

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0101	Admitted from Community Admitted from at entry (if A1800 = 01 Community)	Asmt		Code	1	1927-1927

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
1		Community with no home care
2		Community with Medicare certified home health agency care
3		Community with other home care
^		Blank (skip pattern)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

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Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0102	Admitted from NH or SB Admitted from at entry (if A1800 = 02 nursing home or swing bed)	Asmt		Code	1	1928-1928

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
1		Chronic and Convalescent Nursing Home (CCNH)
2		Rest Home with Nursing Supervision (RHNS)
^		Blank (skip pattern)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

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Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0111	Lived Alone Lived alone (prior to entry)	Asmt		Code	1	1929-1929

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		No
1		Yes
2		In other facility

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

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Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0115	Spouse Location Location of Spouse: If the resident has a spouse, code the spouse's residence	Asmt		Code	1	1930-1930

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
2		In a dwelling the resident and/or spouse owns (i.e., homestead property)
3		Other / Unknown living arrangement
5		In the same nursing home
6		In another nursing home
7		With family or friends

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

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Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0120	Prior Residence ZIP Code Residence prior to admission: ZIP code	Asmt		Text	5	1931-1935

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
Text		Prior Residence ZIP Code
-		Not assessed/no information

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0122	Prior Residence State Prior Primary Residence: State code of prior primary residence	Asmt		Code	2	1936-1937

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
AL		Alabama
AK		Alaska
AZ		Arizona
AR		Arkansas
CA		California
CO		Colorado
CT		Connecticut
DE		Delaware
DC		District of Columbia
FL		Florida
GA		Georgia
HI		Hawaii
ID		Idaho
IL		Illinois
IN		Indiana
IA		Iowa
KS		Kansas
KY		Kentucky
LA		Louisiana
ME		Maine
MD		Maryland
MA		Massachusetts
MI		Michigan
MN		Minnesota
MS		Mississippi

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

MO	Missouri
MT	Montana
NE	Nebraska
NV	Nevada
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NY	New York
NC	North Carolina
ND	North Dakota
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
PR	Puerto Rico
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VT	Vermont
VA	Virginia
VI	Virgin Islands
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming

#### **Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

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## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0123	Prior Residence County Prior Primary Residence : County code of prior primary residence (code 999 if out-of-State)	Asmt		Text	3	1938-1940

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
Text		Prior Residence County
-		Not assessed/no information

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



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### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0125	Prior Residence Town Code Prior Primary Residence : Town/city code of prior primary residence (code 99999 if out-of-State)	Asmt		Text	5	1941-1945

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
Text		Prior Residence Town Code

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

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## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0130	Highest Education Completed Education (Highest level completed)	Asmt		Code	1	1946-1946

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
1		No Schooling
2		8th grade/less
3		9 - 11 grades
4		High School
5		Technical or Trade School
6		Some College
7		Bachelor's degree
8		Graduate degree

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

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Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0140	Physician License Number Physician license number	Asmt		Text	11	1947-1957

***Item Subsets***

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

***Item Values***

Value	LOINC Code	Value Text
Text		Physician License Number

***Item Edits***

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

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Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0141	Physician Name Physician last name	Asmt		Text	18	1958-1975

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
Text		Physician Last Name

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

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Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0150	State Resident ID Resident Identifier (if resident does not have a social security number, contact DHHS Division of Medicaid and Long-Term Care for an identification number to be assigned and enter in this section)	Asmt		Text	9	1976-1984

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
Text		State Resident Identifier
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

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Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0160	Specialty unit Specialty Unit	Asmt		Code	2	2509-2510

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
01		Discrete AIDS Unit
02		Ventilator Dependent Unit
03		Traumatic Brain Injury (TBI) Unit
04		Behavioral Intervention Unit
05		Behavioral Intervention Step-Down Unit
06		Pediatric Specialty Unit / Facility
07		AIDS Scatter Beds
08		Traumatic Brain Injury (TBI) Extended Care
99		None of the Above

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

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Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0170A	Advanced directive: Guardian Advanced Directive: Guardian	Asmt		Code	1	2511-2511

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

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Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0170B	Advanced directive: DPOA-HC Advanced Directive: DPOA-HC	Asmt		Code	1	2512-2512

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



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Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0170C	Advanced directive: Living will Advanced Directive: Living Will	Asmt		Code	1	2513-2513

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

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Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0170D	Advanced directive: Do not resuscitate Advanced Directive: Do Not Resuscitate	Asmt		Code	1	2514-2514

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

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Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0170E	Advanced directive: Do not hospitalize Advanced Directive: Do Not Hospitalize	Asmt		Code	1	2515-2515

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

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Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0170F	Advanced directive: Do not intubate Advanced Directive: Do Not Intubate	Asmt		Code	1	2516-2516

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

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Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0170G	Advanced directive: Feeding restrictions Advanced Directive: Feeding Restrictions	Asmt		Code	1	2517-2517

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

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Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0170H	Advanced directive: Other treatment restrictions Advanced Directive: Other Treatment Restrictions	Asmt		Code	1	2518-2518

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

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Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0170Z	Advanced directive: None of the above Advanced Directive: None of the Above	Asmt		Code	1	2519-2519

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

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Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0171A	Resident healthcare proxy exists Does the resident have a healthcare proxy?	Asmt		Code	1	2520-2520

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		No
1		Yes

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



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### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0171B	Resident healthcare proxy invoked Has healthcare proxy been invoked?	Asmt		Code	1	2521-2521

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		No
1		Yes

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

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Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0172A	Goal discussion: documentation received Did you receive documentation of a discussion on goals of care from the referring provider?	Asmt		Code	1	2522-2522

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		No
1		Yes
9		Not applicable

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

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Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0172B	Goal discussion: hospital If you answered 'yes' to question S0172A, in which setting(s) did the discussion take place? (check all that apply): Hospital	Asmt		Code	1	2523-2523

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

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Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0172C	Goal discussion: previous NH If you answered 'yes' to question S0172A, in which setting(s) did the discussion take place? (check all that apply): Previous nursing home	Asmt		Code	1	2524-2524

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0172D	Goal discussion: Home without home health services If you answered 'yes' to question S0172A, in which setting(s) did the discussion take place? (check all that apply): Home Without Home Health Services	Asmt		Code	1	2525-2525

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0172E	Goal discussion: Home with home health services If you answered 'yes' to question S0172A, in which setting(s) did the discussion take place? (check all that apply): Home With Home Health Services	Asmt		Code	1	2526-2526

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0172F	Goal discussion: PCP office If you answered 'yes' to question S0172A, in which setting(s) did the discussion take place? (check all that apply): PCP Office	Asmt		Code	1	2527-2527

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0172G	Goal discussion: Other If you answered 'yes' to question S0172A, in which setting(s) did the discussion take place? (check all that apply): Other	Asmt		Code	1	2528-2528

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0172H	Goal discussion: Not occur reason If you answered 'no' to question S0172A, did the referring provider indicate why the discussion did not occur?	Asmt		Code	1	2529-2529

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0173	Documentation of goals of care discussion Is there documentation in the medical record that a discussion of goals of care with the resident or legal healthcare representative and attending clinician occurred since the last comprehensive OBRA assessment was completed?	Asmt		Code	1	2535-2535

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		No
1		Yes
9		Not applicable

