

# Data Submission Specifications for the IRF-PAI (V2.00.1)

## Unduplicated Edits Report by Edit ID

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## Unduplicated Edits Report by Edit ID

| ID    | Type        | Severity | Text/Items   |
|-------|-------------|----------|--|
| -1001 | Format      | Fatal    | Invalid FAC_ID: The facility ID (FAC_ID) submitted in this record does not identify a valid provider in the QIES ASAP System. Please contact the QTSO Help Desk.<br>Items:    FAC_ID                                  Facility ID  |
| -1002 | Consistency | Fatal    | Invalid TRANS_TYPE_CD: The transaction type code (TRANS_TYPE_CD) submitted in this record does not identify a valid transaction code for the record. Contact your vendor.<br>Items:    TRANS_TYPE_CD                      Transaction Type Code  |
| -1004 | Format      | Fatal    | Formatting of Whole Number Items:<br>Only whole number values and the special values (if any) that are listed in the Item Values list are accepted for this item. Leading zeroes may be included or omitted from the submitted value as long as the resulting length of the string does not exceed the allowed maximum length for the item. A decimal point and decimal values may not be included. A sign (+ for positive or - for negative) may not be included.<br>The following examples are allowed if the value to be submitted is equal to [1] and the maximum length is equal to 2: [1], [01]. The following values are NOT allowed and will lead to a fatal error: [1.], [1.0], [01.], [01.0], [1.1], [01.1], [1.01], [-1], [+1], [+1.0].<br>Items:    25A                                      Height<br>26A                                      Weight<br>O0401AA                           Physical Therapy - Individual Minutes Week 1<br>O0401AB                           Physical Therapy - Concurrent Minutes Week 1<br>O0401AC                           Physical Therapy - Group Minutes Week 1<br>O0401AD                           Physical Therapy - Co-treatment Minutes Week 1<br>O0401BA                           Occupational Therapy - Individual Minutes Week 1<br>O0401BB                           Occupational Therapy - Concurrent Minutes Week 1<br>O0401BC                           Occupational Therapy - Group Minutes Week 1<br>O0401BD                           Occupational Therapy - Co-treatment Minutes Week 1<br>O0401CA                           SLP Therapy - Individual Minutes Week 1<br>O0401CB                           SLP Therapy - Concurrent Minutes Week 1<br>O0401CC                           SLP Therapy - Group Minutes Week 1<br>O0401CD                           SLP Therapy - Co-treatment Minutes Week 1<br>O0402AA                           Physical Therapy - Individual Minutes Week 2<br>O0402AB                           Physical Therapy - Concurrent Minutes Week 2<br>O0402AC                           Physical Therapy - Group Minutes Week 2<br>O0402AD                           Physical Therapy - Co-treatment Minutes Week 2<br>O0402BA                           Occupational Therapy - Individual Minutes Week 2<br>O0402BB                           Occupational Therapy - Concurrent Minutes Week 2<br>O0402BC                           Occupational Therapy - Group Minutes Week 2<br>O0402BD                           Occupational Therapy - Co-treatment Minutes Week 2<br>O0402CA                           SLP Therapy - Individual Minutes Week 2<br>O0402CB                           SLP Therapy - Concurrent Minutes Week 2<br>O0402CC                           SLP Therapy - Group Minutes Week 2<br>O0402CD                           SLP Therapy - Co-treatment Minutes Week 2<br>C0500                                   BIMS - Summary Score<br>M0300A1_1                           Number of Stage 1 pressure ulcers: Admission<br>M0300A1_2                           Number of Stage 1 pressure ulcers: Discharge<br>M0300B1_1                           Number of Stage 2 pressure ulcers: Admission<br>M0300B1_2                           Number of Stage 2 pressure ulcers: Discharge<br>M0300B2_2                           Nbr Disch Stg 2 PU were Adm Stg 2 PU<br>M0300C1_1                           Number of Stage 3 pressure ulcers: Admission<br>M0300C1_2                           Number of Stage 3 pressure ulcers: Discharge<br>M0300C2_2                           Nbr Disch Stg 3 PU were Adm Stg 3 PU<br>M0300D1_1                           Number of Stage 4 pressure ulcers: Admission |

**Data Submission Specifications for the IRF-PAI (V2.00.1)**  
**Unduplicated Edits Report by Edit ID**

| ID    | Type   | Severity | Text/Items   |
|-------|--------|----------|--|
|       |        |          | M0300D1_2      Number of Stage 4 pressure ulcers: Discharge<br>M0300D2_2      Nbr Disch Stg 4 PU were Adm Stg 4 PU<br>M0300E1_1      Nbr Unstg non-remov drsg pressure ulcers: Adm<br>M0300E1_2      Nbr Unstg non-remov drsg pressure ulcers: Dschrg<br>M0300E2_2      Nbr Unstg NRD Disch PU were Adm Unstg NRD PU<br>M0300F1_1      Nbr Unstg slough/eschar pressure ulcers: Adm<br>M0300F1_2      Nbr Unstg slough/eschar pressure ulcers: Dschrg<br>M0300F2_2      Nbr Unstg S/E Disch PU were Adm Unstg S/E PU<br>M0300G1_1      Nbr Unstg DTI pressure ulcers: Adm<br>M0300G1_2      Nbr Unstg DTI pressure ulcers: Dschrg<br>M0300G2_2      Nbr Unstg DTI Disch PU were Adm Unstg DTI PU<br>M0800A      Worsened: Stage 2 pressure ulcers<br>M0800B      Worsened: Stage 3 pressure ulcers<br>M0800C      Worsened: Stage 4 pressure ulcers<br>M0800D      Worsened: Unstageable - Non-removable dressing<br>M0800E      Worsened: Unstageable - Slough and/or eschar<br>M0800F      Worsened: Unstageable - Deep tissue injury<br>M0900A1      Number of Stage 1 Healed Pressure Ulcers<br>M0900B      Number of Stage 2 Healed Pressure Ulcers<br>M0900C      Number of Stage 3 Healed Pressure Ulcers<br>M0900D      Number of Stage 4 Healed Pressure Ulcers |
| -1006 | Format | Fatal    | <p>Invalid Format: If the value submitted is not equal to one of the values listed in the Item Values, then the value must only contain the following alphanumeric characters: [0] - [9], [A] - [Z], [a] - [z].</p> <p>Items:    1B      CMS Certification Number (CCN)<br/>              2      Patient Medicare Number<br/>              3      Patient Medicaid Number</p>  |
| -1007 | Format | Fatal    | <p>Invalid format: If the value submitted is not equal to one of the values listed in the Item Values, then the value must only contain the following numeric characters: [0] through [9].</p> <p>Items:    FAC_ZIP      Facility ZIP Code<br/>              FAC_PHONE      Facility Contact Person Phone<br/>              FAC_EXTEN      Facility Contact Person Phone Extension<br/>              SFTWR_VNDR_ID      Software Vendor EIN<br/>              7      Social Security Number (SSN)</p>  |
| -1008 | Format | Fatal    | <p>Invalid Format: This nonblank text string may contain only the following characters: [0] - [9], [A] - [Z], [a] - [z], [-] (dash), [@] (at sign), ['] (single quote), [/] (forward slash), [+] (plus sign), [,] (comma), [.] (period), [_] (underscore), [&amp;] (ampersand), [ ] (embedded space(s)). Embedded spaces are the space character(s) surrounded by any of the characters listed in the preceding sentence. For example, [LEGAL TEXT] would be allowed.</p> <p>Items:    FAC_ADDR_1      Facility Address Line 1<br/>              FAC_ADDR_2      Facility Address Line 2<br/>              FAC_CITY      Facility City<br/>              FAC_CNTCT      Facility Contact Person Name<br/>              SFTWR_VNDR_NAME      Software Vendor Name<br/>              SFTWR_PROD_NAME      Software Product Name<br/>              SFTWR_PROD_VRSN_CD      Software Product Version Code<br/>              1A      Facility Name<br/>              4      Patient First Name<br/>              5A      Patient Last Name</p>  |

# **Data Submission Specifications for the IRF-PAI (V2.00.1)** **Unduplicated Edits Report by Edit ID**

| ID     | Type           | Severity  | Text/Items  |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|--------|----------------|---|---|--------|-------------|------------------------|--|----------|------------|--|----------------|-------------------|--|---|--------|--|----|--------------------------------------|--|----|-------------|--|----|---------------------------------|--|----|-------------------------------|--|----|---|--|----|-------------|--|----|----------------|--|----|-----------------|--|-----|------------|--|-----|-----------------------------|--|----|--------------------------|--|-----|------------------------|--|-----|--------------------------|--|-----|-----------------------------|--|-----|-----------------------------|--|------|-------------------------------|--|-----|--------|--|-----|--------|--|-----|------------------------------|--|-----|------------------------------|--|-----|--|--|-----|--|--|-----|---|--|-----|---|--|-----|--------------------------------------|--|-----|--------------------------------------|--|-----|---|--|-----|---|--|-----|-------------------------|--|-----|-------------------------|--|-----|----------------------------|--|-----|----------------------------|--|-----|----------------------------|--|-----|----------------------------|--|-----|--|--|-----|--|--|-----|-----------------|--|-----|-----------------|--|-----|-----------------------|--|-----|-----------------------|--|------|------------------------------|--|------|------------------------------|--|------|-------------------------|--|------|--------------------------------|--|------|--------------------------------|--|------|---------------------------|--|------|-------------------------------|--|------|-------------------------------|
| -1010  | Format         | Fatal   | <div>Invalid Data Value: The submitted value for this item is not in the valid range of acceptable values.</div> <table><tr><td>Items:</td><td>ASMT_SYS_CD</td><td>Assessment System Code</td></tr><tr><td></td><td>STATE_CD</td><td>State Code</td></tr><tr><td></td><td>CORRECTION_NUM</td><td>Correction Number</td></tr><tr><td></td><td>8</td><td>Gender</td></tr><tr><td></td><td>9A</td><td>Race: American Indian/Alaskan Native</td></tr><tr><td></td><td>9B</td><td>Race: Asian</td></tr><tr><td></td><td>9C</td><td>Race: Black or African American</td></tr><tr><td></td><td>9D</td><td>Ethnicity: Hispanic or Latino</td></tr><tr><td></td><td>9E</td><td>Race: Native Hawaiian or other Pacific Islander</td></tr><tr><td></td><td>9F</td><td>Race: White</td></tr><tr><td></td><td>10</td><td>Marital Status</td></tr><tr><td></td><td>14</td><td>Admission Class</td></tr><tr><td></td><td>15A</td><td>Admit From</td></tr><tr><td></td><td>16A</td><td>Pre-hospital Living Setting</td></tr><tr><td></td><td>17</td><td>Pre-Hospital Living With</td></tr><tr><td></td><td>20A</td><td>Primary Payment Source</td></tr><tr><td></td><td>20B</td><td>Secondary Payment Source</td></tr><tr><td></td><td>21A</td><td>Impairment Group: Admission</td></tr><tr><td></td><td>21D</td><td>Impairment Group: Discharge</td></tr><tr><td></td><td>24A1</td><td>Arthritis Conditions Recorded</td></tr><tr><td></td><td>25A</td><td>Height</td></tr><tr><td></td><td>26A</td><td>Weight</td></tr><tr><td></td><td>27A</td><td>Swallowing Status: Admission</td></tr><tr><td></td><td>27D</td><td>Swallowing Status: Discharge</td></tr><tr><td></td><td>29A</td><td>Bladder Level of Assistance: Admission</td></tr><tr><td></td><td>29D</td><td>Bladder Level of Assistance: Discharge</td></tr><tr><td></td><td>30A</td><td>Bladder Frequency of Accidents: Admission</td></tr><tr><td></td><td>30D</td><td>Bladder Frequency of Accidents: Discharge</td></tr><tr><td></td><td>31A</td><td>Bowel Level of Assistance: 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Admission</td></tr><tr><td></td><td>38D</td><td>Wheelchair: Discharge</td></tr><tr><td></td><td>39AA</td><td>Self-Care -Eating: Admission</td></tr><tr><td></td><td>39AD</td><td>Self-Care -Eating: Discharge</td></tr><tr><td></td><td>39AG</td><td>Self-Care -Eating: Goal</td></tr><tr><td></td><td>39BA</td><td>Self-Care -Grooming: Admission</td></tr><tr><td></td><td>39BD</td><td>Self-Care -Grooming: Discharge</td></tr><tr><td></td><td>39BG</td><td>Self-Care -Grooming: Goal</td></tr><tr><td></td><td>39CA</td><td>Self-Care -Bathing: Admission</td></tr><tr><td></td><td>39CD</td><td>Self-Care -Bathing: Discharge</td></tr></table> | Items: | ASMT_SYS_CD | Assessment System Code |  | STATE_CD | State Code |  | CORRECTION_NUM | Correction Number |  | 8 | Gender |  | 9A | Race: American Indian/Alaskan Native |  | 9B | Race: Asian |  | 9C | Race: Black or African American |  | 9D | Ethnicity: Hispanic or Latino |  | 9E | Race: Native Hawaiian or other Pacific Islander |  | 9F | Race: White |  | 10 | Marital Status |  | 14 | Admission Class |  | 15A | Admit From |  | 16A | Pre-hospital Living Setting |  | 17 | Pre-Hospital Living With |  | 20A | Primary Payment Source |  | 20B | Secondary Payment Source |  | 21A | Impairment Group: Admission |  | 21D | Impairment Group: Discharge |  | 24A1 | Arthritis Conditions Recorded |  | 25A | Height |  | 26A | Weight |  | 27A | Swallowing Status: Admission |  | 27D | Swallowing Status: Discharge |  | 29A | Bladder Level of Assistance: Admission |  | 29D | Bladder Level of Assistance: Discharge |  | 30A | Bladder Frequency of Accidents: Admission |  | 30D | Bladder Frequency of Accidents: Discharge |  | 31A | Bowel Level of Assistance: Admission |  | 31D | Bowel Level of Assistance: Discharge |  | 32A | Bowel Frequency of Accidents: Admission |  | 32D | Bowel Frequency of Accidents: Discharge |  | 33A | Tub Transfer: Admission |  | 33D | Tub Transfer: Discharge |  | 34A | Shower Transfer: Admission |  | 34D | Shower Transfer: Discharge |  | 35A | Distance Walked: Admission |  | 35D | Distance Walked: Discharge |  | 36A | Distance Traveled in Wheelchair: Admission |  | 36D | Distance Traveled in Wheelchair: Discharge |  | 37A | Walk: Admission |  | 37D | Walk: Discharge |  | 38A | Wheelchair: Admission |  | 38D | Wheelchair: Discharge |  | 39AA | Self-Care -Eating: Admission |  | 39AD | Self-Care -Eating: Discharge |  | 39AG | Self-Care -Eating: Goal |  | 39BA | Self-Care -Grooming: Admission |  | 39BD | Self-Care -Grooming: Discharge |  | 39BG | Self-Care -Grooming: Goal |  | 39CA | Self-Care -Bathing: Admission |  | 39CD | Self-Care -Bathing: Discharge |
| Items: | ASMT_SYS_CD    | Assessment System Code                          |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | STATE_CD       | State Code                                      |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | CORRECTION_NUM | Correction Number                               |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 8              | Gender  |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 9A             | Race: American Indian/Alaskan Native            |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 9B             | Race: Asian                                     |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 9C             | Race: Black or African American                 |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 9D             | Ethnicity: Hispanic or Latino                   |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 9E             | Race: Native Hawaiian or other Pacific Islander |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 9F             | Race: White                                     |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 10             | Marital Status                                  |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 14             | Admission Class                                 |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 15A            | Admit From                                      |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 16A            | Pre-hospital Living Setting                     |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 17             | Pre-Hospital Living With                        |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 20A            | Primary Payment Source                          |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 20B            | Secondary Payment Source                        |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 21A            | Impairment Group: Admission                     |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 21D            | Impairment Group: Discharge                     |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 24A1           | Arthritis Conditions Recorded                   |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 25A            | Height  |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 26A            | Weight  |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 27A            | Swallowing Status: Admission                    |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 27D            | Swallowing Status: Discharge                    |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 29A            | Bladder Level of Assistance: Admission          |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 29D            | Bladder Level of Assistance: Discharge          |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 30A            | Bladder Frequency of Accidents: Admission       |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 30D            | Bladder Frequency of Accidents: Discharge       |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 31A            | Bowel Level of Assistance: Admission            |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 31D            | Bowel Level of Assistance: Discharge            |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 32A            | Bowel Frequency of Accidents: Admission         |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 32D            | Bowel Frequency of Accidents: Discharge         |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 33A            | Tub Transfer: Admission                         |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 33D            | Tub Transfer: Discharge                         |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 34A            | Shower Transfer: Admission                      |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 34D            | Shower Transfer: Discharge                      |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 35A            | Distance Walked: Admission                      |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 35D            | Distance Walked: Discharge                      |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 36A            | Distance Traveled in Wheelchair: Admission      |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 36D            | Distance Traveled in Wheelchair: Discharge      |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 37A            | Walk: Admission                                 |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 37D            | Walk: Discharge                                 |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 38A            | Wheelchair: Admission                           |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 38D            | Wheelchair: Discharge                           |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 39AA           | Self-Care -Eating: Admission                    |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 39AD           | Self-Care -Eating: Discharge                    |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 39AG           | Self-Care -Eating: Goal                         |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 39BA           | Self-Care -Grooming: Admission                  |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 39BD           | Self-Care -Grooming: Discharge                  |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 39BG           | Self-Care -Grooming: Goal                       |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 39CA           | Self-Care -Bathing: Admission                   |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |
|        | 39CD           | Self-Care -Bathing: Discharge                   |   |        |             |                        |  |          |            |  |                |                   |  |   |        |  |    |                                      |  |    |             |  |    |                                 |  |    |                               |  |    |   |  |    |             |  |    |                |  |    |                 |  |     |            |  |     |                             |  |    |                          |  |     |                        |  |     |                          |  |     |                             |  |     |                             |  |      |                               |  |     |        |  |     |        |  |     |                              |  |     |                              |  |     |  |  |     |  |  |     |   |  |     |   |  |     |                                      |  |     |                                      |  |     |   |  |     |   |  |     |                         |  |     |                         |  |     |                            |  |     |                            |  |     |                            |  |     |                            |  |     |  |  |     |  |  |     |                 |  |     |                 |  |     |                       |  |     |                       |  |      |                              |  |      |                              |  |      |                         |  |      |                                |  |      |                                |  |      |                           |  |      |                               |  |      |                               |

