

APPENDIX E: DETAILED MATRIX IDENTIFYING REQUIRED AND VOLUNTARY ITEMS ON THE LTCH CARE DATA SET FOR FY 2014 AND FY 2015 PAYMENT UPDATE DETERMINATION

This appendix provides information on which LTCH CARE Data Set items are required and which are voluntary in nature. It is important to note that appropriate use of this matrix should include the review of the LTCH CARE Data Submission Specifications V1.00.3 available on the LTCH Quality Reporting Technical Information Page: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCHTechnicalInformation.html>. The information provided in the Submission Specifications contains the “valid values” that the QIES ASAP submission system will accept as a response to any given item on the LTCH CARE Data Set for data submission starting October 1, 2012 for FY 2014 Payment Update Determination.

The following is an overall key for this matrix:

N/A: Not applicable

Required for submission and for measure calculation:

- **R** = System cannot accept record without (failure to provide in record will lead to record rejection by the system). Please refer to the Technical Submission Specifications.
- **M-R** = Required for submission because this element is **required** in the measure and/or is used in the submission specifications for internal consistency checks related to the measure’s data/logic algorithm. Please refer to the Technical Submission Specifications.

Voluntary: Note that for voluntary data, failure to submit will not result in record rejection but omission of this data could result in (1) the inability to support additional internal consistency checks of the data’s integrity and (2) the inability to perform additional measure risk adjustment.

- **RC-V** = **Highly** recommended for submission, but not required. Considered voluntary, but omission of data item will impair and LTCH’s ability to modify and correct a record, or inactivate a record, and will impair the ability to apply internal consistency checks related to data. Please note that some items require a default response, such as “99”, or a dash, if the LTCH does not wish furnish an answer. Please refer to the Technical Submission Specifications.
- **V** = Can be left blank. Please refer to the Technical Submission Specifications.

- **V-DR** = Voluntary Item with Default Response Required. Record will be rejected if response is not provided. Note that although some data elements request information that is voluntary, some require a response for programming purposes. For providers who do not furnish information, we request that they select a default response that the submission system will see as valid. Such valid responses include a dash (-), which means not assessed or unknown; or “99” or “Z” which both indicate that “none of the above” apply. Please note that “99” or “Z” may only be selected if they are provided in the list of possible responses under a particular data item/question. Please refer to the Technical Submission Specifications.

LTCH CARE Data Set Item Number	LTCH CARE Data Set Item Name	LTCH CARE Data Set: Admission	LTCH CARE Data Set: Unplanned Discharge	LTCH CARE Data Set: Planned Discharge	LTCH CARE Data Set: Expired
A0050	Type of record	R	R	R	R
A0055	Correction number	R	R	R	R
A0100A	Facility National provider Identifier (NPI)	V	V	V	V
A0100B	Facility CMS Certification Number (CCN)	RC-V	RC-V	RC-V	RC-V
A0100C	State provider number	V	V	V	V
A0200	Type of provider	R	R	R	R
A0210	Assessment reference date	R	R	R	R
A0220	Admission date	R	R	R	R
A0250	Reason for assessment	R	R	R	R
A0270	Discharge date (Date of Death on Expired Form)	N/A	R	R	R
A0500A	Patient first name	RC-V	RC-V	RC-V	RC-V
A0500B	Patient middle initial	V	V	V	V
A0500C	Patient last name	R	R	R	R
A0500D	Patient name suffix	V	V	V	V
A0600A	Social Security number	RC-V	RC-V	RC-V	RC-V ⁺
A0600B	Patient Medicare/railroad insurance number	V	V	V	V
A0700	Patient Medicaid number	V	V	V	V
A0800	Gender	R	R	R	R
A0900	Birth date	R(VYR)	R(VYR)	R(VYR)	R(VYR)
A1000A - F	Race/ethnicity	V-DR	V-DR	V-DR	V-DR
A1050	Highest degree/level of school	V-DR	N/A	N/A	N/A
A1100A	Does the Patient need or want an interpreter	V-DR	N/A	N/A	N/A
A1100B	Preferred Language	V	N/A	N/A	N/A