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0180	Discharged to Community Discharge Status (if recorded community (01) in item A2100)	Asmt		Code	1	1985-1985

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
1		Community with no home care
2		Community with Medicare certified home health agency care
3		Community with other home care
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0183	Discharged prior to admission assessment Did this discharge occur prior to completion of the comprehensive admission assessment?	Asmt		Code	1	2530-2530

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0500	Level of Care Code a level of care for this resident (this may be a provisional judgment for initial admissions, private pay residents or residents with a pending determination for a change in level of care).	Asmt		Code	2	1986-1987

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
01		ISN
02		SNF
03		ICF-1
04		ICF-2
05		ICF-3
06		ICF-4
07		DD 1A
08		DD 1B
09		DD 2
10		DD 3
11		Traumatic Brain Injury
12		Ventilator Dependent

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0501	CCNH RHNS Level of Care Code level of care.	Asmt		Code	1	1988-1988

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
1		Chronic and Convalescent Nursing Home (CCNH)
2		Rest Home with Nursing Supervision (RHNS)
^		Blank (skip pattern)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0510	PASRR Screening Complete Was a PASRR screening completed?	Asmt		Code	1	1989-1989

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		No
1		Yes
9		N/A PASRR not indicated

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0511	PASRR Date If response to Item S0510 PASRR screening is yes, enter date of last screening else skip.	Asmt		Date	8	1990-1997

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
YYYYMMDD		PASRR Complete Date
^		Blank (skip pattern)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0512	PASRR Level 1 In response to item S0510 PASRR, was a referral for Level I Determination made?	Asmt		Code	1	1998-1998

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		No
1		Yes
9		N/A

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S0520	Reason for Admission Code the primary reason for admission.	Asmt		Code	2	1999-2000

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
01		Significant change in functional status
02		Deterioration in cognitive status
03		Change in the availability/status of primary caregivers
04		Difficulty arranging or paying for needed in-home care or support
05		Failed to succeed in residential care home
06		Short term rehabilitation or skilled care
99		None of the Above

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S1000	Local Health Department Reporting Has resident had any disease process or condition that has been reported to the local health department since last assessment?	Asmt		Code	1	2001-2001

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		No
1		Yes

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S1001	State Health Department Reporting Has resident had any disease process or condition that has been reported to the appropriate state health department since the last assessment?	Asmt		Code	1	2002-2002

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		No
1		Yes

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S1100A	Disease: Clostridium Difficile Disease Diagnoses: Check all that apply since last assessment: a. Clostridium difficile	Asmt		Checklist	1	2003-2003

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S1100B	Disease: MRSA Disease Diagnoses: Check all that apply since last assessment: b. MRSA	Asmt		Checklist	1	2004-2004

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S1100C	Disease: VRE Disease Diagnoses: Check all that apply since last assessment: c. VRE	Asmt		Checklist	1	2005-2005

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S1100D	Disease: VISA Disease Diagnoses: Check all that apply since last assessment: d. VISA	Asmt		Checklist	1	2006-2006

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S1100E	Disease: VRSA Disease Diagnoses: Check all that apply since last assessment: e. VRSA	Asmt		Checklist	1	2007-2007

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S1100F	Disease: Other MDRO Disease Diagnoses: Check all that apply since last assessment: f. Other MDRO	Asmt		Checklist	1	2008-2008

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S1100F1	Disease: MDRO Name1 Enter name of first MDRO (If S1100F is checked, please specify)	Asmt		Text	30	2009-2038

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
Text		Name of first MDRO

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S1100F2	Disease: MDRO Name2 Enter name of second MDRO (If S1100F is checked, please specify)	Asmt		Text	30	2039-2068

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
Text		Name of second MDRO

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S1100G	Disease: Tuberculosis Disease Diagnoses: Check all that apply since last assessment: g. Tuberculosis	Asmt		Checklist	1	2069-2069

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S1100H	Disease: Herpes Zoster Disease Diagnoses: Check all that apply since last assessment: h. Herpes Zoster	Asmt		Checklist	1	2070-2070

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S1100I	Disease: Scabies Disease Diagnoses: Check all that apply since last assessment: i. Scabies	Asmt		Checklist	1	2071-2071

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S1100Z	Disease: None of the Above Disease Diagnoses: Check all that apply since last assessment: z. None of the Above	Asmt		Checklist	1	2072-2072

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S1200A	Mental Health: Schizophrenia Mental Health Diagnoses: Check all that apply since last assessment: a. Schizophrenia	Asmt		Checklist	1	2073-2073

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S1200B	Mental Health: Delusional Disorder Mental Health Diagnoses: Check all that apply since last assessment: b. Delusional disorder	Asmt		Checklist	1	2074-2074

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S1200C	Mental Health: Schizoaffective Disorder Mental Health Diagnoses: Check all that apply since last assessment: c. Schizoaffective disorder	Asmt		Checklist	1	2075-2075

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S1200D	Mental Health: Other Psychotic Disorder Mental Health Diagnoses: Check all that apply since last assessment: d. Psychotic disorder not otherwise specified	Asmt		Checklist	1	2076-2076

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S1200E	Mental Health: Bipolar I Mixed, Manic, & Depressed Mental Health Diagnoses: Check all that apply since last assessment: e. Bipolar I mixed, manic, and depressed	Asmt		Checklist	1	2077-2077

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S1200F	Mental Health: Bipolar Disorder II Mental Health Diagnoses: Check all that apply since last assessment: f. Bipolar disorder II	Asmt		Checklist	1	2078-2078

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S1200G	Mental Health: Cyclothymic Disorder Mental Health Diagnoses: Check all that apply since last assessment: g. Cyclothymic disorder	Asmt		Checklist	1	2079-2079

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S1200H	Mental Health: Other Bipolar Disorder Mental Health Diagnoses: Check all that apply since last assessment: h. Bipolar disorder not otherwise specified	Asmt		Checklist	1	2080-2080

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S1200I	Mental Health: Major Depression, Recurrent Mental Health Diagnoses: Check all that apply since last assessment: i. Major depression, recurrent	Asmt		Checklist	1	2081-2081

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S1200Z	Mental Health: None of the above Mental Health Diagnoses: Check all that apply since last assessment: z. None of the above	Asmt		Checklist	1	2082-2082

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S2000	Capable of self-administration of medications Self-Medication Administration: Resident is capable of self-administration of medications	Asmt		Code	1	2083-2083

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		No
1		Yes
2		Limited

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S2001	Wishes to self-medicate Self-Medication Administration: Resident wishes to self-medicate	Asmt		Code	1	2084-2084

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		No
1		Yes
2		Limited

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S2010	Refused meds 3 days Medication Refusal: Resident refused to take some or all of prescribed medication in the last 3 days	Asmt		Code	1	2085-2085

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		No
1		Yes

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S2011	Staff support for meds 3 days Medication Refusal: Resident required staff supporting/prompting 3 or more times to take medication in the last 3 days	Asmt		Code	1	2086-2086

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		No
1		Yes

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S2015	Refused meds occasionally 30 days Resident refused to take all or some of prescribed medication on occasion (no more than 2 days a week most weeks). (Code for the 30 days preceding the assessment)	Asmt		Code	1	2087-2087

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		No
1		Yes

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S2016	Refused meds frequently 30 days Resident refused to take all or some of prescribed medication frequently (more than 2 days a week most weeks). (Code for the 30 days preceding the assessment)	Asmt		Code	1	2088-2088