# **Data Submission Specifications for the IRF-PAI (V2.00.1)**

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

| <b>ID</b> | <b>Type</b> | <b>Severity</b> | <b>Text/Items</b>                                  |
|-----------|-------------|-----------------|--|
|           |             |                 | 39CC   |
|           |             |                 | 39DA   |
|           |             |                 | 39DD   |
|           |             |                 | 39DG   |
|           |             |                 | 39EA   |
|           |             |                 | 39ED   |
|           |             |                 | 39EG   |
|           |             |                 | 39FA   |
|           |             |                 | 39FD   |
|           |             |                 | 39FG   |
|           |             |                 | 39GA   |
|           |             |                 | 39GD   |
|           |             |                 | 39GG   |
|           |             |                 | 39HA   |
|           |             |                 | 39HD   |
|           |             |                 | 39HG   |
|           |             |                 | 39IA   |
|           |             |                 | 39ID   |
|           |             |                 | 39IG   |
|           |             |                 | 39JA   |
|           |             |                 | 39JD   |
|           |             |                 | 39JG   |
|           |             |                 | 39KA   |
|           |             |                 | 39KD   |
|           |             |                 | 39KG   |
|           |             |                 | 39LA   |
|           |             |                 | 39LAA  |
|           |             |                 | 39LD   |
|           |             |                 | 39LDD  |
|           |             |                 | 39LG   |
|           |             |                 | 39MA   |
|           |             |                 | 39MD   |
|           |             |                 | 39MG   |
|           |             |                 | 39NA   |
|           |             |                 | 39NAA  |
|           |             |                 | 39ND   |
|           |             |                 | 39NDD  |
|           |             |                 | 39NG   |
|           |             |                 | 39OA   |
|           |             |                 | 39OAA  |
|           |             |                 | 39OD   |
|           |             |                 | 39ODD  |
|           |             |                 | 39OG   |
|           |             |                 | 39PA   |
|           |             |                 | 39PD   |
|           |             |                 | 39PG   |
|           |             |                 | 39QA   |
|           |             |                 | 39QD   |
|           |             |                 | 39QG   |
|           |             |                 | 39RA   |
|           |             |                 | 39RD   |
|           |             |                 | 39RG   |
|           |             |                 | Self-Care -Bathing: Goal                           |
|           |             |                 | Self-Care -Dressing - Upper: Admission             |
|           |             |                 | Self-Care -Dressing - Upper: Discharge             |
|           |             |                 | Self-Care -Dressing - Upper: Goal                  |
|           |             |                 | Self-Care -Dressing - Lower: Admission             |
|           |             |                 | Self-Care -Dressing - Lower: Discharge             |
|           |             |                 | Self-Care -Dressing - Lower: Goal                  |
|           |             |                 | Self-Care -Toileting: Admission                    |
|           |             |                 | Self-Care -Toileting: Discharge                    |
|           |             |                 | Self-Care -Toileting: Goal                         |
|           |             |                 | Sphincter Control -Bladder: Admission              |
|           |             |                 | Sphincter Control -Bladder: Discharge              |
|           |             |                 | Sphincter Control -Bladder: Goal                   |
|           |             |                 | Sphincter Control -Bowel: Admission                |
|           |             |                 | Sphincter Control -Bowel: Discharge                |
|           |             |                 | Sphincter Control -Bowel: Goal                     |
|           |             |                 | Transfers -Bed, Chair, Wheelchair: Admission       |
|           |             |                 | Transfers -Bed, Chair, Wheelchair: Discharge       |
|           |             |                 | Transfers -Bed, Chair, Wheelchair: Goal            |
|           |             |                 | Transfers -Toilet: Admission                       |
|           |             |                 | Transfers -Toilet: Discharge                       |
|           |             |                 | Transfers -Toilet: Goal                            |
|           |             |                 | Transfers -Tub, Shower: Admission                  |
|           |             |                 | Transfers - Tub, Shower: Discharge                 |
|           |             |                 | Transfers -Tub, Shower: Goal                       |
|           |             |                 | Locomotion -Walk/Wheelchair: Admission             |
|           |             |                 | Locomotion -Walk/Wheelchair/both: Admission        |
|           |             |                 | Locomotion -Walk/Wheelchair: Discharge             |
|           |             |                 | Locomotion -Walk/Wheelchair/both: Discharge        |
|           |             |                 | Locomotion -Walk/Wheelchair: Goal                  |
|           |             |                 | Locomotion -Stairs: Admission                      |
|           |             |                 | Locomotion -Stairs: Discharge                      |
|           |             |                 | Locomotion -Stairs: Goal                           |
|           |             |                 | Communication -Comprehension: Admission            |
|           |             |                 | Communication -Comp                                |
|           |             |                 | Auditory/Visual/Both:Admission                     |
|           |             |                 | Communication -Comprehension: Discharge            |
|           |             |                 | Communication -Comp                                |
|           |             |                 | Auditory/Visual/Both:Discharge                     |
|           |             |                 | Communication -Comprehension: Goal                 |
|           |             |                 | Communication -Expression: Admission               |
|           |             |                 | Communication -Expr Vocal/Nonvocal/Both: Admission |
|           |             |                 | Communication -Expression: Discharge               |
|           |             |                 | Communication -Expr Vocal/Nonvocal/Both: Discharge |
|           |             |                 | Communication -Expression: Goal                    |
|           |             |                 | Social Cognition -Social Interaction: Admission    |
|           |             |                 | Social Cognition -Social Interaction: Discharge    |
|           |             |                 | Social Cognition -Social Interaction: Goal         |
|           |             |                 | Social Cognition -Problem Solving: Admission       |
|           |             |                 | Social Cognition -Problem Solving: Discharge       |
|           |             |                 | Social Cognition -Problem Solving: Goal            |
|           |             |                 | Social Cognition -Memory: Admission                |
|           |             |                 | Social Cognition -Memory: Discharge                |
|           |             |                 | Social Cognition -Memory: Goal                     |

# **Data Submission Specifications for the IRF-PAI (V2.00.1)**

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

| <b>ID</b> | <b>Type</b> | <b>Severity</b> | <b>Text/Items</b>                                  |
|-----------|-------------|-----------------|--|
| 41        |             |                 | Patient Discharged Against Medical Advice          |
| 42        |             |                 | Program Interruption(s) Indicator                  |
| 44C       |             |                 | Patient Discharged Alive                           |
| 44D       |             |                 | Discharge to Living Setting                        |
| 45        |             |                 | Discharge to Living With                           |
| O0401AA   |             |                 | Physical Therapy - Individual Minutes Week 1       |
| O0401AB   |             |                 | Physical Therapy - Concurrent Minutes Week 1       |
| O0401AC   |             |                 | Physical Therapy - Group Minutes Week 1            |
| O0401AD   |             |                 | Physical Therapy - Co-treatment Minutes Week 1     |
| O0401BA   |             |                 | Occupational Therapy - Individual Minutes Week 1   |
| O0401BB   |             |                 | Occupational Therapy - Concurrent Minutes Week 1   |
| O0401BC   |             |                 | Occupational Therapy - Group Minutes Week 1        |
| O0401BD   |             |                 | Occupational Therapy - Co-treatment Minutes Week 1 |
| O0401CA   |             |                 | SLP Therapy - Individual Minutes Week 1            |
| O0401CB   |             |                 | SLP Therapy - Concurrent Minutes Week 1            |
| O0401CC   |             |                 | SLP Therapy - Group Minutes Week 1                 |
| O0401CD   |             |                 | SLP Therapy - Co-treatment Minutes Week 1          |
| O0402AA   |             |                 | Physical Therapy - Individual Minutes Week 2       |
| O0402AB   |             |                 | Physical Therapy - Concurrent Minutes Week 2       |
| O0402AC   |             |                 | Physical Therapy - Group Minutes Week 2            |
| O0402AD   |             |                 | Physical Therapy - Co-treatment Minutes Week 2     |
| O0402BA   |             |                 | Occupational Therapy - Individual Minutes Week 2   |
| O0402BB   |             |                 | Occupational Therapy - Concurrent Minutes Week 2   |
| O0402BC   |             |                 | Occupational Therapy - Group Minutes Week 2        |
| O0402BD   |             |                 | Occupational Therapy - Co-treatment Minutes Week 2 |
| O0402CA   |             |                 | SLP Therapy - Individual Minutes Week 2            |
| O0402CB   |             |                 | SLP Therapy - Concurrent Minutes Week 2            |
| O0402CC   |             |                 | SLP Therapy - Group Minutes Week 2                 |
| O0402CD   |             |                 | SLP Therapy - Co-treatment Minutes Week 2          |
| BB0700    |             |                 | Expression of Ideas and Wants (3-day asmt period)  |
| BB0800    |             |                 | Understanding Verbal Content (3-day asmt period)   |
| C0100     |             |                 | Brief Interview - Mental Status (BIMS)             |
| C0200     |             |                 | BIMS - Repetition of Three Words                   |
| C0300A    |             |                 | BIMS - Temporal Orientation - Year                 |
| C0300B    |             |                 | BIMS - Temporal Orientation - Month                |
| C0300C    |             |                 | BIMS - Temporal Orientation - Day                  |
| C0400A    |             |                 | BIMS - Recalls Sock                                |
| C0400B    |             |                 | BIMS - Recalls Blue                                |
| C0400C    |             |                 | BIMS - Recalls Bed                                 |
| C0500     |             |                 | BIMS - Summary Score                               |
| C0600     |             |                 | Conduct Staff Assessment - Mental Status           |
| C0900A    |             |                 | Memory/Recall Ability - Current Season             |
| C0900B    |             |                 | Memory/Recall Ability - Location Of Own Room       |
| C0900C    |             |                 | Memory/Recall Ability - Staff Names and Faces      |
| C0900E    |             |                 | Memory/Recall Ability - In Hospital unit           |
| C0900Z    |             |                 | Memory/Recall Ability - None Of The Above          |
| GG0100A   |             |                 | Prior Function - Self Care                         |
| GG0100B   |             |                 | Prior Function - Indoor Mobility (Ambulation)      |
| GG0100C   |             |                 | Prior Function - Stairs                            |
| GG0100D   |             |                 | Prior Function - Functional Cognition              |
| GG0110A   |             |                 | Prior Device - Manual wheelchair                   |
| GG0110B   |             |                 | Prior Device - Motorized wheelchair or scooter     |
| GG0110C   |             |                 | Prior Device - Mechanical lift                     |
| GG0110D   |             |                 | Prior Device - Walker                              |
| GG0110E   |             |                 | Prior Device - Orthotics/Prosthetics               |



# **Data Submission Specifications for the IRF-PAI (V2.00.1)**

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

| <b>ID</b> | <b>Type</b> | <b>Severity</b> | <b>Text/Items</b>   |
|-----------|-------------|-----------------|---|
|           |             |                 | GG0110Z Prior Device - None of the above                    |
|           |             |                 | GG0130A1 Self-Care (Adm Perf) - Eating                      |
|           |             |                 | GG0130A2 Self-Care (Dschg Goal) - Eating                    |
|           |             |                 | GG0130A3 Self-Care (Dschg Perf) - Eating                    |
|           |             |                 | GG0130B1 Self-Care (Adm Perf) - Oral hygiene                |
|           |             |                 | GG0130B2 Self-Care (Dschg Goal) - Oral hygiene              |
|           |             |                 | GG0130B3 Self-Care (Dschg Perf) - Oral hygiene              |
|           |             |                 | GG0130C1 Self-Care (Adm Perf) - Toileting hygiene           |
|           |             |                 | GG0130C2 Self-Care (Dschg Goal) - Toileting hygiene         |
|           |             |                 | GG0130C3 Self-Care (Dschg Perf) - Toileting hygiene         |
|           |             |                 | GG0130E1 Self-Care (Adm Perf) - Shower/bathe self           |
|           |             |                 | GG0130E2 Self-Care (Dschg Goal) - Shower/bathe self         |
|           |             |                 | GG0130E3 Self-Care (Dschg Perf) - Shower/bathe self         |
|           |             |                 | GG0130F1 Self-Care (Adm Perf) - Upper Body Dressing         |
|           |             |                 | GG0130F2 Self-Care (Dschg Goal) - Upper Body Dressing       |
|           |             |                 | GG0130F3 Self-Care (Dschg Perf) - Upper Body Dressing       |
|           |             |                 | GG0130G1 Self-Care (Adm Perf) - Lower Body Dressing         |
|           |             |                 | GG0130G2 Self-Care (Dschg Goal) - Lower Body Dressing       |
|           |             |                 | GG0130G3 Self-Care (Dschg Perf) - Lower Body Dressing       |
|           |             |                 | GG0130H1 Self-Care (Adm Perf) - On/Off Footwear             |
|           |             |                 | GG0130H2 Self-Care (Dschg Goal) - On/Off Footwear           |
|           |             |                 | GG0130H3 Self-Care (Dschg Perf) - On/Off Footwear           |
|           |             |                 | GG0170A1 Func Mobil (Adm Perf) - Roll left and right        |
|           |             |                 | GG0170A2 Func Mobil (Dschg Goal) - Roll left and right      |
|           |             |                 | GG0170A3 Func Mobil (Dschg Perf) - Roll left and right      |
|           |             |                 | GG0170B1 Func Mobil (Adm Perf) - Sit to lying               |
|           |             |                 | GG0170B2 Func Mobil (Dschg Goal) - Sit to lying             |
|           |             |                 | GG0170B3 Func Mobil (Dschg Perf) - Sit to lying             |
|           |             |                 | GG0170C1 Func Mobil (Adm Perf) - Lying to sit on side       |
|           |             |                 | GG0170C2 Func Mobil (Dschg Goal) - Lying to sitting on side |
|           |             |                 | GG0170C3 Func Mobil (Dschg Perf) - Lying to sitting on side |
|           |             |                 | GG0170D1 Func Mobil (Adm Perf) - Sit to stand               |
|           |             |                 | GG0170D2 Func Mobil (Dschg Goal) - Sit to stand             |
|           |             |                 | GG0170D3 Func Mobil (Dschg Perf) - Sit to stand             |
|           |             |                 | GG0170E1 Func Mobil (Adm Perf) - Chair/bed-to-chair trans   |
|           |             |                 | GG0170E2 Func Mobil (Dschg Goal) - Chair/bed-to-chair trans |
|           |             |                 | GG0170E3 Func Mobil (Dschg Perf) - Chair/bed-to-chair trans |
|           |             |                 | GG0170F1 Func Mobil (Adm Perf) - Toilet transfer            |
|           |             |                 | GG0170F2 Func Mobil (Dschg Goal) - Toilet transfer          |
|           |             |                 | GG0170F3 Func Mobil (Dschg Perf) - Toilet transfer          |
|           |             |                 | GG0170G1 Func Mobil (Adm Perf) - Car Transfer               |
|           |             |                 | GG0170G2 Func Mobil (Dschg Goal) - Car Transfer             |
|           |             |                 | GG0170G3 Func Mobil (Dschg Perf) - Car Transfer             |
|           |             |                 | GG0170H1 Does the patient walk (Adm)                        |
|           |             |                 | GG0170H3 Does the patient walk (Dschg)                      |
|           |             |                 | GG0170I1 Func Mobil (Adm Perf) - Walk 10 feet               |
|           |             |                 | GG0170I2 Func Mobil (Dschg Goal) - Walk 10 feet             |
|           |             |                 | GG0170I3 Func Mobil (Dschg Perf) - Walk 10 feet             |
|           |             |                 | GG0170J1 Func Mobil (Adm Perf) - Walk 50 feet w/2 turns     |
|           |             |                 | GG0170J2 Func Mobil (Dschg Goal) - Walk 50 feet w/2 turns   |
|           |             |                 | GG0170J3 Func Mobil (Dschg Perf) - Walk 50 feet w/2 turns   |
|           |             |                 | GG0170K1 Func Mobil (Adm Perf) - Walk 150 feet              |
|           |             |                 | GG0170K2 Func Mobil (Dschg Goal) - Walk 150 feet            |
|           |             |                 | GG0170K3 Func Mobil (Dschg Perf) - Walk 150 feet            |
|           |             |                 | GG0170L1 Func Mobil (Adm Perf) - Walk 10 Ft Uneven Surf     |