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A1200	Marital status	V-DR	N/A	N/A	N/A
A1300D	Life time occupation(s)	V	N/A	N/A	N/A
A1400A-K, X, Y	Payer information: Current Payment Source(s)	V-DR	V-DR	V-DR	N/A
A1800	Admitted from	V-DR	V-DR	V-DR	N/A
A1810A-L, Z	Past 2 months: Short-stay acute hospital (IPPS)	V-DR			
A1820	Primary diagnosis in previous setting – ICD code	V-DR	N/A	N/A	N/A
A1955	Discharge delay > 24 hours	N/A	N/A	R	N/A
A1960	Reason for Discharge Delay			R	
A1970	Discharge return status		R	R	N/A
A2100	Discharge location	N/A	V-DR	V-DR	N/A
B0100	Comatose	V-DR	V-DR	V-DR	N/A
GG0160A	Functional mobility: Roll left and right	V-DR	V-DR	V-DR	N/A
GG0160B	Functional mobility: Sit to lying	V-DR	V-DR	V-DR	N/A
GG0160C	Functional mobility: Lying to sitting on side of bed	M-R	V-DR	V-DR	N/A
H0400	Bowel incontinence	M-R	V-DR	V-DR	N/A
I0900	Active diagnosis: Peripheral vascular disease (PVD) or peripheral arterial disease (PAD)	M-R	V-DR	V-DR	N/A
I2900	Active diagnosis: Diabetes mellitus (DM)	M-R	V-DR	V-DR	N/A

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I5600	Active diagnosis: Malnutrition (protein or calorie) or at risk for malnutrition	V-DR	V-DR	V-DR	N/A
K0200A	Height (in inches)	M-R	V-DR	V-DR	N/A
K0200B	Weight (in pounds)	M-R	V-DR	V-DR	N/A
M0210	Unhealed pressure ulcer(s)	R	R	R	N/A
M0300A	Stage 1: Number of stage 1 pressure ulcers	RC-V	RC-V	RC-V	N/A
M0300B1	Stage 2: Number of stage 2 pressure ulcers	M-R	M-R	M-R	N/A
M0300B2	Stage 2: Number ulcers that were present upon admission	RC-V	RC-V	RC-V	N/A
M0300B3	Stage 2: Date of oldest Stage 2 pressure ulcer	V-DR	V-DR	V-DR	N/A
M0300C1	Stage 3: Number of stage 3 pressure ulcers	M-R	M-R	M-R	N/A
M0300C2	Stage 3: Number of these stage 3 pressure ulcers that were present upon admission	RC-V	RC-V	RC-V	N/A
M0300D1	Stage 4: Number of stage 4 pressure ulcers	M-R	M-R	M-R	N/A
M0300D2	Stage 4: Number of these stage 4 pressure ulcers that were present upon admission	RC-V	RC-V	RC-V	N/A

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M0300E1	Unstageable – Non-removable dressing: Number of stage unstageable pressure ulcers due to non-removable dressing/device	RC-V	RC-V	RC-V	N/A
M0300E2	Unstageable - Non-removable dressing: Number of these unstageable pressure ulcers that were present upon admission	RC-V	RC-V	RC-V	N/A
M0300F1	Unstageable – Slough and/or eschar: Number of stage unstageable pressure ulcers due to slough/and or eschar	RC-V	RC-V	RC-V	N/A
M0300F2	Unstageable - Slough and/or eschar: Number of these unstageable pressure ulcers that were present upon admission	RC-V	RC-V	RC-V	N/A
M0300G1	Unstageable – deep tissue injury: Number of stage unstageable pressure ulcers due to deep tissue injury	RC-V	RC-V	RC-V	N/A

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M0300G2	Unstageable - deep tissue injury: Number of these unstageable pressure ulcers that were present upon admission	RC-V	RC-V	RC-V	N/A
M0610A	Dimensions of unhealed stage 3 or 4 pressure ulcers or eschar: Pressure ulcer length	V-DR	V-DR	V-DR	N/A
M0610B	Dimensions of Unhealed Stage 3 or 4 pressure ulcers or eschar: Pressure ulcer width (same ulcer)	V-DR	V-DR	V-DR	N/A
M0610C	Dimensions of Unhealed Stage 3 or 4 pressure ulcers or eschar: Pressure ulcer depth (same ulcer)	V-DR	V-DR	V-DR	N/A
M0700	Most severe tissue type for any pressure ulcer	V-DR	V-DR	V-DR	N/A
M0800A	Worsening in Pressure Ulcer Status since Prior Assessment: Stage 2	N/A	M-R	M-R	N/A
M0800B	Worsening in Pressure Ulcer Status since Prior Assessment: Stage 3	N/A	M-R	M-R	N/A
M0800C	Worsening in Pressure Ulcer Status Since Prior Assessment: Stage 4	N/A	M-R	M-R	N/A

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Z0400 A-L	Attestation Signature, title, sections, date	RC-V	RC-V	RC-V	X
Z0500A	Attestation signature of person verifying assessment set completion	RC-V	RC-V	RC-V	X
Z0500B	LTCH CARE Data Set Completion Date	R	R	R	R