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S2040	Behavior Management Program Resident is provided a Behavior Management Program	Asmt		Code	1	2089-2089

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Program not provided in last 7 days
1		Program provided 1 - 3 days in last 7 days
2		Program provided 4 - 6 days in last 7 days
3		Program provided daily in last 7 days

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S2050	Resists grooming/hygiene Resident resists staff attempts to assist/provide grooming/hygiene. (Code for an average number of days a week the resident has refused care in the 30 days preceding the assessment).	Asmt		Code	1	2090-2090

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No
1		At least one day a week
2		At least two days a week
3		At least three days a week
4		At least four days a week
5		Five or more days a week

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S3100A	Contractures: Hand Contractures: a. Hand	Asmt		Code	1	2091-2091

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		None
1		Right
2		Left
3		Both sides

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S3100B	Contractures: Wrist Contractures: b. Wrist	Asmt		Code	1	2092-2092

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		None
1		Right
2		Left
3		Both sides

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S3100C	Contractures: Elbow Contractures: c. Elbow	Asmt		Code	1	2093-2093

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		None
1		Right
2		Left
3		Both sides

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S3100D	Contractures: Shoulder Contractures: d. Shoulder	Asmt		Code	1	2094-2094

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		None
1		Right
2		Left
3		Both sides

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S3100E	Contractures: Neck Contractures: e. Neck	Asmt		Code	1	2095-2095

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		None
1		Right
2		Left
3		Both sides

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S3100F	Contractures: Ankle Contractures: f. Ankle	Asmt		Code	1	2096-2096

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		None
1		Right
2		Left
3		Both sides

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S3100G	Contractures: Knee Contractures: g. Knee	Asmt		Code	1	2097-2097

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		None
1		Right
2		Left
3		Both sides

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S3100H	Contractures: Hip Contractures: h. Hip	Asmt		Code	1	2098-2098

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		None
1		Right
2		Left
3		Both sides

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S3100Z	Contractures: Other Contractures: z. Other	Asmt		Code	1	2099-2099

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		None
1		Right
2		Left
3		Both sides

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S3200A	Dominant Side Dominant Side: Indicate resident's dominant side	Asmt		Code	1	2100-2100

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
1		Right
2		Left
3		Ambidextrous
9		Unable to determine

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S3200B	Use of dominant hand/arm Dominant Side: To what extent does the resident have use of his/her dominant hand/arm?	Asmt		Code	1	2101-2101

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
1		Full
2		Limited
3		None

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S4000A	Harm: Self Injury/Self-injurious attempt Harm to Self or Others: Self Injury Self-injurious attempt (Code for most recent instance)	Asmt		Code	1	2102-2102

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Never
1		Attempt more than 1 year ago
2		Attempt in the last year
3		Attempt in the last 7 days
4		Attempt within last 3 days

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S4000B	Harm: Attempt was to kill self Harm to Self or Others: Self Injury Intent of any self-injurious attempt was to kill him/herself	Asmt		Code	1	2103-2103

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S4000C	Harm: Considered injuring self Harm to Self or Others: Self Injury Considered performing a self-injurious act in the last 30 days	Asmt		Code	1	2104-2104

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S4000D	Harm: Self-injury caregiver concern Harm to Self or Others: Self Injury Family/caregiver/friend/staff expresses concern that resident is at risk for self injury	Asmt		Code	1	2105-2105

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S4010A	Hourly Interval Observation Close or Constant Observation: Number of days of the following type of supervision in the last 3 days. If none, code "0". A. Checked at hourly intervals	Asmt		Number	1	2106-2106

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Minimum value
3		Maximum value

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S4010B	15- Min. Interval Observation Close or Constant Observation: Number of days of the following type of supervision in the last 3 days. If none, code "0". B. Checked at 15-minute intervals	Asmt		Number	1	2107-2107

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Minimum value
3		Maximum value

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S4010C	5- Min. Interval Observation Close or Constant Observation: Number of days of the following type of supervision in the last 3 days. If none, code "0". C. Checked at 5-minute intervals	Asmt		Number	1	2108-2108

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Minimum value
3		Maximum value

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S4010D	Constant Observation for < 1 hr Close or Constant Observation: Number of days of the following type of supervision in the last 3 days. If none, code "0". D. Constant Observation for less than or equal to 1 hour	Asmt		Number	1	2109-2109

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Minimum value
3		Maximum value

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S4010E	Constant Observation for > 1 hr Close or Constant Observation: Number of days of the following type of supervision in the last 3 days. If none, code "0". E. Constant Observation for more than 1 hour	Asmt		Number	1	2110-2110

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Minimum value
3		Maximum value

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S4500	Substance Abuse: Alcoholic Drinks Substance Abuse & Excessive Behaviors: Alcohol - code for the highest number of drinks in any single sitting episode in the last 14 days	Asmt		Code	1	2111-2111

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		None
1		One
2		Two to four
3		Five or more

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S4510A	Substance Abuse: Inhalants Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: a. Inhalants	Asmt		Code	1	2112-2112

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Never or more than one year ago
1		Within the last year
2		Within the last 3 months
3		Within the last month
4		Within the last 7 days
5		Within the last 3 days

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S4510B	Substance Abuse: Hallucinogens Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: b. Hallucinogens	Asmt		Code	1	2113-2113

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Never or more than one year ago
1		Within the last year
2		Within the last 3 months
3		Within the last month
4		Within the last 7 days
5		Within the last 3 days

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S4510C	Substance Abuse: Cocaine and Crack Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: c. Cocaine and crack	Asmt		Code	1	2114-2114

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Never or more than one year ago
1		Within the last year
2		Within the last 3 months
3		Within the last month
4		Within the last 7 days
5		Within the last 3 days

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S4510D	Substance Abuse: Stimulants Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: d. Stimulants	Asmt		Code	1	2115-2115

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Never or more than one year ago
1		Within the last year
2		Within the last 3 months
3		Within the last month
4		Within the last 7 days
5		Within the last 3 days

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S4510E	Substance Abuse: Opiates Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: e. Opiates	Asmt		Code	1	2116-2116

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Never or more than one year ago
1		Within the last year
2		Within the last 3 months
3		Within the last month
4		Within the last 7 days
5		Within the last 3 days

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S4510F	Substance Abuse: Cannabis Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: f. Cannabis	Asmt		Code	1	2117-2117

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Never or more than one year ago
1		Within the last year
2		Within the last 3 months
3		Within the last month
4		Within the last 7 days
5		Within the last 3 days

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S5000	Number of New Pressure Ulcers Pressure Ulcers: Number of new or reoccurring pressure ulcers during last quarter (if 9 or more, enter 9)	Asmt		Number	1	2118-2118

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Minimum value
9		Maximum value

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S5005	New Pressure Ulcer setting Pressure Ulcers: In what setting did the pressure ulcers in S5000 develop?	Asmt		Code	1	2119-2119

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		None
1		Inhouse
2		Other
3		Both

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S5010A1	Pressure ulcer 1 location Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): A1. Location of pressure ulcer 1	Asmt		Code	2	2120-2121