# **Data Submission Specifications for the IRF-PAI (V2.00.1)**

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

| <b>ID</b> | <b>Type</b> | <b>Severity</b> | <b>Text/Items</b>  |
|-----------|-------------|-----------------|--|
|           |             |                 | GG0170L2 Func Mobil (Dschg Goal) - Walk 10 Ft Uneven Surf  |
|           |             |                 | GG0170L3 Func Mobil (Dschg Perf) - Walk 10 Ft Uneven Surf  |
|           |             |                 | GG0170M1 Func Mobil (Adm Perf) - 1 Step (Curb)             |
|           |             |                 | GG0170M2 Func Mobil (Dschg Goal) - 1 Step (Curb)           |
|           |             |                 | GG0170M3 Func Mobil (Dschg Perf) - 1 Step (Curb)           |
|           |             |                 | GG0170N1 Func Mobil (Adm Perf) - 4 Steps                   |
|           |             |                 | GG0170N2 Func Mobil (Dschg Goal) - 4 Steps                 |
|           |             |                 | GG0170N3 Func Mobil (Dschg Perf) - 4 Steps                 |
|           |             |                 | GG0170O1 Func Mobil (Adm Perf) - 12 Steps                  |
|           |             |                 | GG0170O2 Func Mobil (Dschg Goal) - 12 Steps                |
|           |             |                 | GG0170O3 Func Mobil (Dschg Perf) - 12 Steps                |
|           |             |                 | GG0170P1 Func Mobil (Adm Perf) - Picking Up Object         |
|           |             |                 | GG0170P2 Func Mobil (Dschg Goal) - Picking Up Object       |
|           |             |                 | GG0170P3 Func Mobil (Dschg Perf) - Picking Up Object       |
|           |             |                 | GG0170Q1 Does the patient use a wheelchair/scooter (Adm)   |
|           |             |                 | GG0170Q3 Does the patient use a wheelchair/scooter (Dschg) |
|           |             |                 | GG0170R1 Func Mobil (Adm Perf) - Wheel 50 feet w/2 turns   |
|           |             |                 | GG0170R2 Func Mobil (Dschg Goal) - Wheel 50 feet w/2 turns |
|           |             |                 | GG0170R3 Func Mobil (Dschg Perf) - Wheel 50 feet w/2 turns |
|           |             |                 | GG0170RR1 Indicate the type of wheelchair/scooter (Adm)    |
|           |             |                 | GG0170RR3 Indicate the type of wheelchair/scooter (Dschg)  |
|           |             |                 | GG0170S1 Func Mobil (Adm Perf) - Wheel 150 feet            |
|           |             |                 | GG0170S2 Func Mobil (Dschg Goal) - Wheel 150 feet          |
|           |             |                 | GG0170S3 Func Mobil (Dschg Perf) - Wheel 150 feet          |
|           |             |                 | GG0170SS1 Indicate the type of wheelchair/scooter (Adm)    |
|           |             |                 | GG0170SS3 Indicate the type of wheelchair/scooter (Dschg)  |
|           |             |                 | H0350 Bladder continence                                   |
|           |             |                 | H0400 Bowel continence                                     |
|           |             |                 | I0900 Diagnoses: Peripheral vascular disease (PVD)/PAD     |
|           |             |                 | I2900 Diagnoses: Diabetes mellitus (DM)                    |
|           |             |                 | I7900 Diagnoses: None of the Above                         |
|           |             |                 | J1750 History Of Falls                                     |
|           |             |                 | J1800 Any Falls Since Admission                            |
|           |             |                 | J1900A Num Falls Since Admission - No injury               |
|           |             |                 | J1900B Num Falls Since Admission - Injury (except major)   |
|           |             |                 | J1900C Num Falls Since Admission - Major injury            |
|           |             |                 | J2000 Prior Surgery  |
|           |             |                 | K0110A Swallow/Nutrit - Regular Food                       |
|           |             |                 | K0110B Swallow/Nutrit - Modified Food                      |
|           |             |                 | K0110C Swallow/Nutrit - Tube/Parenteral Feeding            |
|           |             |                 | M0210_1 Pressure Ulcers Present on Admission               |
|           |             |                 | M0210_2 Pressure Ulcers Present on Discharge               |
|           |             |                 | M0300A1_1 Number of Stage 1 pressure ulcers: Admission     |
|           |             |                 | M0300A1_2 Number of Stage 1 pressure ulcers: Discharge     |
|           |             |                 | M0300B1_1 Number of Stage 2 pressure ulcers: Admission     |
|           |             |                 | M0300B1_2 Number of Stage 2 pressure ulcers: Discharge     |
|           |             |                 | M0300B2_2 Nbr Disch Stg 2 PU were Adm Stg 2 PU             |
|           |             |                 | M0300C1_1 Number of Stage 3 pressure ulcers: Admission     |
|           |             |                 | M0300C1_2 Number of Stage 3 pressure ulcers: Discharge     |
|           |             |                 | M0300C2_2 Nbr Disch Stg 3 PU were Adm Stg 3 PU             |
|           |             |                 | M0300D1_1 Number of Stage 4 pressure ulcers: Admission     |
|           |             |                 | M0300D1_2 Number of Stage 4 pressure ulcers: Discharge     |
|           |             |                 | M0300D2_2 Nbr Disch Stg 4 PU were Adm Stg 4 PU             |
|           |             |                 | M0300E1_1 Nbr Unstg non-remov drsg pressure ulcers: Adm    |
|           |             |                 | M0300E1_2 Nbr Unstg non-remov drsg pressure ulcers: Dschrg |

**Data Submission Specifications for the IRF-PAI (V2.00.1)**  
**Unduplicated Edits Report by Edit ID**

| ID    | Type        | Severity | Text/Items   |
|-------|-------------|----------|--|
|       |             |          | M0300E2_2 Nbr Unstg NRD Disch PU were Adm Unstg NRD PU<br>M0300F1_1 Nbr Unstg slough/eschar pressure ulcers: Adm<br>M0300F1_2 Nbr Unstg slough/eschar pressure ulcers: Dschrg<br>M0300F2_2 Nbr Unstg S/E Disch PU were Adm Unstg S/E PU<br>M0300G1_1 Nbr Unstg DTI pressure ulcers: Adm<br>M0300G1_2 Nbr Unstg DTI pressure ulcers: Dschrg<br>M0300G2_2 Nbr Unstg DTI Disch PU were Adm Unstg DTI PU<br>M0800A Worsened: Stage 2 pressure ulcers<br>M0800B Worsened: Stage 3 pressure ulcers<br>M0800C Worsened: Stage 4 pressure ulcers<br>M0800D Worsened: Unstageable - Non-removable dressing<br>M0800E Worsened: Unstageable - Slough and/or eschar<br>M0800F Worsened: Unstageable - Deep tissue injury<br>M0900A1 Number of Stage 1 Healed Pressure Ulcers<br>M0900B Number of Stage 2 Healed Pressure Ulcers<br>M0900C Number of Stage 3 Healed Pressure Ulcers<br>M0900D Number of Stage 4 Healed Pressure Ulcers<br>O0100N Total Parenteral Nutrition<br>O0250A Was influenza vaccine received<br>O0250C If influenza vaccine not received, state reason |
| -1011 | Consistency | Fatal    | <p>Invalid Correction Number: The Correction Number value is invalid for this record. This number must be one number greater than the number on the original or previously corrected assessment.</p> <p>Items: CORRECTION_NUM Correction Number</p>  |
| -1012 | Format      | Fatal    | <p>Formatting of Birthdate:</p> <p>This item must contain a valid date in YYYYMMDD, YYYYMM, or YYYY format. Note that if a date in YYYYMMDD format is submitted, it must be 8 characters in length and each of the 8 characters must contain the digits 0 (zero) through 9. YYYY, MM, and DD must be zero filled, where necessary. For example, January 1, 1909 must be submitted as "19090101".</p> <p>If a date is submitted in YYYYMM format, it must be 6 characters in length and each of the 6 characters must contain the digits 0 (zero) through 9. YYYY and MM must be zero filled, where necessary. For example, January, 1909 must be submitted as "190901".</p> <p>If a date is submitted in YYYY format, it must be 4 characters in length and each of the 4 characters must contain the digits 0 (zero) through 9. YYYY and must be zero filled, where necessary. For example, 1909 must be submitted as "1909" and 1900 must be submitted as "1900".</p> <p>Items: 6 Birth Date</p>   |
| -1014 | Consistency | Fatal    | <p>Required Item Is blank: The value for this item is blank. Update the value in your IRF-PAI encoding software and resubmit the record.</p> <p>Items: FAC_ADDR_1 Facility Address Line 1<br/> FAC_CITY Facility City<br/> FAC_CNTCT Facility Contact Person Name<br/> SFTWR_VNDR_ID Software Vendor EIN<br/> SFTWR_VNDR_NAME Software Vendor Name<br/> SFTWR_VNDR_EMAIL_ADR Software Vendor Email Address<br/> 1A Facility Name<br/> 1B CMS Certification Number (CCN)<br/> 4 Patient First Name<br/> 5A Patient Last Name<br/> 22A Etiologic Diagnosis Code A (ICD Code)</p>   |

**Data Submission Specifications for the IRF-PAI (V2.00.1)**  
**Unduplicated Edits Report by Edit ID**

| ID    | Type        | Severity | Text/Items   |
|-------|-------------|----------|--|
| -1015 | Consistency | Warning  | <p>CCN Mismatch: The CCN submitted (1B) on the assessment does not match the CCN stored in the QIES ASAP database for the facility. Please contact the help desk.</p> <p>Items: 1B CMS Certification Number (CCN)</p>  |
| -1016 | Format      | Fatal    | <p>Invalid e-mail address: An e-mail address may contain any printable character except single quote ['] and double quote ["].</p> <p>Items: SFTWR_VNDR_EMAIL_ADR Software Vendor Email Address</p>  |
| -1023 | Format      | Fatal    | <p>Invalid CCN length: The CMS Certification Number (CCN) (1B) must be exactly 6 characters.</p> <p>Items: 1B CMS Certification Number (CCN)</p>   |
| -1024 | Consistency | Warning  | <p>Facility information updated: Submitted values for the item(s) listed are not the same as the values in the QIES database. The database has been updated.</p> <p>Items: FAC_ADDR_1 Facility Address Line 1<br/> FAC_ADDR_2 Facility Address Line 2<br/> FAC_CITY Facility City<br/> FAC_ZIP Facility ZIP Code<br/> FAC_PHONE Facility Contact Person Phone<br/> 1A Facility Name</p>  |
| -1030 | Consistency | Warning  | <p>Patient Provider Updated: Our records indicated that a different provider previously cared for this resident. The provider associated with this resident has been updated.</p> <p>Items: 5A Patient Last Name</p>   |
| -1031 | Consistency | Warning  | <p>Patient Information Updated: Submitted value(s) for the item(s) listed are not the same as the values in the QIES ASAP database. The database has been updated.</p> <p>Items: 4 Patient First Name<br/> 5A Patient Last Name<br/> 6 Birth Date<br/> 7 Social Security Number (SSN)<br/> 8 Gender<br/> 9A Race: American Indian/Alaskan Native<br/> 9B Race: Asian<br/> 9C Race: Black or African American<br/> 9D Ethnicity: Hispanic or Latino<br/> 9E Race: Native Hawaiian or other Pacific Islander<br/> 9F Race: White</p> |
| -1033 | Format      | Fatal    | <p>Incorrect Medicare Number: If the first character is numeric [0 through 9] (SSN), then the first 9 characters must be digits [0 through 9]. If the first character is alphabetic (RR insurance number), then there must be 1, 2, or 3 alphabetic characters followed by 6 or 9 numbers.</p> <p>Items: 2 Patient Medicare Number</p>   |
| -1038 | Consistency | Fatal    | <p>Inconsistent 20A/20B values: The Primary Payment Source (20A) cannot be equal to [02, 51] if Secondary Payment Source (20B) is equal to [02, 51].</p> <p>Items: 20A Primary Payment Source<br/> 20B Secondary Payment Source</p>  |

## Data Submission Specifications for the IRF-PAI (V2.00.1)

### Unduplicated Edits Report by Edit ID

| ID    | Type        | Severity | Text/Items  |
|-------|-------------|----------|---|
| -1044 | Consistency | Fatal    | <p>Non-Medicare Record: If Medicare is not a payor (20A is not = [02, 51] and 20B is not = [02, 51]), then the record will be rejected by the ASAP system.</p> <p>Items:    20A                                  Primary Payment Source<br/>                    20B                                  Secondary Payment Source</p>   |
| -1045 | Format      | Fatal    | <p>Invalid date: The date listed must be a valid date in YYYYMMDD format or one of the special allowed values.</p> <p>Items:    12                                  Admission Date<br/>                    13                                  Assessment Reference Date<br/>                    23                                  Date of Onset<br/>                    40                                  Discharge Date<br/>                    43A                                  1st Interruption Date<br/>                    43B                                  1st Return Date<br/>                    43C                                  2nd Interruption Date<br/>                    43D                                  2nd Return Date<br/>                    43E                                  3rd Interruption Date<br/>                    43F                                  3rd Return Date<br/>                    O0250B                              Date influenza vaccine received</p> |
| -1046 | Consistency | Fatal    | <p>Date Too Old: This date is more than 140 years in the past. This date cannot be more than 140 years in the past.</p> <p>Items:    6                                  Birth Date</p>  |
| -1047 | Consistency | Fatal    | <p>Dates Out of Order: The submitted dates are out of order or in the future. These dates must occur chronologically as follows:<br/>         Birth Date (6) &lt;=<br/>         Date of Onset (23) &lt;=<br/>         Admission Date (12) &lt;=<br/>         Assessment Reference Date (13) &lt;=<br/>         Discharge Date (40) &lt;=<br/>         Submission Date (SUBMISSION_DATE)</p> <p>Items:    6                                  Birth Date<br/>                    12                                  Admission Date<br/>                    13                                  Assessment Reference Date<br/>                    23                                  Date of Onset<br/>                    40                                  Discharge Date<br/>                    SUBMISSION_DATE                  Submission Date</p>   |
| -1053 | Consistency | Fatal    | <p>Inconsistent Admission date: Admission Date (12) should be later than 1980.</p> <p>Items:    12                                  Admission Date</p>  |
| -1055 | Consistency | Fatal    | <p>Failed CMG Calculation:<br/>         CMG calculation could not be performed due to a system error. Please contact the QTSO Help Desk. Please resubmit this record when the system has been corrected.</p> <p>Items:    SBMTD_CMG_TXT                  Submitted CMG Code</p>   |
| -1056 | Consistency | Warning  | <p>Inconsistent CMG_CODE/CMG_VERSION: The submitted CMG_CODE/CMG_VERISON must match the corresponding calculated values.</p> <p>Items:    SBMTD_CMG_TXT                  Submitted CMG Code<br/>                    SBMTD_CMG_VRSN_TXT              Submitted CMG Version Code</p>  |

