Warning	If A1400D=[1], then A1400H should equal [0].	
			<b>Items:</b>	A1400D Payer: Medicaid (managed care)
				A1400H Payer: Private insurance/Medigap
-4034	Consistency	Warning	If A1400D=[1], then A1400I should equal [0].	
			<b>Items:</b>	A1400D Payer: Medicaid (managed care)
				A1400I Payer: Private managed care
-4035	Consistency	Warning	If A1400J=[1], then A1400Y should equal [0].	
			<b>Items:</b>	A1400J Payer: Self-pay

## Data Submission Specifications for the LTCH - CARE Data Set (V4.02.1)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			<b>Items:</b> A1400Y                      Payer: Other
-9001	Information	None	The target date is defined as follows: a) If A0250=[01], then the target date is equal to A0220 (admission date). b) If A0250=[10,11,12], then the target date is equal to A0270 (discharge date).  <b>Items:</b> TARGET_DATE              Target date
-9002	Information	None	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. The ISC is defined as follows:  If A0050 = [1,2] and A0250 = [01] then ITM_SBST_CD = [LA] If A0050 = [1,2] and A0250 = [10] then ITM_SBST_CD = [LP] If A0050 = [1,2] and A0250 = [11] then ITM_SBST_CD = [LU] If A0050 = [1,2] and A0250 = [12] then ITM_SBST_CD = [LE] If A0050 = [3] and A0250 = [01,10,11,12] then ITM_SBST_CD = [XX]  For a more complete explanation of the meaning and use of the ISC codes, please refer to the documentation that accompanies these data specifications.  <b>Items:</b> ITM_SBST_CD              Item subset code A0050                      Type of record A0250                      Reason for Assessment