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
01		Spine - Left
02		Spine - Right
03		Spine - Center
04		Coccyx - Left
05		Coccyx - Right
06		Coccyx - Center
07		Sacrum - Left
08		Sacrum - Right
09		Sacrum - Center
10		Buttock - Left
11		Buttock - Right
12		Buttock - Center
13		Trochanter - Left
14		Trochanter - Right
15		Trochanter - Center
16		Ischium - Left
17		Ischium - Right
18		Ischium - Center
19		Knee - Left
20		Knee - Right
21		Knee - Center
22		Ankle - Left
23		Ankle - Right
24		Ankle - Center



**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

25	Heel - Left
26	Heel - Right
27	Heel - Center
28	Foot - Left
29	Foot - Right
30	Foot - Center
99	Other
^	Blank (skip pattern)

***Item Edits***

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S5010A2	Pressure ulcer 1 status Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): A2. Status of pressure ulcer 1	Asmt		Code	1	2122-2122

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No change
1		Decreased depth
2		Decreased area
3		Decreased depth and area
4		Increased depth
5		Increased area
6		Increased depth and area
7		Decreased depth, increased area
8		Increased depth, decreased area
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S5010B1	Pressure ulcer 2 location Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): B1. Location of pressure ulcer 2	Asmt		Code	2	2123-2124

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
01		Spine - Left
02		Spine - Right
03		Spine - Center
04		Coccyx - Left
05		Coccyx - Right
06		Coccyx - Center
07		Sacrum - Left
08		Sacrum - Right
09		Sacrum - Center
10		Buttock - Left
11		Buttock - Right
12		Buttock - Center
13		Trochanter - Left
14		Trochanter - Right
15		Trochanter - Center
16		Ischium - Left
17		Ischium - Right
18		Ischium - Center
19		Knee - Left
20		Knee - Right
21		Knee - Center
22		Ankle - Left
23		Ankle - Right
24		Ankle - Center

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

25	Heel - Left
26	Heel - Right
27	Heel - Center
28	Foot - Left
29	Foot - Right
30	Foot - Center
99	Other
^	Blank (skip pattern)

***Item Edits***

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S5010B2	Pressure ulcer 2 status Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): B2. Status of pressure ulcer 2	Asmt		Code	1	2125-2125

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No change
1		Decreased depth
2		Decreased area
3		Decreased depth and area
4		Increased depth
5		Increased area
6		Increased depth and area
7		Decreased depth, increased area
8		Increased depth, decreased area
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S5010C1	Pressure ulcer 3 location Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): C1. Location of pressure ulcer 3	Asmt		Code	2	2126-2127

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
01		Spine - Left
02		Spine - Right
03		Spine - Center
04		Coccyx - Left
05		Coccyx - Right
06		Coccyx - Center
07		Sacrum - Left
08		Sacrum - Right
09		Sacrum - Center
10		Buttock - Left
11		Buttock - Right
12		Buttock - Center
13		Trochanter - Left
14		Trochanter - Right
15		Trochanter - Center
16		Ischium - Left
17		Ischium - Right
18		Ischium - Center
19		Knee - Left
20		Knee - Right
21		Knee - Center
22		Ankle - Left
23		Ankle - Right
24		Ankle - Center

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

25	Heel - Left
26	Heel - Right
27	Heel - Center
28	Foot - Left
29	Foot - Right
30	Foot - Center
99	Other
^	Blank (skip pattern)

***Item Edits***

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S5010C2	Pressure ulcer 3 status Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): C2. Status of pressure ulcer 3	Asmt		Code	1	2128-2128

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No change
1		Decreased depth
2		Decreased area
3		Decreased depth and area
4		Increased depth
5		Increased area
6		Increased depth and area
7		Decreased depth, increased area
8		Increased depth, decreased area
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S5010D1	Pressure ulcer 4 location Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): D1. Location of pressure ulcer 4	Asmt		Code	2	2129-2130

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
01		Spine - Left
02		Spine - Right
03		Spine - Center
04		Coccyx - Left
05		Coccyx - Right
06		Coccyx - Center
07		Sacrum - Left
08		Sacrum - Right
09		Sacrum - Center
10		Buttock - Left
11		Buttock - Right
12		Buttock - Center
13		Trochanter - Left
14		Trochanter - Right
15		Trochanter - Center
16		Ischium - Left
17		Ischium - Right
18		Ischium - Center
19		Knee - Left
20		Knee - Right
21		Knee - Center
22		Ankle - Left
23		Ankle - Right
24		Ankle - Center

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

25	Heel - Left
26	Heel - Right
27	Heel - Center
28	Foot - Left
29	Foot - Right
30	Foot - Center
99	Other
^	Blank (skip pattern)

***Item Edits***

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S5010D2	Pressure ulcer 4 status Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): D2. Status of pressure ulcer 4	Asmt		Code	1	2131-2131

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No change
1		Decreased depth
2		Decreased area
3		Decreased depth and area
4		Increased depth
5		Increased area
6		Increased depth and area
7		Decreased depth, increased area
8		Increase depth, decreased area
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S5010E1	Pressure ulcer 5 location Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): E1. Location of pressure ulcer 5	Asmt		Code	2	2132-2133

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
01		Spine - Left
02		Spine - Right
03		Spine - Center
04		Coccyx - Left
05		Coccyx - Right
06		Coccyx - Center
07		Sacrum - Left
08		Sacrum - Right
09		Sacrum - Center
10		Buttock - Left
11		Buttock - Right
12		Buttock - Center
13		Trochanter - Left
14		Trochanter - Right
15		Trochanter - Center
16		Ischium - Left
17		Ischium - Right
18		Ischium - Center
19		Knee - Left
20		Knee - Right
21		Knee - Center
22		Ankle - Left
23		Ankle - Right
24		Ankle - Center

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

25	Heel - Left
26	Heel - Right
27	Heel - Center
28	Foot - Left
29	Foot - Right
30	Foot - Center
99	Other
^	Blank (skip pattern)

***Item Edits***

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S5010E2	Pressure ulcer 5 status Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): E2. Status of pressure ulcer 5	Asmt		Code	1	2134-2134

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No change
1		Decreased depth
2		Decreased area
3		Decreased depth and area
4		Increased depth
5		Increased area
6		Increased depth and area
7		Decreased depth, increased area
8		Increased depth, decreased area
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S5010F1	Pressure ulcer 6 location Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): F1. Location of pressure ulcer 6	Asmt		Code	2	2135-2136

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
01		Spine - Left
02		Spine - Right
03		Spine - Center
04		Coccyx - Left
05		Coccyx - Right
06		Coccyx - Center
07		Sacrum - Left
08		Sacrum - Right
09		Sacrum - Center
10		Buttock - Left
11		Buttock - Right
12		Buttock - Center
13		Trochanter - Left
14		Trochanter - Right
15		Trochanter - Center
16		Ischium - Left
17		Ischium - Right
18		Ischium - Center
19		Knee - Left
20		Knee - Right
21		Knee - Center
22		Ankle - Left
23		Ankle - Right
24		Ankle - Center

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

25	Heel - Left
26	Heel - Right
27	Heel - Center
28	Foot - Left
29	Foot - Right
30	Foot - Center
99	Other
^	Blank (skip pattern)

***Item Edits***

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S5010F2	Pressure ulcer 6 status Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): F2. Status of pressure ulcer 6	Asmt		Code	1	2137-2137