**Data Submission Specifications for the IRF-PAI (V2.00.1)**  
**Unduplicated Edits Report by Edit ID**

| <b>ID</b>    | <b>Type</b>        | <b>Severity</b> | <b>Text/Items</b>   |
|--------------|--------------------|-----------------|---|
| <b>-1057</b> | <b>Consistency</b> | <b>Warning</b>  | <p>CMG not recalculated: The CMG for this assessment was not recalculated as the discharge date is more than 27 months prior to the submission date.</p> <p>Items: SBMTD_CMG_TXT                      Submitted CMG Code</p>  |
| <b>-1060</b> | <b>Consistency</b> | <b>Warning</b>  | <p>Inconsistent 12/13: The Assessment Reference Date (13) usually must be two days later than the Admission Date (12).</p> <p>Items:    12                                      Admission Date</p> <p>             13                                      Assessment Reference Date</p>  |
| <b>-1071</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>Unauthorized Submitter: The submitter's User ID is not authorized to submit data on behalf of the provider identified by the FAC_ID in this record.</p> <p>Items:    FAC_ID                                  Facility ID</p>   |
| <b>-1072</b> | <b>Consistency</b> | <b>Warning</b>  | <p>Late Transmission (Submission): This record was transmitted (submitted) late. The record must be submitted no later than 27 calendar days from the day the patient is discharged. For this record, the Submission Date(SUBMISSION_DATE) - Discharge date (40) is greater than 26 days. The transmission (submission) date must be reported on your Medicare claim, and may result in a late transmission penalty.</p> <p>Items:    40                                      Discharge Date</p>  |
| <b>-1100</b> | <b>Format</b>      | <b>Fatal</b>    | <p>Formatting of ICD Items: If the ICD-10 item is active, it must be submitted so it can be formatted in an 8 character, fixed-format string as follows with the decimal point as the 4th character. An entirely blank ICD-10 item must be submitted as a single ^.</p> <p>Other formatting rules are as follows:</p> <p>a) Character 1 must be alphabetic.</p> <p>b) Character 2 must be numeric [0-9].</p> <p>c) Character 3 must be numeric [0-9] or alphabetic [A-Z,a-z].</p> <p>d) Character 4 must be a decimal point.</p> <p>e) Characters 5 through 8 must be numeric [0-9], alphabetic [A-Z,a-z], or caret [^].</p> <p>f) If any character 5 through 8 is equal to [^], all subsequent characters must equal [^].</p> <p>Items:    22A                                      Etiologic Diagnosis Code A (ICD Code)</p> <p>             22B                                      Etiologic Diagnosis Code B (ICD Code)</p> <p>             22C                                      Etiologic Diagnosis Code C (ICD Code)</p> <p>             24A                                      Comorbid Condition 1 (ICD Code)</p> <p>             24B                                      Comorbid Condition 2 (ICD Code)</p> <p>             24C                                      Comorbid Condition 3 (ICD Code)</p> <p>             24D                                      Comorbid Condition 4 (ICD Code)</p> <p>             24E                                      Comorbid Condition 5 (ICD Code)</p> <p>             24F                                      Comorbid Condition 6 (ICD Code)</p> <p>             24G                                      Comorbid Condition 7 (ICD Code)</p> <p>             24H                                      Comorbid Condition 8 (ICD Code)</p> <p>             24I                                      Comorbid Condition 9 (ICD Code)</p> <p>             24J                                      Comorbid Condition 10 (ICD Code)</p> <p>             24K                                      Comorbid Condition 11 (ICD Code)</p> <p>             24L                                      Comorbid Condition 12 (ICD Code)</p> <p>             24M                                      Comorbid Condition 13 (ICD Code)</p> <p>             24N                                      Comorbid Condition 14 (ICD Code)</p> <p>             24O                                      Comorbid Condition 15 (ICD Code)</p> <p>             24P                                      Comorbid Condition 16 (ICD Code)</p> <p>             24Q                                      Comorbid Condition 17 (ICD Code)</p> <p>             24R                                      Comorbid Condition 18 (ICD Code)</p> <p>             24S                                      Comorbid Condition 19 (ICD Code)</p> |

**Data Submission Specifications for the IRF-PAI (V2.00.1)**  
**Unduplicated Edits Report by Edit ID**

| ID    | Type        | Severity | Text/Items   |
|-------|-------------|----------|--|
|       |             |          | <div>24T Comorbid Condition 20 (ICD Code)</div> <div>24U Comorbid Condition 21 (ICD Code)</div> <div>24V Comorbid Condition 22 (ICD Code)</div> <div>24W Comorbid Condition 23 (ICD Code)</div> <div>24X Comorbid Condition 24 (ICD Code)</div> <div>24Y Comorbid Condition 25 (ICD Code)</div> <div>46 Diagnosis for Interruption or Death (ICD Code)</div> <div>47A Complication during rehab stay 1 (ICD Code)</div> <div>47B Complication during rehab stay 2 (ICD Code)</div> <div>47C Complication during rehab stay 3 (ICD Code)</div> <div>47D Complication during rehab stay 4 (ICD Code)</div> <div>47E Complication during rehab stay 5 (ICD Code)</div> <div>47F Complication during rehab stay 6 (ICD Code)</div> |
| -1101 | Consistency | Fatal    | <p>Inconsistent 44D/45 values: If Discharge to Living Setting (44D) = [01], then Discharge to Living With (45) must not be skipped with value of "No information" [^]. If Discharge to Living Setting (A44D) not = [01] then Discharge to Living With (45) must be skipped with value of "No information" [^].</p> <div>Items: 44D Discharge to Living Setting</div> <div>45 Discharge to Living With</div>  |
| -1102 | Consistency | Fatal    | <p>Inconsistent 44C/44D/45 values: If Patient not discharged alive (44C = [0]), then Discharge to Living Setting (44D) and Discharge to Living With (45) must be skipped with value of "No information" [^]. If Patient discharged alive (44C) = [1]), then Discharge to Living Setting (44D) must not be skipped with value of "No information" [^].</p> <div>Items: 44C Patient Discharged Alive</div> <div>44D Discharge to Living Setting</div> <div>45 Discharge to Living With</div>   |
| -1105 | Consistency | Fatal    | <p>Inconsistent 16A/17: If Pre-Hospital Living Setting (16A) is equal to [01], then Pre_Hospital Living With (17) cannot be be skipped [^]. If Pre-hospital Living Setting (16A) is not equal to [01], then Pre_Hospital Living With (17) must be skipped [^].</p> <div>Items: 16A Pre-hospital Living Setting</div> <div>17 Pre-Hospital Living With</div>  |
| -1106 | Format      | Fatal    | <p>Incorrect item length: If this is not one of the special values (if any) that are listed in the Item Values table of the Detailed Data Specifications Report, then this item must be exactly the length of the maximum length of the item.</p> <div>Items: FAC_ZIP Facility ZIP Code</div> <div>SFTWR_VNDR_ID Software Vendor EIN</div>   |
| -1107 | Consistency | Fatal    | <p>Inconsistent Race/Ethnicity Items: If any race/ethnicity (items 9A-9F) value equals a dash (-), then all race/ethnicity items must equal dash (-).</p> <div>Items: 9A Race: American Indian/Alaskan Native</div> <div>9B Race: Asian</div> <div>9C Race: Black or African American</div> <div>9D Ethnicity: Hispanic or Latino</div> <div>9E Race: Native Hawaiian or other Pacific Islander</div> <div>9F Race: White</div>  |

## Unduplicated Edits Report by Edit ID

| ID    | Type        | Severity | Text/Items   |
|-------|-------------|----------|--|
| -1108 | Format      | Fatal    | Invalid SSN: If the value is not equal to "No information" [^], it must be 9 characters long, the first three characters must not be equal to [000], and the value must not be equal to any of the following: [111111111, 333333333, 123456789, 999999999].<br>Items: 7 Social Security Number (SSN)   |
| -1109 | Consistency | Fatal    | Inconsistent 2/20A/20B values: If Medicare is a payor (20A = [02, 51] or 20B = [02, 51], then the Patient Medicare number (2) cannot be skipped with value of "No information" [^].<br>Items: 2 Patient Medicare Number<br>20A Primary Payment Source<br>20B Secondary Payment Source  |
| -1110 | Consistency | Fatal    | Inconsistent 33A/34A values: One of the admission transfer items must be scored. The other must be skipped with value of [^].<br>Items: 33A Tub Transfer: Admission<br>34A Shower Transfer: Admission  |
| -1111 | Consistency | Fatal    | Inconsistent 33D/34D values: One of the discharge transfer items must be scored. The other must be skipped with value of [^].<br>Items: 33D Tub Transfer: Discharge<br>34D Shower Transfer: Discharge  |
| -1112 | Consistency | Fatal    | Inconsistent Comorbid Condition ICD codes. For the items 24A through 24Y, if a cormorbid condition item is "No information" [^], then the next comorbid item in the list must be "No information" [^].<br>Items: 24A Comorbid Condition 1 (ICD Code)<br>24B Comorbid Condition 2 (ICD Code)<br>24C Comorbid Condition 3 (ICD Code)<br>24D Comorbid Condition 4 (ICD Code)<br>24E Comorbid Condition 5 (ICD Code)<br>24F Comorbid Condition 6 (ICD Code)<br>24G Comorbid Condition 7 (ICD Code)<br>24H Comorbid Condition 8 (ICD Code)<br>24I Comorbid Condition 9 (ICD Code)<br>24J Comorbid Condition 10 (ICD Code)<br>24K Comorbid Condition 11 (ICD Code)<br>24L Comorbid Condition 12 (ICD Code)<br>24M Comorbid Condition 13 (ICD Code)<br>24N Comorbid Condition 14 (ICD Code)<br>24O Comorbid Condition 15 (ICD Code)<br>24P Comorbid Condition 16 (ICD Code)<br>24Q Comorbid Condition 17 (ICD Code)<br>24R Comorbid Condition 18 (ICD Code)<br>24S Comorbid Condition 19 (ICD Code)<br>24T Comorbid Condition 20 (ICD Code)<br>24U Comorbid Condition 21 (ICD Code)<br>24V Comorbid Condition 22 (ICD Code)<br>24W Comorbid Condition 23 (ICD Code)<br>24X Comorbid Condition 24 (ICD Code)<br>24Y Comorbid Condition 25 (ICD Code) |



**Data Submission Specifications for the IRF-PAI (V2.00.1)**  
**Unduplicated Edits Report by Edit ID**

| ID     | Type        | Severity                                    | Text/Items   |        |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |                       |  |     |                 |
|--------|-------------|---|--|--------|-----|---|--|-----|---|--|-----|---|--|-----|---|--|-----|---|--|-----|---|--|-----|-----------------------|--|-----|-----------------|
| -1113  | Consistency | Fatal                                       | <p>Inconsistent Complications During Rehabilitation Stay Values: For the items 47A through 47F, if an item in the list is "No information" [^], then the next item must also be "No information" [^].</p> <table><tr><td>Items:</td><td>47A</td><td>Complication during rehab stay 1 (ICD Code)</td></tr><tr><td></td><td>47B</td><td>Complication during rehab stay 2 (ICD Code)</td></tr><tr><td></td><td>47C</td><td>Complication during rehab stay 3 (ICD Code)</td></tr><tr><td></td><td>47D</td><td>Complication during rehab stay 4 (ICD Code)</td></tr><tr><td></td><td>47E</td><td>Complication during rehab stay 5 (ICD Code)</td></tr><tr><td></td><td>47F</td><td>Complication during rehab stay 6 (ICD Code)</td></tr></table>  | Items: | 47A | Complication during rehab stay 1 (ICD Code) |  | 47B | Complication during rehab stay 2 (ICD Code) |  | 47C | Complication during rehab stay 3 (ICD Code) |  | 47D | Complication during rehab stay 4 (ICD Code) |  | 47E | Complication during rehab stay 5 (ICD Code) |  | 47F | Complication during rehab stay 6 (ICD Code) |  |     |                       |  |     |                 |
| Items: | 47A         | Complication during rehab stay 1 (ICD Code) |  |        |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |                       |  |     |                 |
|        | 47B         | Complication during rehab stay 2 (ICD Code) |  |        |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |                       |  |     |                 |
|        | 47C         | Complication during rehab stay 3 (ICD Code) |  |        |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |                       |  |     |                 |
|        | 47D         | Complication during rehab stay 4 (ICD Code) |  |        |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |                       |  |     |                 |
|        | 47E         | Complication during rehab stay 5 (ICD Code) |  |        |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |                       |  |     |                 |
|        | 47F         | Complication during rehab stay 6 (ICD Code) |  |        |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |                       |  |     |                 |
| -1114  | Consistency | Fatal                                       | <p>Program Interruption Date Out of Order: For the following dates, each date must precede or be the same as the subsequent date, ignoring dates with "No information" [^].</p> <p>Admission Date (12) &lt;=<br/>1st Interruption Date (43A) &lt;=<br/>1st Return Date (43B) &lt;=<br/>2nd Interruption Date (43C) &lt;=<br/>2nd Return Date (43D) &lt;=<br/>3rd Interruption Date (43E) &lt;=<br/>3rd Return Date (43F) &lt;=<br/>Discharge Date (40)</p> <table><tr><td>Items:</td><td>12</td><td>Admission Date</td></tr><tr><td></td><td>40</td><td>Discharge Date</td></tr><tr><td></td><td>43A</td><td>1st Interruption Date</td></tr><tr><td></td><td>43B</td><td>1st Return Date</td></tr><tr><td></td><td>43C</td><td>2nd Interruption Date</td></tr><tr><td></td><td>43D</td><td>2nd Return Date</td></tr><tr><td></td><td>43E</td><td>3rd Interruption Date</td></tr><tr><td></td><td>43F</td><td>3rd Return Date</td></tr></table> | Items: | 12  | Admission Date                              |  | 40  | Discharge Date                              |  | 43A | 1st Interruption Date                       |  | 43B | 1st Return Date                             |  | 43C | 2nd Interruption Date                       |  | 43D | 2nd Return Date                             |  | 43E | 3rd Interruption Date |  | 43F | 3rd Return Date |
| Items: | 12          | Admission Date                              |  |        |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |                       |  |     |                 |
|        | 40          | Discharge Date                              |  |        |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |                       |  |     |                 |
|        | 43A         | 1st Interruption Date                       |  |        |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |                       |  |     |                 |
|        | 43B         | 1st Return Date                             |  |        |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |                       |  |     |                 |
|        | 43C         | 2nd Interruption Date                       |  |        |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |                       |  |     |                 |
|        | 43D         | 2nd Return Date                             |  |        |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |                       |  |     |                 |
|        | 43E         | 3rd Interruption Date                       |  |        |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |                       |  |     |                 |
|        | 43F         | 3rd Return Date                             |  |        |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |                       |  |     |                 |
| -1115  | Consistency | Fatal                                       | <p>Inconsistent Skip Pattern: If Program Interruption(s) (42) is 0 (No), then the Program Interruption Dates (43A - 43F) must all be "No information" [^].</p> <table><tr><td>Items:</td><td>42</td><td>Program Interruption(s) Indicator</td></tr><tr><td></td><td>43A</td><td>1st Interruption Date</td></tr><tr><td></td><td>43B</td><td>1st Return Date</td></tr><tr><td></td><td>43C</td><td>2nd Interruption Date</td></tr><tr><td></td><td>43D</td><td>2nd Return Date</td></tr><tr><td></td><td>43E</td><td>3rd Interruption Date</td></tr><tr><td></td><td>43F</td><td>3rd Return Date</td></tr></table>  | Items: | 42  | Program Interruption(s) Indicator           |  | 43A | 1st Interruption Date                       |  | 43B | 1st Return Date                             |  | 43C | 2nd Interruption Date                       |  | 43D | 2nd Return Date                             |  | 43E | 3rd Interruption Date                       |  | 43F | 3rd Return Date       |  |     |                 |
| Items: | 42          | Program Interruption(s) Indicator           |  |        |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |                       |  |     |                 |
|        | 43A         | 1st Interruption Date                       |  |        |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |                       |  |     |                 |
|        | 43B         | 1st Return Date                             |  |        |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |                       |  |     |                 |
|        | 43C         | 2nd Interruption Date                       |  |        |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |                       |  |     |                 |
|        | 43D         | 2nd Return Date                             |  |        |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |                       |  |     |                 |
|        | 43E         | 3rd Interruption Date                       |  |        |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |                       |  |     |                 |
|        | 43F         | 3rd Return Date                             |  |        |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |                       |  |     |                 |
| -1116  | Consistency | Fatal                                       | <p>Inconsistent 42/43A values: The Program Interruption(s) (42) value is not consistent with the 1st Interruption Date (43A) value. If Program Interruption(s) (42) is equal to 1 (Yes), then 1st Interruption Date (43A) must not be skipped with a value of "No information" [^].</p> <table><tr><td>Items:</td><td>42</td><td>Program Interruption(s) Indicator</td></tr><tr><td></td><td>43A</td><td>1st Interruption Date</td></tr></table>   | Items: | 42  | Program Interruption(s) Indicator           |  | 43A | 1st Interruption Date                       |  |     |   |  |     |   |  |     |   |  |     |   |  |     |                       |  |     |                 |
| Items: | 42          | Program Interruption(s) Indicator           |  |        |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |                       |  |     |                 |
|        | 43A         | 1st Interruption Date                       |  |        |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |   |  |     |                       |  |     |                 |