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No change
1		Decreased depth
2		Decreased area
3		Decreased depth and area
4		Increased depth
5		Increased area
6		Increased depth and area
7		Decreased depth, increased area
8		Increased depth, decreased area
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S5010G1	Pressure ulcer 7 location Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): G1. Location of pressure ulcer 7	Asmt		Code	2	2138-2139

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
01		Spine - Left
02		Spine - Right
03		Spine - Center
04		Coccyx - Left
05		Coccyx - Right
06		Coccyx - Center
07		Sacrum - Left
08		Sacrum - Right
09		Sacrum - Center
10		Buttock - Left
11		Buttock - Right
12		Buttock - Center
13		Trochanter - Left
14		Trochanter - Right
15		Trochanter - Center
16		Ischium - Left
17		Ischium - Right
18		Ischium - Center
19		Knee - Left
20		Knee - Right
21		Knee - Center
22		Ankle - Left
23		Ankle - Right
24		Ankle - Center

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

25	Heel - Left
26	Heel - Right
27	Heel - Center
28	Foot - Left
29	Foot - Right
30	Foot - Center
99	Other
^	Blank (skip pattern)

***Item Edits***

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S5010G2	Pressure ulcer 7 status Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): G2. Status of pressure ulcer 7	Asmt		Code	1	2140-2140

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No change
1		Decreased depth
2		Decreased area
3		Decreased depth and area
4		Increased depth
5		Increased area
6		Increased depth and area
7		Decreased depth, increased area
8		Increased depth, decreased area
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S5010H1	Pressure ulcer 8 location Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): H1. Location of pressure ulcer 8	Asmt		Code	2	2141-2142

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
01		Spine - Left
02		Spine - Right
03		Spine - Center
04		Coccyx - Left
05		Coccyx - Right
06		Coccyx - Center
07		Sacrum - Left
08		Sacrum - Right
09		Sacrum - Center
10		Buttock - Left
11		Buttock - Right
12		Buttock - Center
13		Trochanter - Left
14		Trochanter - Right
15		Trochanter - Center
16		Ischium - Left
17		Ischium - Right
18		Ischium - Center
19		Knee - Left
20		Knee - Right
21		Knee - Center
22		Ankle - Left
23		Ankle - Right
24		Ankle - Center

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

25	Heel - Left
26	Heel - Right
27	Heel - Center
28	Foot - Left
29	Foot - Right
30	Foot - Center
99	Other
^	Blank (skip pattern)

***Item Edits***

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S5010H2	Pressure ulcer 8 status Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): H2. Status of pressure ulcer 8	Asmt		Code	1	2143-2143

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No change
1		Decreased depth
2		Decreased area
3		Decreased depth and area
4		Increased depth
5		Increased area
6		Increased depth and area
7		Decreased depth, increased area
8		Increased depth, decreased area
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S501011	Pressure ulcer 9 location Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): l1. Location of pressure ulcer 9	Asmt		Code	2	2144-2145

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
01		Spine - Left
02		Spine - Right
03		Spine - Center
04		Coccyx - Left
05		Coccyx - Right
06		Coccyx - Center
07		Sacrum - Left
08		Sacrum - Right
09		Sacrum - Center
10		Buttock - Left
11		Buttock - Right
12		Buttock - Center
13		Trochanter - Left
14		Trochanter - Right
15		Trochanter - Center
16		Ischium - Left
17		Ischium - Right
18		Ischium - Center
19		Knee - Left
20		Knee - Right
21		Knee - Center
22		Ankle - Left
23		Ankle - Right
24		Ankle - Center



**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

25	Heel - Left
26	Heel - Right
27	Heel - Center
28	Foot - Left
29	Foot - Right
30	Foot - Center
99	Other
^	Blank (skip pattern)

***Item Edits***

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S5010I2	Pressure ulcer 9 status Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): I2. Status of pressure ulcer 9	Asmt		Code	1	2146-2146

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No change
1		Decreased depth
2		Decreased area
3		Decreased depth and area
4		Increased depth
5		Increased area
6		Increased depth and area
7		Decreased depth, increased area
8		Increased depth, decreased area
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S6000	Parenteral/IV feeding in NH Within the last 7 days, Parenteral/IV feeding was provided and administered in and by the nursing home	Asmt		Code	1	2147-2147

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		No
1		Yes

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S6005	IV meds in NH Within the last 14 days, IV medication was provided, administered, and instilled exclusively in and by the nursing home	Asmt		Code	1	2148-2148

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		No
1		Yes

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S6010	Oxygen Therapy in NH Within the last 14 days, oxygen therapy was provided within the facility continuously for a period of 2 hours or more, or intermittently with starting and stopping at intervals	Asmt		Code	1	2149-2149

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S6050	Isolation precautions needed For any diseases coded in Section S Items S1100A - S1100Z, has resident required any type of isolation precautions since admission or the previous assessment other than standard/universal precautions?	Asmt		Code	1	2150-2150

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S6051A	Isolation Precaution: Airborne If yes to item S6050, type of isolation precautions employed: a. Airborne	Asmt		Checklist	1	2151-2151

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S6051B	Isolation Precaution: Contact If yes to item S6050, type of isolation precautions employed: b. Contact	Asmt		Checklist	1	2152-2152

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S6051C	Isolation Precaution: Droplet If yes to item S6050, type of isolation precautions employed: c. Droplet	Asmt		Checklist	1	2153-2153

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S6051D	Isolation Precaution: Protective If yes to item S6050, type of isolation precautions employed: d. Protective	Asmt		Checklist	1	2154-2154

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S6100A	Vaccination: Varicella Vaccinations : Indicate if the following vaccination is current: a. Varicella (Herpes Zoster or shingles)	Asmt		Checklist	1	2155-2155

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S6100B	Vaccination: Tetanus, diphtheria (Td) Vaccinations: Indicate if the following the vaccination is current: b. Tetanus, diphtheria (Td)	Asmt		Checklist	1	2156-2156

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S6100C	Vaccination: Tetanus, diphtheria, pertussis (Tdap) Vaccinations: Indicate if the following vaccination is current: c. Tetanus, diphtheria, pertussis (Tdap)	Asmt		Checklist	1	2157-2157

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S6100D	Vaccination: Measles, Mumps, Rubella (MMR) Vaccinations: Indicate if the following vaccination is current: d. Measles, mumps, rubella (MMR)	Asmt		Checklist	1	2158-2158

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S6100E	Vaccination: Other Vaccinations: Indicate vaccinations that are current, excluding pneumococcal, seasonal influenza, and S6100A - S6100D. e. Other	Asmt		Checklist	1	2159-2159

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S6100F1	Vaccination: Other Name 1 Vaccinations: If other vaccination is checked, please specify name	Asmt		Text	20	2160-2179

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
Text		Other Vaccination 1 Name

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S6100F2	Vaccination: Other Name 2 Vaccinations: If other vaccination is checked, please specify name	Asmt		Text	20	2180-2199

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
Text		Other Vaccination 2 Name

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S6100F3	Vaccination: Other Name 3 Vaccinations: If other vaccination is checked, please specify name	Asmt		Text	20	2200-2219

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
Text		Other Vaccination 3 Name

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S6100Z	Vaccination: None of the above Vaccinations: Indicate the vaccinations that are current z. None of the above	Asmt		Checklist	1	2220-2220

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S6200	Number of Hospital Stays Hospital Stay(s): Record number of times resident was admitted to hospital with an overnight stay in the last 90 days (or since last assessment if less than 90 days). Enter 0 if no hospital admissions.	Asmt		Number	2	2221-2222

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Minimum value
90		Maximum value

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S6210	Number of ER visits Emergency Room (ER) visit(s): Record number of times resident visited ER without an overnight stay in last 90 days (or since last assessment if less than 90 days). Enter 0 if no ER visits.	Asmt		Number	3	2223-2225

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Minimum value
999		Maximum value

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S6220	Alzheimer's/Dementia Special Care Unit Alzheimer's/Dementia Special Care Unit-Program provided while a resident of this facility within the last 14 days	Asmt		Code	1	2226-2226

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		No
1		Yes

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8000A1	Medicare - Primary Payor Medicare - Primary Payor	Asmt		Checklist	1	2227-2227

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8000A2	Medicare - Secondary Payor Medicare - Secondary Payor	Asmt		Checklist	1	2228-2228

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8000A3	Medicare Payor Medicare	Asmt		Checklist	1	2229-2229

***Item Subsets***

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

***Item Values***

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

***Item Edits***

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8000B1	Medicare Part A - Primary Payor Medicare Part A - Primary Payor	Asmt		Checklist	1	2230-2230

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8000B2	Medicare Part A - Secondary Payor Medicare Part A - Secondary Payor	Asmt		Checklist	1	2231-2231

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8000B3	Medicare Part A Payor Medicare Part A	Asmt		Checklist	1	2232-2232

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8000C1	Medicare Part B - Primary Payor Medicare Part B - Primary Payor	Asmt		Checklist	1	2233-2233

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8000C2	Medicare Part B - Secondary Payor Medicare Part B - Secondary Payor	Asmt		Checklist	1	2234-2234

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8000C3	Medicare Part B Payor Medicare Part B	Asmt		Checklist	1	2235-2235

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8000D1	Medicare Part C - Primary Payor Medicare Part C (Medicare Advantage) - Primary Payor	Asmt		Checklist	1	2236-2236

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8000D2	Medicare Part C - Secondary Payor Medicare Part C (Medicare Advantage) - Secondary Payor	Asmt		Checklist	1	2237-2237

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8000D3	Medicare Part C Payor Medicare Part C (Medicare Advantage)	Asmt		Checklist	1	2238-2238

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8000E1	Medicare per diem - Primary Payor Medicare per diem - Primary Payor	Asmt		Checklist	1	2239-2239

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8000E2	Medicare per diem - Secondary Payor Medicare per diem - Secondary Payor	Asmt		Checklist	1	2240-2240

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8000E3	Medicare per diem Payor Medicare per diem	Asmt		Checklist	1	2241-2241

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8000Z	Medicare not a payment source Medicare not a payment source	Asmt		Checklist	1	2242-2242

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010A1	In-state Medicaid - Primary Payor In-state Medicaid - Primary Payor	Asmt		Checklist	1	2243-2243

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010A2	In-state Medicaid - Secondary Payor In-state Medicaid - Secondary Payor	Asmt		Checklist	1	2244-2244

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010A3	In-state Medicaid payor In-state Medicaid	Asmt		Checklist	1	2245-2245

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010B1	Out-of-state Medicaid - Primary Payor Out-of-state Medicaid - Primary Payor	Asmt		Checklist	1	2246-2246

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010B2	Out-of-state Medicaid - Secondary Payor Out-of-state Medicaid - Secondary Payor	Asmt		Checklist	1	2247-2247

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010B3	Out-of-state Medicaid Payor Out-of-state Medicaid	Asmt		Checklist	1	2248-2248

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010C1	Medicaid per diem - Primary Payor Medicaid per diem - Primary Payor	Asmt		Checklist	1	2249-2249

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010C2	Medicaid per diem - Secondary Payor Medicaid per diem - Secondary Payor	Asmt		Checklist	1	2250-2250

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010C3	Medicaid per diem Payor Medicaid per diem	Asmt		Checklist	1	2251-2251

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010D1	Medicaid managed care per diem - Primary Payor Medicaid managed care per diem - Primary Payor	Asmt		Checklist	1	2252-2252

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010D2	Medicaid managed care per diem - Secondary Payor Medicaid managed care per diem - Secondary Payor	Asmt		Checklist	1	2253-2253

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010D3	Medicaid managed care per diem Payor Medicaid managed care per diem	Asmt		Checklist	1	2254-2254

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010E1	Medicaid per diem (not MC) - Primary Payor Medicaid per diem (not managed care) - Primary Payor	Asmt		Checklist	1	2255-2255

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010E2	Medicaid per diem (not MC) - Secondary Payor Medicaid per diem (not managed care) - Secondary Payor	Asmt		Checklist	1	2256-2256

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010E3	Medicaid per diem (not MC) Payor Medicaid per diem (not managed care)	Asmt		Checklist	1	2257-2257

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010F	Medicaid per diem type Type of Medicaid per Diem	Asmt		Code	1	2531-2531

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
1		Medicaid managed care per diem
2		Medicaid per diem (not managed care)
^		Blank (skip pattern)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010F1	Medicaid Resident Liability - Primary Payor Medicaid Resident Liability - Primary Payor	Asmt		Checklist	1	2258-2258

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010F2	Medicaid Resident Liability - Secondary Payor Medicaid Resident Liability - Secondary Payor	Asmt		Checklist	1	2259-2259

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010F3	Medicaid Resident Liability Payor Medicaid Resident Liability	Asmt		Checklist	1	2260-2260

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010G	Medicaid state source Medicaid State Source	Asmt		Code	1	2532-2532

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
1		In-state Medicaid
2		Out-of-state Medicaid
^		Blank (skip pattern)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010G1	Medicare Co-Pay - Primary Payor Medicare Co-pay - Primary Payor	Asmt		Checklist	1	2261-2261

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010G2	Medicare Co-pay - Secondary Payor Medicare Co-pay - Secondary Payor	Asmt		Checklist	1	2262-2262

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010G3	Medicare Co-pay Payor Medicare Co-pay	Asmt		Checklist	1	2263-2263

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010H1	Picture Date reporting Check this item if the assessment is a Discharge Return Anticipated assessment AND is to be used as a Discharge Return Not Anticipated for Picture Date reporting requirements	Asmt		Checklist	1	2264-2264

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

#### Changes for Version

Type	ID	Description
Item	S8010H1	[V1.12.0]-The item text was incorrect in the previous version of the data specs and has been replaced with the correct text.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010H2	Medicaid Other - Secondary Payor Medicaid Other - Secondary Payor	Asmt		Checklist	1	2265-2265

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010H3	Medicaid Other Payor Medicaid Other	Asmt		Checklist	1	2266-2266

***Item Subsets***

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

***Item Values***

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

***Item Edits***

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010I1	Medicaid Pending - Primary Payor Medicaid Pending - Primary Payor	Asmt		Checklist	1	2267-2267

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010I2	Medicaid Pending - Secondary Payor Medicaid Pending - Secondary Payor	Asmt		Checklist	1	2268-2268

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010I3	Medicaid Pending Payor Medicaid Pending	Asmt		Checklist	1	2269-2269

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8010Z	Medicaid not a payment source Medicaid not a payment source	Asmt		Checklist	1	2270-2270