**Data Submission Specifications for the IRF-PAI (V2.00.1)**  
**Unduplicated Edits Report by Edit ID**

| ID             | Type   | Severity | Text/Items   |                |  |         |  |         |   |         |  |     |                       |     |                 |
|----------------|--|----------|--|----------------|--|---------|--|---------|---|---------|--|-----|-----------------------|-----|-----------------|
| -1117          | Consistency  | Fatal    | <p>Inconsistent Program Interruption Dates: For the dates listed, if a date in the list is "No information" [^], then the next date must also be "No information" [^].</p> <p>1st Interruption Date (43A)<br/>1st Return Date (43B)<br/>2nd Interruption Date (43C)<br/>2nd Return Date (43D)<br/>3rd Interruption Date (43E)<br/>3rd Return Date (43F)</p> <table><tr><td>Items: 43A</td><td>1st Interruption Date</td></tr><tr><td>43B</td><td>1st Return Date</td></tr><tr><td>43C</td><td>2nd Interruption Date</td></tr><tr><td>43D</td><td>2nd Return Date</td></tr><tr><td>43E</td><td>3rd Interruption Date</td></tr><tr><td>43F</td><td>3rd Return Date</td></tr></table>       | Items: 43A     | 1st Interruption Date                            | 43B     | 1st Return Date                                  | 43C     | 2nd Interruption Date                       | 43D     | 2nd Return Date                                    | 43E | 3rd Interruption Date | 43F | 3rd Return Date |
| Items: 43A     | 1st Interruption Date                              |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |
| 43B            | 1st Return Date                                    |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |
| 43C            | 2nd Interruption Date                              |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |
| 43D            | 2nd Return Date                                    |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |
| 43E            | 3rd Interruption Date                              |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |
| 43F            | 3rd Return Date                                    |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |
| -1118          | Consistency  | Fatal    | <p>Inconsistent Program Interruption Dates: For the date pairs listed, if the first date is not "No information" [^] then the second date must not be "No information" [^].</p> <p>1st Interruption Date (43A) and 1st Return Date (43B)<br/>2nd Interruption Date (43C) and 2nd Return Date (43D)<br/>3rd Interruption Date ( 43E) and 3rd Return Date (43F)</p> <table><tr><td>Items: 43A</td><td>1st Interruption Date</td></tr><tr><td>43B</td><td>1st Return Date</td></tr><tr><td>43C</td><td>2nd Interruption Date</td></tr><tr><td>43D</td><td>2nd Return Date</td></tr><tr><td>43E</td><td>3rd Interruption Date</td></tr><tr><td>43F</td><td>3rd Return Date</td></tr></table> | Items: 43A     | 1st Interruption Date                            | 43B     | 1st Return Date                                  | 43C     | 2nd Interruption Date                       | 43D     | 2nd Return Date                                    | 43E | 3rd Interruption Date | 43F | 3rd Return Date |
| Items: 43A     | 1st Interruption Date                              |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |
| 43B            | 1st Return Date                                    |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |
| 43C            | 2nd Interruption Date                              |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |
| 43D            | 2nd Return Date                                    |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |
| 43E            | 3rd Interruption Date                              |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |
| 43F            | 3rd Return Date                                    |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |
| -1120          | Consistency  | Fatal    | <p>***THIS EDIT WAS DELETED IN THE V1.12.0 ERRATA.</p> <table><tr><td>Items: 00401AA</td><td>Physical Therapy - Individual Minutes Week 1</td></tr><tr><td>00401AB</td><td>Physical Therapy - Concurrent Minutes Week 1</td></tr><tr><td>00401AC</td><td>Physical Therapy - Group Minutes Week 1</td></tr><tr><td>00401AD</td><td>Physical Therapy - Co-treatment Minutes Week 1</td></tr></table>   | Items: 00401AA | Physical Therapy - Individual Minutes Week 1     | 00401AB | Physical Therapy - Concurrent Minutes Week 1     | 00401AC | Physical Therapy - Group Minutes Week 1     | 00401AD | Physical Therapy - Co-treatment Minutes Week 1     |     |                       |     |                 |
| Items: 00401AA | Physical Therapy - Individual Minutes Week 1       |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |
| 00401AB        | Physical Therapy - Concurrent Minutes Week 1       |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |
| 00401AC        | Physical Therapy - Group Minutes Week 1            |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |
| 00401AD        | Physical Therapy - Co-treatment Minutes Week 1     |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |
| -1121          | Consistency  | Fatal    | <p>***THIS EDIT WAS DELETED IN THE V1.12.0 ERRATA.</p> <table><tr><td>Items: 00401BA</td><td>Occupational Therapy - Individual Minutes Week 1</td></tr><tr><td>00401BB</td><td>Occupational Therapy - Concurrent Minutes Week 1</td></tr><tr><td>00401BC</td><td>Occupational Therapy - Group Minutes Week 1</td></tr><tr><td>00401BD</td><td>Occupational Therapy - Co-treatment Minutes Week 1</td></tr></table>   | Items: 00401BA | Occupational Therapy - Individual Minutes Week 1 | 00401BB | Occupational Therapy - Concurrent Minutes Week 1 | 00401BC | Occupational Therapy - Group Minutes Week 1 | 00401BD | Occupational Therapy - Co-treatment Minutes Week 1 |     |                       |     |                 |
| Items: 00401BA | Occupational Therapy - Individual Minutes Week 1   |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |
| 00401BB        | Occupational Therapy - Concurrent Minutes Week 1   |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |
| 00401BC        | Occupational Therapy - Group Minutes Week 1        |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |
| 00401BD        | Occupational Therapy - Co-treatment Minutes Week 1 |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |
| -1122          | Consistency  | Fatal    | <p>***THIS EDIT WAS DELETED IN THE V1.12.0 ERRATA.</p> <table><tr><td>Items: 00401CA</td><td>SLP Therapy - Individual Minutes Week 1</td></tr><tr><td>00401CB</td><td>SLP Therapy - Concurrent Minutes Week 1</td></tr><tr><td>00401CC</td><td>SLP Therapy - Group Minutes Week 1</td></tr><tr><td>00401CD</td><td>SLP Therapy - Co-treatment Minutes Week 1</td></tr></table>   | Items: 00401CA | SLP Therapy - Individual Minutes Week 1          | 00401CB | SLP Therapy - Concurrent Minutes Week 1          | 00401CC | SLP Therapy - Group Minutes Week 1          | 00401CD | SLP Therapy - Co-treatment Minutes Week 1          |     |                       |     |                 |
| Items: 00401CA | SLP Therapy - Individual Minutes Week 1            |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |
| 00401CB        | SLP Therapy - Concurrent Minutes Week 1            |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |
| 00401CC        | SLP Therapy - Group Minutes Week 1                 |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |
| 00401CD        | SLP Therapy - Co-treatment Minutes Week 1          |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |
| -1123          | Consistency  | Fatal    | <p>***THIS EDIT WAS DELETED IN THE V1.12.0 ERRATA.</p> <table><tr><td>Items: 00402AA</td><td>Physical Therapy - Individual Minutes Week 2</td></tr><tr><td>00402AB</td><td>Physical Therapy - Concurrent Minutes Week 2</td></tr><tr><td>00402AC</td><td>Physical Therapy - Group Minutes Week 2</td></tr><tr><td>00402AD</td><td>Physical Therapy - Co-treatment Minutes Week 2</td></tr></table>   | Items: 00402AA | Physical Therapy - Individual Minutes Week 2     | 00402AB | Physical Therapy - Concurrent Minutes Week 2     | 00402AC | Physical Therapy - Group Minutes Week 2     | 00402AD | Physical Therapy - Co-treatment Minutes Week 2     |     |                       |     |                 |
| Items: 00402AA | Physical Therapy - Individual Minutes Week 2       |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |
| 00402AB        | Physical Therapy - Concurrent Minutes Week 2       |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |
| 00402AC        | Physical Therapy - Group Minutes Week 2            |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |
| 00402AD        | Physical Therapy - Co-treatment Minutes Week 2     |          |  |                |  |         |  |         |   |         |  |     |                       |     |                 |

**Data Submission Specifications for the IRF-PAI (V2.00.1)**  
**Unduplicated Edits Report by Edit ID**

| <b>ID</b>    | <b>Type</b>        | <b>Severity</b> | <b>Text/Items</b>  |
|--------------|--------------------|-----------------|--|
| <b>-1124</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>***THIS EDIT WAS DELETED IN THE V1.12.0 ERRATA.</p> <p>Items:   O0402BA                   Occupational Therapy - Individual Minutes Week 2</p> <p>          O0402BB                   Occupational Therapy - Concurrent Minutes Week 2</p> <p>          O0402BC                   Occupational Therapy - Group Minutes Week 2</p> <p>          O0402BD                   Occupational Therapy - Co-treatment Minutes Week 2</p>   |
| <b>-1125</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>***THIS EDIT WAS DELETED IN THE V1.12.0 ERRATA.</p> <p>Items:   O0402CA                   SLP Therapy - Individual Minutes Week 2</p> <p>          O0402CB                   SLP Therapy - Concurrent Minutes Week 2</p> <p>          O0402CC                   SLP Therapy - Group Minutes Week 2</p> <p>          O0402CD                   SLP Therapy - Co-treatment Minutes Week 2</p>   |
| <b>-1127</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>ICD-10-CM Codes Not Allowed: This item cannot contain the following ICD-10-CM codes: V00.01 through Y99.9</p> <p>Items:   22A                       Etiologic Diagnosis Code A (ICD Code)</p> <p>          22B                       Etiologic Diagnosis Code B (ICD Code)</p> <p>          22C                       Etiologic Diagnosis Code C (ICD Code)</p>   |
| <b>-1128</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>Inconsistent Etiologic Diagnosis ICD codes.</p> <p>If Item 22B is "No information" [^], then Item 22C must be "No information" [^].</p> <p>Items:   22B                       Etiologic Diagnosis Code B (ICD Code)</p> <p>          22C                       Etiologic Diagnosis Code C (ICD Code)</p>  |
| <b>-1129</b> | <b>Format</b>      | <b>Warning</b>  | <p>Version Code Values: The version code submitted should match one of the values listed in the "Item Values" table of the Detailed Data Specifications Report.</p> <p>Items:   ITM_SET_VRSN_CD           IRF-PAI item Set Version</p> <p>          SPEC_VRSN_CD            Specifications version code</p>  |
| <b>-5004</b> | <b>Consistency</b> | <b>Warning</b>  | <p>Entering a dash as a response to any Quality Measure item may result in a payment reduction of two percentage points for the applicable FY annual increase factor.</p> <p>Items:   25A                       Height</p> <p>          26A                       Weight</p> <p>          BB0700                   Expression of Ideas and Wants (3-day asmt period)</p> <p>          BB0800                   Understanding Verbal Content (3-day asmt period)</p> <p>          C0100                   Brief Interview - Mental Status (BIMS)</p> <p>          C0200                   BIMS - Repetition of Three Words</p> <p>          C0300A                   BIMS - Temporal Orientation - Year</p> <p>          C0300B                   BIMS - Temporal Orientation - Month</p> <p>          C0300C                   BIMS - Temporal Orientation - Day</p> <p>          C0500                   BIMS - Summary Score</p> <p>          C0600                   Conduct Staff Assessment - Mental Status</p> <p>          C0900A                   Memory/Recall Ability - Current Season</p> <p>          C0900B                   Memory/Recall Ability - Location Of Own Room</p> <p>          C0900C                   Memory/Recall Ability - Staff Names and Faces</p> <p>          C0900E                   Memory/Recall Ability - In Hospital unit</p> <p>          C0900Z                   Memory/Recall Ability - None Of The Above</p> <p>          GG0100A                  Prior Function - Self Care</p> <p>          GG0100B                  Prior Function - Indoor Mobility (Ambulation)</p> <p>          GG0100C                  Prior Function - Stairs</p> <p>          GG0100D                  Prior Function - Functional Cognition</p> |

# **Data Submission Specifications for the IRF-PAI (V2.00.1)**

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

| <b>ID</b> | <b>Type</b> | <b>Severity</b> | <b>Text/Items</b>   |
|-----------|-------------|-----------------|---|
|           |             |                 | GG0110A Prior Device - Manual wheelchair                    |
|           |             |                 | GG0110B Prior Device - Motorized wheelchair or scooter      |
|           |             |                 | GG0110C Prior Device - Mechanical lift                      |
|           |             |                 | GG0110D Prior Device - Walker                               |
|           |             |                 | GG0110E Prior Device - Orthotics/Prosthetics                |
|           |             |                 | GG0110Z Prior Device - None of the above                    |
|           |             |                 | GG0130A1 Self-Care (Adm Perf) - Eating                      |
|           |             |                 | GG0130A3 Self-Care (Dschg Perf) - Eating                    |
|           |             |                 | GG0130B1 Self-Care (Adm Perf) - Oral hygiene                |
|           |             |                 | GG0130B3 Self-Care (Dschg Perf) - Oral hygiene              |
|           |             |                 | GG0130C1 Self-Care (Adm Perf) - Toileting hygiene           |
|           |             |                 | GG0130C3 Self-Care (Dschg Perf) - Toileting hygiene         |
|           |             |                 | GG0130E1 Self-Care (Adm Perf) - Shower/bathe self           |
|           |             |                 | GG0130E3 Self-Care (Dschg Perf) - Shower/bathe self         |
|           |             |                 | GG0130F1 Self-Care (Adm Perf) - Upper Body Dressing         |
|           |             |                 | GG0130F3 Self-Care (Dschg Perf) - Upper Body Dressing       |
|           |             |                 | GG0130G1 Self-Care (Adm Perf) - Lower Body Dressing         |
|           |             |                 | GG0130G3 Self-Care (Dschg Perf) - Lower Body Dressing       |
|           |             |                 | GG0130H1 Self-Care (Adm Perf) - On/Off Footwear             |
|           |             |                 | GG0130H3 Self-Care (Dschg Perf) - On/Off Footwear           |
|           |             |                 | GG0170A1 Func Mobil (Adm Perf) - Roll left and right        |
|           |             |                 | GG0170A3 Func Mobil (Dschg Perf) - Roll left and right      |
|           |             |                 | GG0170B1 Func Mobil (Adm Perf) - Sit to lying               |
|           |             |                 | GG0170B3 Func Mobil (Dschg Perf) - Sit to lying             |
|           |             |                 | GG0170C1 Func Mobil (Adm Perf) - Lying to sit on side       |
|           |             |                 | GG0170C3 Func Mobil (Dschg Perf) - Lying to sitting on side |
|           |             |                 | GG0170D1 Func Mobil (Adm Perf) - Sit to stand               |
|           |             |                 | GG0170D3 Func Mobil (Dschg Perf) - Sit to stand             |
|           |             |                 | GG0170E1 Func Mobil (Adm Perf) - Chair/bed-to-chair trans   |
|           |             |                 | GG0170E3 Func Mobil (Dschg Perf) - Chair/bed-to-chair trans |
|           |             |                 | GG0170F1 Func Mobil (Adm Perf) - Toilet transfer            |
|           |             |                 | GG0170F3 Func Mobil (Dschg Perf) - Toilet transfer          |
|           |             |                 | GG0170G1 Func Mobil (Adm Perf) - Car Transfer               |
|           |             |                 | GG0170G3 Func Mobil (Dschg Perf) - Car Transfer             |
|           |             |                 | GG0170H1 Does the patient walk (Adm)                        |
|           |             |                 | GG0170H3 Does the patient walk (Dschg)                      |
|           |             |                 | GG0170I1 Func Mobil (Adm Perf) - Walk 10 feet               |
|           |             |                 | GG0170I3 Func Mobil (Dschg Perf) - Walk 10 feet             |
|           |             |                 | GG0170J1 Func Mobil (Adm Perf) - Walk 50 feet w/2 turns     |
|           |             |                 | GG0170J3 Func Mobil (Dschg Perf) - Walk 50 feet w/2 turns   |
|           |             |                 | GG0170K1 Func Mobil (Adm Perf) - Walk 150 feet              |
|           |             |                 | GG0170K3 Func Mobil (Dschg Perf) - Walk 150 feet            |
|           |             |                 | GG0170L1 Func Mobil (Adm Perf) - Walk 10 Ft Uneven Surf     |
|           |             |                 | GG0170L3 Func Mobil (Dschg Perf) - Walk 10 Ft Uneven Surf   |
|           |             |                 | GG0170M1 Func Mobil (Adm Perf) - 1 Step (Curb)              |
|           |             |                 | GG0170M3 Func Mobil (Dschg Perf) - 1 Step (Curb)            |
|           |             |                 | GG0170N1 Func Mobil (Adm Perf) - 4 Steps                    |
|           |             |                 | GG0170N3 Func Mobil (Dschg Perf) - 4 Steps                  |
|           |             |                 | GG0170O1 Func Mobil (Adm Perf) - 12 Steps                   |
|           |             |                 | GG0170O3 Func Mobil (Dschg Perf) - 12 Steps                 |
|           |             |                 | GG0170P1 Func Mobil (Adm Perf) - Picking Up Object          |
|           |             |                 | GG0170P3 Func Mobil (Dschg Perf) - Picking Up Object        |
|           |             |                 | GG0170Q1 Does the patient use a wheelchair/scooter (Adm)    |
|           |             |                 | GG0170Q3 Does the patient use a wheelchair/scooter (Dschg)  |
|           |             |                 | GG0170R1 Func Mobil (Adm Perf) - Wheel 50 feet w/2 turns    |