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8020A1	Private - Primary Payor Private - Primary Payor	Asmt		Checklist	1	2271-2271

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8020A2	Private - Secondary Payor Private - Secondary Payor	Asmt		Checklist	1	2272-2272

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8020A3	Private Payor Private	Asmt		Checklist	1	2273-2273

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8020B1	Private per diem - Primary Payor Private per diem (including co-pay) - Primary Payor	Asmt		Checklist	1	2274-2274

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8020B2	Private per diem - Secondary Payor Private per diem (including co-pay) - Secondary Payor	Asmt		Checklist	1	2275-2275

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8020B3	Private per diem Payor Private per diem (including co-pay)	Asmt		Checklist	1	2276-2276

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8020C1	Private LTC insurance policy - Primary Payor Private LTC insurance policy - Primary Payor	Asmt		Checklist	1	2277-2277

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8020C2	Private LTC insurance policy - Secondary Payor Private LTC insurance policy - Secondary Payor	Asmt		Checklist	1	2278-2278

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8020C3	Private LTC insurance policy Private LTC insurance policy	Asmt		Checklist	1	2279-2279

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
^		Blank (skip pattern)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8020Z	Private insurance not a payment source Private insurance not a payment source	Asmt		Checklist	1	2280-2280

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8030A1	Self-pay - Primary Payor Self-pay - Primary Payor	Asmt		Checklist	1	2281-2281

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8030A2	Self-pay - Secondary Payor Self-pay - Secondary Payor	Asmt		Checklist	1	2282-2282

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8030A3	Self-pay Payor Self-pay	Asmt		Checklist	1	2283-2283

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8030B1	Family pay - Primary Payor Family pay - Primary Payor	Asmt		Checklist	1	2284-2284

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8030B2	Family pay - Secondary Payor Family pay - Secondary Payor	Asmt		Checklist	1	2285-2285

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8030B3	Family pay Payor Family pay	Asmt		Checklist	1	2286-2286

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8030C	Self or Family pay for full per diem Self or family pay for full per diem	Asmt		Checklist	1	2287-2287

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8030Z	Self or Family not a payment source Self or family not a payment source	Asmt		Checklist	1	2288-2288

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8040A1	State Run Medical Assistance - Primary Payor State Run Medical Assistance - Primary Payor	Asmt		Checklist	1	2289-2289

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8040A2	State Run Medical Assistance - Secondary Payor State Run Medical Assistance - Secondary Payor	Asmt		Checklist	1	2290-2290

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8040A3	State Run Medical Assistance Payor State Run Medical Assistance	Asmt		Checklist	1	2291-2291

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8040B1	Tricare per diem - Primary Payor Tricare per diem - Primary Payor	Asmt		Checklist	1	2292-2292

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8040B2	Tricare per diem - Secondary Payor Tricare per diem - Secondary Payor	Asmt		Checklist	1	2293-2293

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8040B3	Tricare per diem Payor Tricare per diem	Asmt		Checklist	1	2294-2294

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8040C1	VA per diem - Primary Payor VA per diem - Primary Payor	Asmt		Checklist	1	2295-2295

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8040C2	VA per diem - Secondary Payor VA per diem - Secondary Payor	Asmt		Checklist	1	2296-2296

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8040C3	VA per diem Payor VA per diem	Asmt		Checklist	1	2297-2297

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8040D1	Other Public - Primary Payor Other public - Primary Payor	Asmt		Checklist	1	2298-2298

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8040D2	Other Public - Secondary Payor Other public - Secondary Payor	Asmt		Checklist	1	2299-2299

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8040D3	Other Public Payor Other public	Asmt		Checklist	1	2300-2300

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8040Z	Other government not a payment source Other government not a payment source	Asmt		Checklist	1	2301-2301

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8050A1	Other - Primary Payor Other - Primary Payor	Asmt		Checklist	1	2302-2302

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8050A2	Other - Secondary Payor Other - Secondary Payor	Asmt		Checklist	1	2303-2303

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8050A3	Other Payor Other	Asmt		Checklist	1	2304-2304

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8050B	Other Payor Name 1 Other Name 1	Asmt		Text	30	2305-2334

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
Text		Other Payor Name 1

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8050C	Other Payor Name 2 Other Name 2	Asmt		Text	30	2335-2364

***Item Subsets***

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

***Item Values***

Value	LOINC Code	Value Text
Text		Other Payor Name 2

***Item Edits***

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



**Data Submission Specifications for the MDS 3.0 (V1.12.0)**  
**Detailed Data Specifications Report**  
**Section: S**

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8050D	Other Payor Name 3 Other Name 3	Asmt		Text	30	2365-2394

***Item Subsets***

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

***Item Values***

Value	LOINC Code	Value Text
Text		Other Payor Name 3

***Item Edits***

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8055	Primary payor Primary Payor	Asmt		Code	1	2533-2533

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
1		Medicare
2		Medicaid
3		Medicaid Pending
9		None of the above

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8099	Payor: None of the Above None of the Above	Asmt		Checklist	1	2395-2395

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8500	Medicaid begin date Date Medicaid Coverage Began - If applicable, enter date	Asmt		Date	8	2396-2403

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
YYYYMMDD		Medicaid Coverage Begin Date
-		Not assessed/no information
^		Blank (skip pattern)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8510A	Medicaid Therapeutic bed-hold days since last asmt Number of therapeutic bed-hold days paid by Medicaid since the last assessment	Asmt		Number	1	2404-2404

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Minimum value
9		Maximum value

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8510B	Medicaid Therapeutic bed-hold days - YTD Number of therapeutic bed-hold days paid by Medicaid year-to-date	Asmt		Number	1	2405-2405

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Minimum value
9		Maximum value

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8512A	Medicaid hospital bed-hold days since last asmt Number of hospital bed-hold days paid by Medicaid since last assessment	Asmt		Number	1	2406-2406

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Minimum value
9		Maximum value

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8512B	Medicaid hospital bed-hold days - YTD Number of hospital bed-hold days paid by Medicaid year-to-date	Asmt		Number	1	2407-2407

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		Minimum value
9		Maximum value

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8520A	Medicaid Leave Days Type 1 Leave Days for Medicaid (Bed-Hold days) Type 1	Asmt		Code	1	2408-2408

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
H		Hospital
T		Therapeutic
D		Deletion Request

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8520B	Leave Days for Medicaid begin date 1 Leave Days for Medicaid (Bed-Hold days) Leave Period Begin Date 1	Asmt		Date	8	2409-2416

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
YYYYMMDD		Leave Days for Medicaid Begin Date Type 1

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8520C	Leave Days for Medicaid end date 1 Leave Days for Medicaid (Bed-Hold days) Leave Period End Date 1	Asmt		Date	8	2417-2424

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
YYYYMMDD		Leave Days for Medicaid End Date Type 1
-		Not assessed/no information

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8521A	Medicaid Leave Days Type 2 Leave Days for Medicaid (Bed-Hold days) Type 2	Asmt		Code	1	2425-2425

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
H		Hospital
T		Therapeutic
D		Deletion Request

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8521B	Leave Days for Medicaid begin date 2 Leave Days for Medicaid (Bed-Hold days) Leave Period Begin Date 2	Asmt		Date	8	2426-2433

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
YYYYMMDD		Leave Days for Medicaid Begin Date Type 2