# Data Submission Specifications for the IRF-PAI (V2.00.1)

## Unduplicated Edits Report by Edit ID

| ID    | Type        | Severity | Text/Items   |
|-------|-------------|----------|--|
|       |             |          | GG0170R3 Func Mobil (Dschg Perf) - Wheel 50 feet w/2 turns<br>GG0170RR1 Indicate the type of wheelchair/scooter (Adm)<br>GG0170RR3 Indicate the type of wheelchair/scooter (Dschg)<br>GG0170S1 Func Mobil (Adm Perf) - Wheel 150 feet<br>GG0170S3 Func Mobil (Dschg Perf) - Wheel 150 feet<br>GG0170SS1 Indicate the type of wheelchair/scooter (Adm)<br>GG0170SS3 Indicate the type of wheelchair/scooter (Dschg)<br>H0350 Bladder continence<br>H0400 Bowel continence<br>I0900 Diagnoses: Peripheral vascular disease (PVD)/PAD<br>I2900 Diagnoses: Diabetes mellitus (DM)<br>I7900 Diagnoses: None of the Above<br>J1750 History Of Falls<br>J1800 Any Falls Since Admission<br>J1900A Num Falls Since Admission - No injury<br>J1900B Num Falls Since Admission - Injury (except major)<br>J1900C Num Falls Since Admission - Major injury<br>J2000 Prior Surgery<br>K0110A Swallow/Nutrit - Regular Food<br>K0110B Swallow/Nutrit - Modified Food<br>K0110C Swallow/Nutrit - Tube/Parenteral Feeding<br>M0210_1 Pressure Ulcers Present on Admission<br>M0210_2 Pressure Ulcers Present on Discharge<br>M0300A1_1 Number of Stage 1 pressure ulcers: Admission<br>M0300A1_2 Number of Stage 1 pressure ulcers: Discharge<br>M0300B1_1 Number of Stage 2 pressure ulcers: Admission<br>M0300B1_2 Number of Stage 2 pressure ulcers: Discharge<br>M0300C1_1 Number of Stage 3 pressure ulcers: Admission<br>M0300C1_2 Number of Stage 3 pressure ulcers: Discharge<br>M0300D1_1 Number of Stage 4 pressure ulcers: Admission<br>M0300D1_2 Number of Stage 4 pressure ulcers: Discharge<br>M0300E1_1 Nbr Unstg non-remov drsg pressure ulcers: Adm<br>M0300E1_2 Nbr Unstg non-remov drsg pressure ulcers: Dschrg<br>M0300F1_1 Nbr Unstg slough/eschar pressure ulcers: Adm<br>M0300F1_2 Nbr Unstg slough/eschar pressure ulcers: Dschrg<br>M0300G1_1 Nbr Unstg DTI pressure ulcers: Adm<br>M0300G1_2 Nbr Unstg DTI pressure ulcers: Dschrg<br>M0800A Worsened: Stage 2 pressure ulcers<br>M0800B Worsened: Stage 3 pressure ulcers<br>M0800C Worsened: Stage 4 pressure ulcers<br>M0800D Worsened: Unstageable - Non-removable dressing<br>M0800E Worsened: Unstageable - Slough and/or eschar<br>M0800F Worsened: Unstageable - Deep tissue injury<br>M0900A1 Number of Stage 1 Healed Pressure Ulcers<br>M0900B Number of Stage 2 Healed Pressure Ulcers<br>M0900C Number of Stage 3 Healed Pressure Ulcers<br>M0900D Number of Stage 4 Healed Pressure Ulcers<br>O0100N Total Parenteral Nutrition |
| -5006 | Consistency | Fatal    | <p>Inconsistent M0210_1 value: If unhealed pressure ulcers present on admission (M0210_1) is equal to [0] (No), then the number of unhealed pressure ulcers at each Stage at admission (M0300A1_1 through M0300G1_1) must all be skipped with value of "Skipped" [^].</p> <p>Items: M0210_1 Pressure Ulcers Present on Admission<br/> M0300A1_1 Number of Stage 1 pressure ulcers: Admission<br/> M0300B1_1 Number of Stage 2 pressure ulcers: Admission</p>   |

**Data Submission Specifications for the IRF-PAI (V2.00.1)**  
**Unduplicated Edits Report by Edit ID**

| ID    | Type        | Severity | Text/Items  |
|-------|-------------|----------|---|
|       |             |          | M0300C1_1      Number of Stage 3 pressure ulcers: Admission<br>M0300D1_1      Number of Stage 4 pressure ulcers: Admission<br>M0300E1_1      Nbr Unstg non-remov drsg pressure ulcers: Adm<br>M0300F1_1      Nbr Unstg slough/eschar pressure ulcers: Adm<br>M0300G1_1      Nbr Unstg DTI pressure ulcers: Adm  |
| -5007 | Consistency | Fatal    | <p>Inconsistent M0210_2 value: If unhealed pressure ulcers present on discharge (M0210_2) is equal to 0 (No), then the number of unhealed pressure ulcers at each Stage at discharge (M0300A1_2 through M0300G2_2) and the number of pressure ulcers not present or at a lesser stage from admission (M0800A through M0800F) must all be skipped with value of "Skipped" [^] .</p> <p>Items:    M0210_2      Pressure Ulcers Present on Discharge<br/> M0300A1_2      Number of Stage 1 pressure ulcers: Discharge<br/> M0300B1_2      Number of Stage 2 pressure ulcers: Discharge<br/> M0300B2_2      Nbr Disch Stg 2 PU were Adm Stg 2 PU<br/> M0300C1_2      Number of Stage 3 pressure ulcers: Discharge<br/> M0300C2_2      Nbr Disch Stg 3 PU were Adm Stg 3 PU<br/> M0300D1_2      Number of Stage 4 pressure ulcers: Discharge<br/> M0300D2_2      Nbr Disch Stg 4 PU were Adm Stg 4 PU<br/> M0300E1_2      Nbr Unstg non-remov drsg pressure ulcers: Dschrg<br/> M0300E2_2      Nbr Unstg NRD Disch PU were Adm Unstg NRD PU<br/> M0300F1_2      Nbr Unstg slough/eschar pressure ulcers: Dschrg<br/> M0300F2_2      Nbr Unstg S/E Disch PU were Adm Unstg S/E PU<br/> M0300G1_2      Nbr Unstg DTI pressure ulcers: Dschrg<br/> M0300G2_2      Nbr Unstg DTI Disch PU were Adm Unstg DTI PU<br/> M0800A      Worsened: Stage 2 pressure ulcers<br/> M0800B      Worsened: Stage 3 pressure ulcers<br/> M0800C      Worsened: Stage 4 pressure ulcers<br/> M0800D      Worsened: Unstageable - Non-removable dressing<br/> M0800E      Worsened: Unstageable - Slough and/or eschar<br/> M0800F      Worsened: Unstageable - Deep tissue injury</p> |
| -5009 | Consistency | Fatal    | <p>Inconsistent Influenza Vaccination date: If a valid date is entered for the Influenza Vaccination Date (O0250B), then that date must be on or after the birthdate (6) and on or before the discharge date (40).</p> <p>Items:    6      Birth Date<br/> 40      Discharge Date<br/> O0250B      Date influenza vaccine received</p>  |
| -5010 | Consistency | Fatal    | <p>Inconsistent M0210_1 value: If unhealed pressure ulcers present on admission (M0210_1) is equal to [1] (Yes), then the number of unhealed pressure ulcers at each Stage at admission (M0300A1_1 through M0300G1_1) must not be "Skipped" [^].</p> <p>Items:    M0210_1      Pressure Ulcers Present on Admission<br/> M0300A1_1      Number of Stage 1 pressure ulcers: Admission<br/> M0300B1_1      Number of Stage 2 pressure ulcers: Admission<br/> M0300C1_1      Number of Stage 3 pressure ulcers: Admission<br/> M0300D1_1      Number of Stage 4 pressure ulcers: Admission<br/> M0300E1_1      Nbr Unstg non-remov drsg pressure ulcers: Adm<br/> M0300F1_1      Nbr Unstg slough/eschar pressure ulcers: Adm<br/> M0300G1_1      Nbr Unstg DTI pressure ulcers: Adm</p>   |

**Data Submission Specifications for the IRF-PAI (V2.00.1)**  
**Unduplicated Edits Report by Edit ID**

| <b>ID</b>    | <b>Type</b>        | <b>Severity</b> | <b>Text/Items</b>  |
|--------------|--------------------|-----------------|--|
| <b>-5011</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>Inconsistent M0210_2 value: If unhealed pressure ulcers present on discharge (M0210_2) is equal to 1 (Yes), then the number of unhealed pressure ulcers at each Stage at discharge (M0300A1_2, M0300B1_2, M0300C1_2, M0300D1_2, M0300E1_2, M0300F1_2, M0300G1_2) and the number of pressure ulcers not present or at a lesser stage from admission (M0800A through M0800F) must not be "Skipped" [^].</p> <p>Items:    M0210_2                      Pressure Ulcers Present on Discharge</p> <p>             M0300A1_2                  Number of Stage 1 pressure ulcers: Discharge</p> <p>             M0300B1_2                  Number of Stage 2 pressure ulcers: Discharge</p> <p>             M0300C1_2                  Number of Stage 3 pressure ulcers: Discharge</p> <p>             M0300D1_2                  Number of Stage 4 pressure ulcers: Discharge</p> <p>             M0300E1_2                  Nbr Unstg non-remov drsg pressure ulcers: Dschrg</p> <p>             M0300F1_2                  Nbr Unstg slough/eschar pressure ulcers: Dschrg</p> <p>             M0300G1_2                  Nbr Unstg DTI pressure ulcers: Dschrg</p> <p>             M0800A                      Worsened: Stage 2 pressure ulcers</p> <p>             M0800B                      Worsened: Stage 3 pressure ulcers</p> <p>             M0800C                      Worsened: Stage 4 pressure ulcers</p> <p>             M0800D                      Worsened: Unstageable - Non-removable dressing</p> <p>             M0800E                      Worsened: Unstageable - Slough and/or eschar</p> <p>             M0800F                      Worsened: Unstageable - Deep tissue injury</p> |
| <b>-5013</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>Inconsistent Healed Ulcers: If Unhealed Pressure Ulcers at Admission (M0210_1) is equal to [0] (No), then Healed Pressure Ulcers at Discharge that were present on admission (M0900A1, M0900B, M0900C, M0900D) must all be equal to zero [0].</p> <p>Items:    M0210_1                      Pressure Ulcers Present on Admission</p> <p>             M0900A1                      Number of Stage 1 Healed Pressure Ulcers</p> <p>             M0900B                        Number of Stage 2 Healed Pressure Ulcers</p> <p>             M0900C                        Number of Stage 3 Healed Pressure Ulcers</p> <p>             M0900D                        Number of Stage 4 Healed Pressure Ulcers</p>   |
| <b>-5014</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>***THIS EDIT HAS BEEN DELETED IN V2.00.0 OF THE DATA SPECIFICATIONS.</p> <p>Items:    M0300A1_2                      Number of Stage 1 pressure ulcers: Discharge</p>   |
| <b>-5015</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>***THIS EDIT HAS BEEN DELETED IN V2.00.0 OF THE DATA SPECIFICATIONS.</p> <p>Items:    M0300A1_2                      Number of Stage 1 pressure ulcers: Discharge</p>   |
| <b>-5016</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>Inconsistent M0300B1_2 value: If total Stage 2 pressures ulcers present on discharge (M0300B1_2) is equal to [0], then M0300B2_2 must be "Skipped" [^].</p> <p>Items:    M0300B1_2                      Number of Stage 2 pressure ulcers: Discharge</p> <p>             M0300B2_2                      Nbr Disch Stg 2 PU were Adm Stg 2 PU</p>  |
| <b>-5017</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>Inconsistent M0300B1_2 value: If total Stage 2 pressures ulcers present on discharge (M0300B1_2) is equal to [1] thru [9], then M0300B2_2 must not be "Skipped" [^].</p> <p>Items:    M0300B1_2                      Number of Stage 2 pressure ulcers: Discharge</p> <p>             M0300B2_2                      Nbr Disch Stg 2 PU were Adm Stg 2 PU</p>   |
| <b>-5018</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>Inconsistent M0300C1_2 value: If total Stage 3 pressures ulcers present on discharge (M0300C1_2) is equal to [0], then M0300C2_2 must be "Skipped" [^].</p> <p>Items:    M0300C1_2                      Number of Stage 3 pressure ulcers: Discharge</p> <p>             M0300C2_2                      Nbr Disch Stg 3 PU were Adm Stg 3 PU</p>  |

**Data Submission Specifications for the IRF-PAI (V2.00.1)**  
**Unduplicated Edits Report by Edit ID**

| <b>ID</b> | <b>Type</b> | <b>Severity</b> | <b>Text/Items</b>   |
|-----------|-------------|-----------------|---|
| -5019     | Consistency | Fatal           | <p>Inconsistent M0300C1_2 value: If total Stage 3 pressures ulcers present on discharge (M0300C1_2) is equal to [1] thru [9], then M0300C2_2 must not be "Skipped" [^].</p> <p>Items: M0300C1_2                      Number of Stage 3 pressure ulcers: Discharge<br/> M0300C2_2                      Nbr Disch Stg 3 PU were Adm Stg 3 PU</p>  |
| -5020     | Consistency | Fatal           | <p>Inconsistent M0300D1_2 value: If total Stage 4 pressures ulcers present on discharge (M0300D1_2) is equal to [0], then M0300D2_2 must be "Skipped" [^].</p> <p>Items: M0300D1_2                      Number of Stage 4 pressure ulcers: Discharge<br/> M0300D2_2                      Nbr Disch Stg 4 PU were Adm Stg 4 PU</p>   |
| -5021     | Consistency | Fatal           | <p>Inconsistent M0300D1_2 value: If total Stage 4 pressures ulcers present on discharge (M0300D1_2) is equal to [1] thru [9], then M0300D2_2 must not be "Skipped" [^].</p> <p>Items: M0300D1_2                      Number of Stage 4 pressure ulcers: Discharge<br/> M0300D2_2                      Nbr Disch Stg 4 PU were Adm Stg 4 PU</p>  |
| -5022     | Consistency | Fatal           | <p>Inconsistent M0300E1_2 value: If total unstageable pressures ulcers due to non-removable dressing/device present on discharge (M0300E1_2) is equal to [0], then M0300E2_2 must be "Skipped" [^].</p> <p>Items: M0300E1_2                      Nbr Unstg non-remov drsg pressure ulcers: Dschrg<br/> M0300E2_2                      Nbr Unstg NRD Disch PU were Adm Unstg NRD PU</p>      |
| -5023     | Consistency | Fatal           | <p>Inconsistent M0300E1_2 value: If total unstageable pressures ulcers due to non-removable dressing/device on discharge (M0300E1_2) is equal to [1] thru [9], then M0300E2_2 must not be "Skipped" [^].</p> <p>Items: M0300E1_2                      Nbr Unstg non-remov drsg pressure ulcers: Dschrg<br/> M0300E2_2                      Nbr Unstg NRD Disch PU were Adm Unstg NRD PU</p> |
| -5024     | Consistency | Fatal           | <p>Inconsistent M0300F1_2 value: If total unstageable pressures ulcers due to slough/eschar present on discharge (M0300F1_2) is equal to [0], then M0300F2_2 must be "Skipped" [^].</p> <p>Items: M0300F1_2                      Nbr Unstg slough/eschar pressure ulcers: Dschrg<br/> M0300F2_2                      Nbr Unstg S/E Disch PU were Adm Unstg S/E PU</p>                       |
| -5025     | Consistency | Fatal           | <p>Inconsistent M0300F1_2 value: If total unstageable pressures ulcers due to slough/eschar on discharge (M0300F1_2) is equal to [1] thru [9], then M0300F2_2 must not be "Skipped" [^].</p> <p>Items: M0300F1_2                      Nbr Unstg slough/eschar pressure ulcers: Dschrg<br/> M0300F2_2                      Nbr Unstg S/E Disch PU were Adm Unstg S/E PU</p>                  |
| -5026     | Consistency | Fatal           | <p>Inconsistent M0300G1_2 value: If total unstageable pressures ulcers with suspected DTI present on discharge (M0300G1_2) is equal to [0], then M0300G2_2 must be "Skipped" [^].</p> <p>Items: M0300G1_2                      Nbr Unstg DTI pressure ulcers: Dschrg<br/> M0300G2_2                      Nbr Unstg DTI Disch PU were Adm Unstg DTI PU</p>                                   |
| -5027     | Consistency | Fatal           | <p>Inconsistent M0300G1_2 value: If total unstageable pressures ulcers with suspected DTI on discharge (M0300G1_2) is equal to [1] thru [9], then M0300G2_2 must not be "Skipped" [^].</p> <p>Items: M0300G1_2                      Nbr Unstg DTI pressure ulcers: Dschrg<br/> M0300G2_2                      Nbr Unstg DTI Disch PU were Adm Unstg DTI PU</p>                              |