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S8521C	Leave Days for Medicaid end date 2 Leave Days for Medicaid (Bed-Hold days) Leave Period End Date 2	Asmt		Date	8	2434-2441

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
YYYYMMDD		Leave Days for Medicaid End Date Type 2

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9000	IL Skills Training IL - Skills Training. Skills Training was provided in accordance with Illinois DPH Section 300.4050 a) 1) A - D and 300.4050 a) 3) and Illinois DPA Section 147, Table A	Asmt		Code	1	2442-2442

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9001	IL IDPH Subpart S criteria IL - Does resident meet Illinois IDPH Subpart S criteria	Asmt		Code	1	2443-2443

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		No
1		Yes

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9002A	IL IDPH Subpart S: Schizophrenia IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: a. Schizophrenia	Asmt		Checklist	1	2444-2444

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9002B	IL IDPH Subpart S: Delusional disorder IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: b. Delusional disorder	Asmt		Checklist	1	2445-2445

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9002C	IL IDPH Subpart S: Schizoaffective disorder IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: c. Schizoaffective disorder	Asmt		Checklist	1	2446-2446

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9002D	IL IDPH Subpart S:Psychotic disorder not specified IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: d. Psychotic disorder not otherwise specified	Asmt		Checklist	1	2447-2447

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9002E	IL IDPH Subpart S: Bipolar I mixed, manic, & depr IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: e. Bipolar I mixed, manic, and depressed	Asmt		Checklist	1	2448-2448

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9002F	IL IDPH Subpart S: Bipolar disorder II IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: f. Bipolar disorder II	Asmt		Checklist	1	2449-2449

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9002G	IL IDPH Subpart S: Cyclothymic disorder IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: g. Cyclothymic disorder	Asmt		Checklist	1	2450-2450

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9002H	IL IDPH Subpart S: Bipolar disorder not specified IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: h. Bipolar disorder not otherwise specified	Asmt		Checklist	1	2451-2451

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9002I	IL IDPH Subpart S: Major depression, recurrent IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: i. Major depression, recurrent	Asmt		Checklist	1	2452-2452

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9003	IL IDPH Subpart S: Ancillary IL - Ancillary Provider Services. Does resident receive direct services delivered by non-facility providers to meet requirements of Illinois Subpart S? (exclude only medical/psychiatric management by primary psychiatrist/physician)	Asmt		Code	1	2453-2453

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		No
1		Yes

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9020	FL FRAES number FL -Florida Facility FRAES number	Asmt		Text	8	2454-2461

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
Text		FL FRAES Number

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9040A	CA POLST Does resident have a California POLST form in chart?	Asmt		Code	1	2462-2462

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		No
1		Yes

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9040B	CA POLST Section A CA - Item selected in California POLST Section A	Asmt		Code	1	2463-2463

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
1		Attempt resuscitation/CPR
2		Do not attempt resuscitation/DNR
9		Not completed

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9040C	CA POLST Section B CA - Item selected in California POLST Section B	Asmt		Code	1	2464-2464

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
1		Comfort measures only is checked
2		Limited additional interventions is the only box checked
3		Limited additional interventions AND "Transfer to hospital only if comfort needs cannot be met in current location" are BOTH checked
4		Full Treatment is checked
9		Not completed

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9040D	CA POLST Section C CA - item selected in California POLST Section C	Asmt		Code	1	2465-2465

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
1		No artificial means of nutrition, including feeding tubes
2		Trial period of artificial nutrition including feeding tubes
3		Long term artificial nutrition including feeding tubes
9		Not completed

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9040E	CA POLST D physician signature CA - POLST Section D - Signature of Physician	Asmt		Code	1	2466-2466

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		No
1		Yes

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9040F	CA POLST D resident signature CA - POLST Section D - Signature by Patient or Decisionmaker	Asmt		Code	1	2467-2467

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		No
1		Yes

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9040G	CA POLST D discussed with patient or decisionmaker Discussed with in California POLST Section D	Asmt		Code	1	2468-2468

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
1		Patient
2		Legally Recognized Decisionmaker
9		Not completed

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9040H	CA POLST advanced directive California POLST Section D- Advance Directive:	Asmt		Code	1	2534-2534

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
1		Advance directive available and reviewed
2		Advance directive not available
3		No advance directive
9		Not completed

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9060	NY Medicaid add-on eligibility NY - Resident Eligible for enhanced Medicaid Reimbursement (Add-on) for the following condition(s). Record the appropriate approved specialty unit/facility for the resident	Asmt		Code	1	2469-2469

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
1		AIDS Scatter Beds
2		Traumatic Brain Injury (TBI) Extended Care
9		None of the Above

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9080A	PA MA CASE-MIX PA - Source of Payment: a. Is the resident Medical Assistance for MA CASE-MIX (see instructions)	Asmt		Code	1	2470-2470

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		No
1		Yes

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9080B	PA MA CASE-MIX Date PA - Source of Payment: b. Date of change to/from Medical Assistance for MA CASE-MIX	Asmt		Date	8	2471-2478

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
YYYYMMDD		PA Medical Assistance Case Mix Date

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9080C	PA MA CASE-MIX Access Card Number PA - Source of Payment: c. Recipient Number from PA ACCESS Card (must be completed if item S9080A =1)	Asmt		Text	10	2479-2488

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
Text		PA Medical Assistance Case Mix ACCESS Card Number
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9080D	PA MA CASE-MIX MA NF Effective Date PA - Source of Payment: d. MA NF Effective date from PA/FS 162	Asmt		Date	8	2489-2496

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
YYYYMMDD		PA Medical Assistance Case Mix NF Effective Date
^		Blank (skip pattern)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9080E	PA MA CASE-MIX Day One MA PA - Source of Payment: e. Is the resident DAY ONE MA eligible	Asmt		Code	1	2497-2497

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		No
1		Yes

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9100A	VA Room & Board Payment Assessment Reference Date VA - Per Diem Reimbursement (Code for the primary source of per diem room and board reimbursement for the resident on the date indicated) Assessment Reference Date (A2300)	Asmt		Code	1	2498-2498

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
1		Virginia Medicaid per diem
2		Virginia Medicaid Specialized Care per diem
3		Managed Care Organization reimbursement
4		Other reimbursement source

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9100B	VA Room & Board Payment Entry Date VA - Per Diem Reimbursement (Code for the primary source of per diem room and board reimbursement for the resident on the date indicated) Date of Entry (A1600)	Asmt		Code	1	2499-2499

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
1		Virginia Medicaid per diem
2		Virginia Medicaid Specialized Care per diem
3		Managed Care Organization reimbursement
4		Other reimbursement source

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9100C	VA Medicaid Room & Board initial date VA - Initial Date Medicaid Per Diem: Initial date for primary source of per diem room and board reimbursement to be Virginia Medicaid for this stay.	Asmt		Date	8	2500-2507

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
YYYYMMDD		VA Medicaid Room and Board Initial Date

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS 3.0 (V1.12.0)

## Detailed Data Specifications Report

### Section: S

Item ID	Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
S9120	CT Approved LTC CT - If S8020C3 is checked, is the insurance a Connecticut Partnership for Long-Term Care approved policy?	Asmt		Code	1	2508-2508

#### **Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### **Item Values**

Value	LOINC Code	Value Text
0		No
1		Yes
^		Blank (skip pattern)

#### **Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.