**Data Submission Specifications for the IRF-PAI (V2.00.1)**  
**Unduplicated Edits Report by Edit ID**

| <b>ID</b>    | <b>Type</b>        | <b>Severity</b> | <b>Text/Items</b>  |
|--------------|--------------------|-----------------|--|
| <b>-5028</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>Inconsistent O0250A/O0250B values:<br/> a) If O0250A=[1], then O0250B must not be "Skipped" [^].<br/> b) If O0250A=[0], then O0250B must be "Skipped" [^].<br/> c) If O0250A=[-], then O0250B must equal [-].</p> <p>Items:    O0250A                      Was influenza vaccine received<br/>              O0250B                      Date influenza vaccine received</p>                 |
| <b>-5029</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>Inconsistent O0250A/O0250C values:<br/> a) If O0250A=[0], then O0250C must not be "Skipped" [^].<br/> b) If O0250A=[1], then O0250C must be "Skipped" [^].<br/> c) If O0250A=[-], then O0250C must equal [-].</p> <p>Items:    O0250A                      Was influenza vaccine received<br/>              O0250C                      If influenza vaccine not received, state reason</p> |
| <b>-5033</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>***THIS EDIT HAS BEEN DELETED IN V2.00.0 OF THE DATA SPECIFICATIONS.</p> <p>Items:    M0300A1_2                      Number of Stage 1 pressure ulcers: Discharge</p>   |
| <b>-5034</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>***THIS EDIT HAS BEEN DELETED IN V2.00.0 OF THE DATA SPECIFICATIONS.</p> <p>Items:    M0300A1_2                      Number of Stage 1 pressure ulcers: Discharge</p>   |
| <b>-5035</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>***THIS EDIT HAS BEEN DELETED IN V2.00.0 OF THE DATA SPECIFICATIONS.</p> <p>Items:    M0300B1_2                      Number of Stage 2 pressure ulcers: Discharge<br/>              M0300B2_2                      Nbr Disch Stg 2 PU were Adm Stg 2 PU</p>   |
| <b>-5036</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>***THIS EDIT HAS BEEN DELETED IN V2.00.0 OF THE DATA SPECIFICATIONS.</p> <p>Items:    M0300B1_2                      Number of Stage 2 pressure ulcers: Discharge<br/>              M0300B2_2                      Nbr Disch Stg 2 PU were Adm Stg 2 PU</p>   |
| <b>-5037</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>***THIS EDIT HAS BEEN DELETED IN V2.00.0 OF THE DATA SPECIFICATIONS.</p> <p>Items:    M0300C1_2                      Number of Stage 3 pressure ulcers: Discharge<br/>              M0300C2_2                      Nbr Disch Stg 3 PU were Adm Stg 3 PU</p>   |
| <b>-5038</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>***THIS EDIT HAS BEEN DELETED IN V2.00.0 OF THE DATA SPECIFICATIONS.</p> <p>Items:    M0300C1_2                      Number of Stage 3 pressure ulcers: Discharge<br/>              M0300C2_2                      Nbr Disch Stg 3 PU were Adm Stg 3 PU</p>   |
| <b>-5039</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>***THIS EDIT HAS BEEN DELETED IN V2.00.0 OF THE DATA SPECIFICATIONS.</p> <p>Items:    M0300D1_2                      Number of Stage 4 pressure ulcers: Discharge<br/>              M0300D2_2                      Nbr Disch Stg 4 PU were Adm Stg 4 PU</p>   |
| <b>-5040</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>***THIS EDIT HAS BEEN DELETED IN V2.00.0 OF THE DATA SPECIFICATIONS.</p> <p>Items:    M0300D1_2                      Number of Stage 4 pressure ulcers: Discharge<br/>              M0300D2_2                      Nbr Disch Stg 4 PU were Adm Stg 4 PU</p>   |
| <b>-5041</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>***THIS EDIT HAS BEEN DELETED IN V2.00.0 OF THE DATA SPECIFICATIONS.</p> <p>Items:    M0300E1_2                      Nbr Unstg non-remov drsg pressure ulcers: Dschrg<br/>              M0300E2_2                      Nbr Unstg NRD Disch PU were Adm Unstg NRD PU</p>   |

**Data Submission Specifications for the IRF-PAI (V2.00.1)**  
**Unduplicated Edits Report by Edit ID**

| <b>ID</b>    | <b>Type</b>        | <b>Severity</b> | <b>Text/Items</b>   |
|--------------|--------------------|-----------------|---|
| <b>-5042</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>***THIS EDIT HAS BEEN DELETED IN V2.00.0 OF THE DATA SPECIFICATIONS.</p> <p>Items: M0300F1_2 Nbr Unstg slough/eschar pressure ulcers: Dschrg<br/> M0300F2_2 Nbr Unstg S/E Disch PU were Adm Unstg S/E PU</p>   |
| <b>-5043</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>If the following Unstageable ulcers due to deep tissue injury (DTI) present on discharge item (M0300G2_2) is a numeric value ([0]-[9]) and M0300G1_2 is a numeric value ([0]-[9]) THEN</p> <p>The item (M0300G2_2) must be equal to or less than the total count of Unstageable ulcers due to DTI present on discharge (M0300G1_2).</p> <p>Items: M0300G1_2 Nbr Unstg DTI pressure ulcers: Dschrg<br/> M0300G2_2 Nbr Unstg DTI Disch PU were Adm Unstg DTI PU</p>  |
| <b>-5044</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>Inconsistent M0210_1 value: If unhealed pressure ulcers present on admission (M0210_1) is equal to "Not assessed/no information" [-], then the number of unhealed pressure ulcers at each stage at admission (M0300A1_1 through M0300G1_1) must be equal to "Not assessed/no information" [-].</p> <p>Items: M0210_1 Pressure Ulcers Present on Admission<br/> M0300A1_1 Number of Stage 1 pressure ulcers: Admission<br/> M0300B1_1 Number of Stage 2 pressure ulcers: Admission<br/> M0300C1_1 Number of Stage 3 pressure ulcers: Admission<br/> M0300D1_1 Number of Stage 4 pressure ulcers: Admission<br/> M0300E1_1 Nbr Unstg non-remov drsg pressure ulcers: Adm<br/> M0300F1_1 Nbr Unstg slough/eschar pressure ulcers: Adm<br/> M0300G1_1 Nbr Unstg DTI pressure ulcers: Adm</p>   |
| <b>-5045</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>Inconsistent M0210_1 value: If unhealed pressure ulcers present on admission (M0210_1) is equal to "Not assessed/no information" [-], then the number of healed pressure ulcers at discharge that were present on admission (M0900A1, M0900B, M0900C, M0900D) must be equal to "Not assessed/no information" [-].</p> <p>Items: M0210_1 Pressure Ulcers Present on Admission<br/> M0900A1 Number of Stage 1 Healed Pressure Ulcers<br/> M0900B Number of Stage 2 Healed Pressure Ulcers<br/> M0900C Number of Stage 3 Healed Pressure Ulcers<br/> M0900D Number of Stage 4 Healed Pressure Ulcers</p>  |
| <b>-5046</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>Inconsistent M0210_2 value: If unhealed pressure ulcers present on discharge (M0210_2) is equal to "Not assessed/no information" [-], then the number of unhealed pressure ulcers at each stage at discharge (M0300A1_2 through M0300G2_2) must be equal to "Not assessed/no information" [-].</p> <p>Items: M0210_2 Pressure Ulcers Present on Discharge<br/> M0300A1_2 Number of Stage 1 pressure ulcers: Discharge<br/> M0300B1_2 Number of Stage 2 pressure ulcers: Discharge<br/> M0300B2_2 Nbr Disch Stg 2 PU were Adm Stg 2 PU<br/> M0300C1_2 Number of Stage 3 pressure ulcers: Discharge<br/> M0300C2_2 Nbr Disch Stg 3 PU were Adm Stg 3 PU<br/> M0300D1_2 Number of Stage 4 pressure ulcers: Discharge<br/> M0300D2_2 Nbr Disch Stg 4 PU were Adm Stg 4 PU<br/> M0300E1_2 Nbr Unstg non-remov drsg pressure ulcers: Dschrg<br/> M0300E2_2 Nbr Unstg NRD Disch PU were Adm Unstg NRD PU<br/> M0300F1_2 Nbr Unstg slough/eschar pressure ulcers: Dschrg<br/> M0300F2_2 Nbr Unstg S/E Disch PU were Adm Unstg S/E PU</p> |

**Data Submission Specifications for the IRF-PAI (V2.00.1)**  
**Unduplicated Edits Report by Edit ID**

| ID    | Type        | Severity | Text/Items   |
|-------|-------------|----------|--|
|       |             |          | M0300G1_2                      Nbr Unstg DTI pressure ulcers: Dschrg<br>M0300G2_2                      Nbr Unstg DTI Disch PU were Adm Unstg DTI PU  |
| -5047 | Consistency | Fatal    | <p>***THIS EDIT HAS BEEN DELETED IN V2.00.0 OF THE DATA SPECIFICATIONS.</p> Items:    M0300A1_2                      Number of Stage 1 pressure ulcers: Discharge  |
| -5048 | Consistency | Fatal    | <p>Inconsistent M0300B1_2 value: If the number of unhealed pressure ulcers at Stage 2 at discharge (M0300B1_2) is equal to "Not assessed/no information" [-], then the subsequent item for unhealed Stage 2 pressure ulcers at discharge (M0300B2_2) must be equal to "Not assessed/no information" [-].</p> Items:    M0300B1_2                      Number of Stage 2 pressure ulcers: Discharge<br>M0300B2_2                      Nbr Disch Stg 2 PU were Adm Stg 2 PU  |
| -5049 | Consistency | Fatal    | <p>Inconsistent M0300C1_2 value: If the number of unhealed pressure ulcers at Stage 3 at discharge (M0300C1_2) is equal to "Not assessed/no information" [-], then the subsequent item for unhealed Stage 3 pressure ulcers at discharge (M0300C2_2) must be equal to "Not assessed/no information" [-].</p> Items:    M0300C1_2                      Number of Stage 3 pressure ulcers: Discharge<br>M0300C2_2                      Nbr Disch Stg 3 PU were Adm Stg 3 PU  |
| -5050 | Consistency | Fatal    | <p>Inconsistent M0300D1_2 value: If the number of unhealed pressure ulcers at Stage 4 at discharge (M0300D1_2) is equal to "Not assessed/no information" [-], then the subsequent item for unhealed Stage 4 pressure ulcers at discharge (M0300D2_2) must be equal to "Not assessed/no information" [-].</p> Items:    M0300D1_2                      Number of Stage 4 pressure ulcers: Discharge<br>M0300D2_2                      Nbr Disch Stg 4 PU were Adm Stg 4 PU  |
| -5051 | Consistency | Fatal    | <p>Inconsistent M0300E1_2 value: If the number of unhealed pressure ulcers unstageable due to a non-removable dressing or device at discharge (M0300E1_2) is equal to "Not assessed/no information" [-], then the subsequent item for unhealed pressure ulcers unstageable due to a non-removable dressing or device pressure ulcers at discharge (M0300E2_2) must be equal to "Not assessed/no information" [-].</p> Items:    M0300E1_2                      Nbr Unstg non-remov drsg pressure ulcers: Dschrg<br>M0300E2_2                      Nbr Unstg NRD Disch PU were Adm Unstg NRD PU |
| -5052 | Consistency | Fatal    | <p>Inconsistent M0300F1_2 value: If the number of unhealed pressure ulcers unstageable due to slough or eschar at discharge (M0300F1_2) is equal to "Not assessed/no information" [-], then the subsequent item for unhealed pressure ulcers unstageable due to slough or eschar pressure ulcers at discharge (M0300F2_2) must be equal to "Not assessed/no information" [-].</p> Items:    M0300F1_2                      Nbr Unstg slough/eschar pressure ulcers: Dschrg<br>M0300F2_2                      Nbr Unstg S/E Disch PU were Adm Unstg S/E PU                                      |
| -5053 | Consistency | Fatal    | <p>Inconsistent M0300G1_2 value: If the number of unhealed pressure ulcers with suspected deep tissue injury at discharge (M0300G1_2) is equal to "Not assessed/no information" [-], then the subsequent item that was unstageable with suspected deep tissue injury at discharge (M0300G2_2) must be equal to "Not assessed/no information" [-].</p> Items:    M0300G1_2                      Nbr Unstg DTI pressure ulcers: Dschrg<br>M0300G2_2                      Nbr Unstg DTI Disch PU were Adm Unstg DTI PU  |

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**Unduplicated Edits Report by Edit ID**

| <b>ID</b>    | <b>Type</b>        | <b>Severity</b> | <b>Text/Items</b>   |
|--------------|--------------------|-----------------|---|
| <b>-5054</b> | <b>Consistency</b> | <b>Warning</b>  | <p>Entering a dash as a response to an Influenza Vaccination Quality Measure item may result in a payment reduction of two percentage points for the applicable FY annual increase factor. This edit for the Influenza Vaccination items only applies for an assessment covering one or more days during the October 1st through March 31st influenza season. That is, the edit only applies if the discharge date (Item 40) is on or after October 1 and the admission date (Item 12) is on or before March 31 of the subsequent year.</p> <p>Items:   O0250A                      Was influenza vaccine received<br/>                   O0250B                      Date influenza vaccine received<br/>                   O0250C                      If influenza vaccine not received, state reason</p>  |
| <b>-5055</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>C0100-C0600 Consistency:<br/>           a) If C0100=[0], then all items from C0200 through C0600 must be equal to [^].<br/>           b) If C0100=[1], then all items from C0200 through C0600 must not be equal to [^].<br/>           c) If C0100=[-], then all items from C0200 through C0500 must be equal to [-] and C0600 must equal [1,-].</p> <p>Items:   C0100                      Brief Interview - Mental Status (BIMS)<br/>                   C0200                      BIMS - Repetition of Three Words<br/>                   C0300A                      BIMS - Temporal Orientation - Year<br/>                   C0300B                      BIMS - Temporal Orientation - Month<br/>                   C0300C                      BIMS - Temporal Orientation - Day<br/>                   C0400A                      BIMS - Recalls Sock<br/>                   C0400B                      BIMS - Recalls Blue<br/>                   C0400C                      BIMS - Recalls Bed<br/>                   C0500                      BIMS - Summary Score<br/>                   C0600                      Conduct Staff Assessment - Mental Status</p>   |
| <b>-5056</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>BIMS Summary Score:<br/>           a) If all of the BIMS component items have numeric values (not dash) and if three or fewer of the BIMS component items are equal to [0], then C0500 must equal the sum of the values of the component items.<br/>           b) If all of the BIMS component items have numeric values (not dash) and if four or more of the BIMS component items are equal to [0], then C0500 must equal the sum of the values of the component items OR it must equal [99].<br/>           c) If some, but not all, of the BIMS component items have a value of [-], then C0500 must equal [99].<br/>           d) If all of the BIMS component items have a value of [-], then C0500 must equal [-].</p> <p>Items:   C0200                      BIMS - Repetition of Three Words<br/>                   C0300A                      BIMS - Temporal Orientation - Year<br/>                   C0300B                      BIMS - Temporal Orientation - Month<br/>                   C0300C                      BIMS - Temporal Orientation - Day<br/>                   C0400A                      BIMS - Recalls Sock<br/>                   C0400B                      BIMS - Recalls Blue<br/>                   C0400C                      BIMS - Recalls Bed<br/>                   C0500                      BIMS - Summary Score</p> |
| <b>-5057</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>C0600-C0900Z Consistency:<br/>           a) If C0600=[0], then all items from C0900A through C0900Z must be equal to [^].<br/>           b) If C0600=[^,1], then all items from C0900A through C0900Z must not be equal to [^].<br/>           c) If C0600=[-], then all items from C0900A through C0900Z must be equal to [-].</p> <p>Items:   C0600                      Conduct Staff Assessment - Mental Status<br/>                   C0900A                      Memory/Recall Ability - Current Season<br/>                   C0900B                      Memory/Recall Ability - Location Of Own Room</p>  |

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**Unduplicated Edits Report by Edit ID**

| ID    | Type        | Severity | Text/Items   |
|-------|-------------|----------|--|
|       |             |          | C0900C                      Memory/Recall Ability - Staff Names and Faces<br>C0900E                      Memory/Recall Ability - In Hospital unit<br>C0900Z                      Memory/Recall Ability - None Of The Above   |
| -5058 | Consistency | Fatal    | C0500/C0600 Consistency:<br>a) If C0500=[99,-], then C0600 must be equal to [1,-].<br>b) If C0500=[00-15], then C0600 must be equal to [0].<br>Items:    C0500                      BIMS - Summary Score<br>C0600                      Conduct Staff Assessment - Mental Status  |
| -5059 | Consistency | Fatal    | C0900 Consistency:<br>a) If C0900Z=[1], then all items from C0900A through C0900E must be equal to [0].<br>b) If C0900Z=[0], then at least one of the items C0900A through C0900E must be equal to [1].<br>c) If C0900Z=[-], then at least one item from C0900A through C0900E must equal [-] and all remaining items must equal [0,-].<br>Items:    C0900A                      Memory/Recall Ability - Current Season<br>C0900B                      Memory/Recall Ability - Location Of Own Room<br>C0900C                      Memory/Recall Ability - Staff Names and Faces<br>C0900E                      Memory/Recall Ability - In Hospital unit<br>C0900Z                      Memory/Recall Ability - None Of The Above  |
| -5060 | Consistency | Fatal    | GG0110 Consistency:<br>a) If GG0110Z=[1], then all items from GG0110A through GG0110E must be equal to [0].<br>b) If GG0110Z=[0], then at least one of the items GG0110A through GG0110E must be equal to [1].<br>c) If GG0110Z=[-], then at least one item from GG0110A through GG0110E must equal [-], and all remaining items must equal [0,-].<br>Items:    GG0110A                      Prior Device - Manual wheelchair<br>GG0110B                      Prior Device - Motorized wheelchair or scooter<br>GG0110C                      Prior Device - Mechanical lift<br>GG0110D                      Prior Device - Walker<br>GG0110E                      Prior Device - Orthotics/Prosthetics<br>GG0110Z                      Prior Device - None of the above  |
| -5061 | Consistency | Warning  | Self-Care and Mobility Discharge Goals: At least one of the Discharge Goal items (GG0130A2, GG0130B2, GG0130C2, GG0130E2, GG0130F2, GG0130G2, GG0130H2, GG0170A2, GG0170B2, GG0170C2, GG0170D2, GG0170E2, GG0170F2, GG0170G2, GG0170I2, GG0170J2, GG0170K2, GG0170L2, GG0170M2, GG0170N2, GG0170O2, GG0170P2, GG0170R2, GG0170S2) should be equal to [01,02,03,04,05,06]. Entering the dash [-] as the response to all of the Discharge Goal items may result in a payment reduction of two percentage points for the applicable FY annual increase factor.<br>Items:    GG0130A2                      Self-Care (Dschg Goal) - Eating<br>GG0130B2                      Self-Care (Dschg Goal) - Oral hygiene<br>GG0130C2                      Self-Care (Dschg Goal) - Toileting hygiene<br>GG0130E2                      Self-Care (Dschg Goal) - Shower/bathe self<br>GG0130F2                      Self-Care (Dschg Goal) - Upper Body Dressing<br>GG0130G2                      Self-Care (Dschg Goal) - Lower Body Dressing<br>GG0130H2                      Self-Care (Dschg Goal) - On/Off Footwear<br>GG0170A2                      Func Mobil (Dschg Goal) - Roll left and right<br>GG0170B2                      Func Mobil (Dschg Goal) - Sit to lying<br>GG0170C2                      Func Mobil (Dschg Goal) - Lying to sitting on side<br>GG0170D2                      Func Mobil (Dschg Goal) - Sit to stand<br>GG0170E2                      Func Mobil (Dschg Goal) - Chair/bed-to-chair trans |

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| ID    | Type        | Severity | Text/Items   |
|-------|-------------|----------|--|
|       |             |          | GG0170F2                      Func Mobil (Dschg Goal) - Toilet transfer<br>GG0170G2                      Func Mobil (Dschg Goal) - Car Transfer<br>GG0170I2                      Func Mobil (Dschg Goal) - Walk 10 feet<br>GG0170J2                      Func Mobil (Dschg Goal) - Walk 50 feet w/2 turns<br>GG0170K2                      Func Mobil (Dschg Goal) - Walk 150 feet<br>GG0170L2                      Func Mobil (Dschg Goal) - Walk 10 Ft Uneven Surf<br>GG0170M2                      Func Mobil (Dschg Goal) - 1 Step (Curb)<br>GG0170N2                      Func Mobil (Dschg Goal) - 4 Steps<br>GG0170O2                      Func Mobil (Dschg Goal) - 12 Steps<br>GG0170P2                      Func Mobil (Dschg Goal) - Picking Up Object<br>GG0170R2                      Func Mobil (Dschg Goal) - Wheel 50 feet w/2 turns<br>GG0170S2                      Func Mobil (Dschg Goal) - Wheel 150 feet   |
| -5062 | Consistency | Fatal    | <p>a) If GG0170H1=[0], then items GG0170I1, GG0170J1, GG0170K1, GG0170L1, GG0170M1, GG0170N1, GG0170O1, GG0170P1, GG0170I2, GG0170J2, GG0170K2, GG0170L2, GG0170M2, GG0170N2, GG0170O2, and GG0170P2 must be equal to [^].</p> <p>b) If GG0170H1=[1], then items GG0170I1, GG0170J1, GG0170K1, GG0170L1, GG0170M1, GG0170N1, GG0170O1, and GG0170P1 must be equal to [^], and items GG0170I2, GG0170J2, GG0170K2, GG0170L2, GG0170M2, GG0170N2, GG0170O2, and GG0170P2 must not be equal to [^].</p> <p>c) If GG0170H1=[2], then GG0170I1, GG0170J1, GG0170K1, GG0170L1, GG0170M1, GG0170N1, GG0170O1, GG0170P1, GG0170I2, GG0170J2, GG0170K2, GG0170L2, GG0170M2, GG0170N2, GG0170O2, and GG0170P2 must not be equal to [^].</p> <p>Items:    GG0170H1                      Does the patient walk (Adm)</p> <p>            GG0170I1                      Func Mobil (Adm Perf) - Walk 10 feet</p> <p>            GG0170I2                      Func Mobil (Dschg Goal) - Walk 10 feet</p> <p>            GG0170J1                      Func Mobil (Adm Perf) - Walk 50 feet w/2 turns</p> <p>            GG0170J2                      Func Mobil (Dschg Goal) - Walk 50 feet w/2 turns</p> <p>            GG0170K1                      Func Mobil (Adm Perf) - Walk 150 feet</p> <p>            GG0170K2                      Func Mobil (Dschg Goal) - Walk 150 feet</p> <p>            GG0170L1                      Func Mobil (Adm Perf) - Walk 10 Ft Uneven Surf</p> <p>            GG0170L2                      Func Mobil (Dschg Goal) - Walk 10 Ft Uneven Surf</p> <p>            GG0170M1                      Func Mobil (Adm Perf) - 1 Step (Curb)</p> <p>            GG0170M2                      Func Mobil (Dschg Goal) - 1 Step (Curb)</p> <p>            GG0170N1                      Func Mobil (Adm Perf) - 4 Steps</p> <p>            GG0170N2                      Func Mobil (Dschg Goal) - 4 Steps</p> <p>            GG0170O1                      Func Mobil (Adm Perf) - 12 Steps</p> <p>            GG0170O2                      Func Mobil (Dschg Goal) - 12 Steps</p> <p>            GG0170P1                      Func Mobil (Adm Perf) - Picking Up Object</p> <p>            GG0170P2                      Func Mobil (Dschg Goal) - Picking Up Object</p> |
| -5063 | Consistency | Fatal    | <p>If GG0170H1=[-], then items GG0170I1, GG0170I2, GG0170J1, GG0170J2, GG0170K1, GG0170K2, GG0170L1, GG0170L2, GG0170M1, GG0170M2, GG0170N1, GG0170N2, GG0170O1, GG0170O2, GG0170P1, and GG0170P2 must be equal to [-].</p> <p>Items:    GG0170H1                      Does the patient walk (Adm)</p> <p>            GG0170I1                      Func Mobil (Adm Perf) - Walk 10 feet</p> <p>            GG0170I2                      Func Mobil (Dschg Goal) - Walk 10 feet</p> <p>            GG0170J1                      Func Mobil (Adm Perf) - Walk 50 feet w/2 turns</p> <p>            GG0170J2                      Func Mobil (Dschg Goal) - Walk 50 feet w/2 turns</p> <p>            GG0170K1                      Func Mobil (Adm Perf) - Walk 150 feet</p> <p>            GG0170K2                      Func Mobil (Dschg Goal) - Walk 150 feet</p> <p>            GG0170L1                      Func Mobil (Adm Perf) - Walk 10 Ft Uneven Surf</p> <p>            GG0170L2                      Func Mobil (Dschg Goal) - Walk 10 Ft Uneven Surf</p> <p>            GG0170M1                      Func Mobil (Adm Perf) - 1 Step (Curb)</p>  |

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| ID    | Type        | Severity | Text/Items   |
|-------|-------------|----------|--|
|       |             |          | GG0170M2                      Func Mobil (Dschg Goal) - 1 Step (Curb)<br>GG0170N1                      Func Mobil (Adm Perf) - 4 Steps<br>GG0170N2                      Func Mobil (Dschg Goal) - 4 Steps<br>GG0170O1                      Func Mobil (Adm Perf) - 12 Steps<br>GG0170O2                      Func Mobil (Dschg Goal) - 12 Steps<br>GG0170P1                      Func Mobil (Adm Perf) - Picking Up Object<br>GG0170P2                      Func Mobil (Dschg Goal) - Picking Up Object  |
| -5064 | Consistency | Fatal    | <p>a) If GG0170H3=[0], then items GG0170I3, GG0170J3, GG0170K3, GG0170L3, GG0170M3, GG0170N3, GG0170O3 and GG0170P3 must be equal to [^].</p> <p>b) If GG0170H3=[2], then items GG0170I3, GG0170J3, GG0170K3, GG0170L3, GG0170M3, GG0170N3, GG0170O3 and GG0170P3 must not be equal to [^].</p> <p>c) If GG0170H3=[-], then items GG0170I3, GG0170J3, GG0170K3, GG0170L3, GG0170M3, GG0170N3, GG0170O3 and GG0170P3 must all be equal to [-].</p> <p>Items:    GG0170H3                      Does the patient walk (Dschg)</p> <p>            GG0170I3                      Func Mobil (Dschg Perf) - Walk 10 feet</p> <p>            GG0170J3                      Func Mobil (Dschg Perf) - Walk 50 feet w/2 turns</p> <p>            GG0170K3                      Func Mobil (Dschg Perf) - Walk 150 feet</p> <p>            GG0170L3                      Func Mobil (Dschg Perf) - Walk 10 Ft Uneven Surf</p> <p>            GG0170M3                      Func Mobil (Dschg Perf) - 1 Step (Curb)</p> <p>            GG0170N3                      Func Mobil (Dschg Perf) - 4 Steps</p> <p>            GG0170O3                      Func Mobil (Dschg Perf) - 12 Steps</p> <p>            GG0170P3                      Func Mobil (Dschg Perf) - Picking Up Object</p> |
| -5065 | Consistency | Fatal    | <p>a) If GG0170Q1=[0], then items GG0170R1, GG0170R2, G0170RR1, GG0170S1, GG0170S2, and GG0170SS1 must be equal to [^].</p> <p>b) If GG0170Q1=[1], then items GG0170R1, GG0170R2, G0170RR1, GG0170S1, GG0170S2, and GG0170SS1 must not be equal to [^].</p> <p>c) If GG0170Q1=[-], then items GG0170R1, GG0170R2, G0170RR1, GG0170S1, GG0170S2, and GG0170SS1 must be equal to [-].</p> <p>Items:    GG0170Q1                      Does the patient use a wheelchair/scooter (Adm)</p> <p>            GG0170R1                      Func Mobil (Adm Perf) - Wheel 50 feet w/2 turns</p> <p>            GG0170R2                      Func Mobil (Dschg Goal) - Wheel 50 feet w/2 turns</p> <p>            GG0170RR1                      Indicate the type of wheelchair/scooter (Adm)</p> <p>            GG0170S1                      Func Mobil (Adm Perf) - Wheel 150 feet</p> <p>            GG0170S2                      Func Mobil (Dschg Goal) - Wheel 150 feet</p> <p>            GG0170SS1                      Indicate the type of wheelchair/scooter (Adm)</p>   |
| -5066 | Consistency | Fatal    | <p>a) If GG0170Q3=[0], then items GG0170R3, G0170RR3, GG0170S3, and GG0170SS3 must be equal to [^].</p> <p>b) If GG0170Q3=[1], then items GG0170R3, G0170RR3, GG0170S3, and GG0170SS3 must not be equal to [^].</p> <p>c) If GG0170Q3=[-], then items GG0170R3, G0170RR3, GG0170S3, and GG0170SS3 must be equal to [-].</p> <p>Items:    GG0170Q3                      Does the patient use a wheelchair/scooter (Dschg)</p> <p>            GG0170R3                      Func Mobil (Dschg Perf) - Wheel 50 feet w/2 turns</p> <p>            GG0170RR3                      Indicate the type of wheelchair/scooter (Dschg)</p> <p>            GG0170S3                      Func Mobil (Dschg Perf) - Wheel 150 feet</p> <p>            GG0170SS3                      Indicate the type of wheelchair/scooter (Dschg)</p>  |

**Data Submission Specifications for the IRF-PAI (V2.00.1)**  
**Unduplicated Edits Report by Edit ID**

| <b>ID</b>    | <b>Type</b>        | <b>Severity</b> | <b>Text/Items</b>   |
|--------------|--------------------|-----------------|---|
| <b>-5067</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>a) If I7900=[1], then items I0900 and I2900 must be equal to [0].<br/> b) If I7900=[0], then at least one of items I0900 and I2900 must not be equal to [0].<br/> c) If I7900=[-], then at least one of items I0900 and I2900 must be equal to [-], and the other item must be equal to [0,-].</p> <p>Items: I0900 Diagnoses: Peripheral vascular disease (PVD)/PAD<br/> I2900 Diagnoses: Diabetes mellitus (DM)<br/> I7900 Diagnoses: None of the Above</p>   |
| <b>-5068</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>a) If J1800=[0], then all active items from J1900A through J1900C must be equal to [^].<br/> b) If J1800=[1], then all active items from J1900A through J1900C must not be equal to [^].<br/> c) If J1800=[-], then all active items from J1900A through J1900C must be equal to [-].</p> <p>Items: J1800 Any Falls Since Admission<br/> J1900A Num Falls Since Admission - No injury<br/> J1900B Num Falls Since Admission - Injury (except major)<br/> J1900C Num Falls Since Admission - Major injury</p> |
| <b>-5069</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>If M0300B1_2=[1-9], then one of the following must be true:<br/> a) M0300B2_2 must be equal to [-] OR<br/> b) M0300B2_2 must be equal to [0-9] and must be less than or equal to M0300B1_2.</p> <p>Items: M0300B1_2 Number of Stage 2 pressure ulcers: Discharge<br/> M0300B2_2 Nbr Disch Stg 2 PU were Adm Stg 2 PU</p>   |
| <b>-5070</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>If M0300C1_2=[1-9], then one of the following must be true:<br/> a) M0300C2_2 must be equal to [-] OR<br/> b) M0300C2_2 must be equal to [0-9] and must be less than or equal to M0300C1_2.</p> <p>Items: M0300C1_2 Number of Stage 3 pressure ulcers: Discharge<br/> M0300C2_2 Nbr Disch Stg 3 PU were Adm Stg 3 PU</p>   |
| <b>-5071</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>If M0300D1_2=[1-9], then one of the following must be true:<br/> a) M0300D2_2 must be equal to [-] OR<br/> b) M0300D2_2 must be equal to [0-9] and must be less than or equal to M0300D1_2.</p> <p>Items: M0300D1_2 Number of Stage 4 pressure ulcers: Discharge<br/> M0300D2_2 Nbr Disch Stg 4 PU were Adm Stg 4 PU</p>   |
| <b>-5072</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>If M0300E1_2=[1-9], then one of the following must be true:<br/> a) M0300E2_2 must be equal to [-] OR<br/> b) M0300E2_2 must be equal to [0-9] and must be less than or equal to M0300E1_2.</p> <p>Items: M0300E1_2 Nbr Unstg non-remov drsg pressure ulcers: Dschrg<br/> M0300E2_2 Nbr Unstg NRD Disch PU were Adm Unstg NRD PU</p>   |
| <b>-5073</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>If M0300F1_2=[1-9], then one of the following must be true:<br/> a) M0300F2_2 must be equal to [-] OR<br/> b) M0300F2_2 must be equal to [0-9] and must be less than or equal to M0300F1_2.</p> <p>Items: M0300F1_2 Nbr Unstg slough/eschar pressure ulcers: Dschrg<br/> M0300F2_2 Nbr Unstg S/E Disch PU were Adm Unstg S/E PU</p>  |



**Data Submission Specifications for the IRF-PAI (V2.00.1)**  
**Unduplicated Edits Report by Edit ID**

| <b>ID</b>    | <b>Type</b>        | <b>Severity</b> | <b>Text/Items</b>   |
|--------------|--------------------|-----------------|---|
| <b>-5074</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>a) If M0300B1_2=[0-9], then if M0800A is active it must equal [0,1,2,3,4,5,6,7,8,9,-].</p> <p>b) If M0300B1_2=[-], then if M0800A is active it must equal [-].</p> <p>c) If M0300B1_2=[0-9] and M0800A=[0-9], then the value of M0800A must be less than or equal to the value of M0300B1_2.</p> <p>Items:    M0300B1_2                      Number of Stage 2 pressure ulcers: Discharge</p> <p>                 M0800A                      Worsened: Stage 2 pressure ulcers</p>                  |
| <b>-5075</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>a) If M0300C1_2=[0-9], then if M0800B is active it must equal [0,1,2,3,4,5,6,7,8,9,-].</p> <p>b) If M0300C1_2=[-], then if M0800B is active it must equal [-].</p> <p>c) If M0300C1_2=[0-9] and M0800B=[0-9], then the value of M0800B must be less than or equal to the value of M0300C1_2.</p> <p>Items:    M0300C1_2                      Number of Stage 3 pressure ulcers: Discharge</p> <p>                 M0800B                      Worsened: Stage 3 pressure ulcers</p>                  |
| <b>-5076</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>a) If M0300D1_2=[0-9], then if M0800C is active it must equal [0,1,2,3,4,5,6,7,8,9,-].</p> <p>b) If M0300D1_2=[-], then if M0800C is active it must equal [-].</p> <p>c) If M0300D1_2=[0-9] and M0800C=[0-9], then the value of M0800C must be less than or equal to the value of M0300D1_2.</p> <p>Items:    M0300D1_2                      Number of Stage 4 pressure ulcers: Discharge</p> <p>                 M0800C                      Worsened: Stage 4 pressure ulcers</p>                  |
| <b>-5077</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>a) If M0300E1_2=[0-9], then if M0800D is active it must equal [0,1,2,3,4,5,6,7,8,9,-].</p> <p>b) If M0300E1_2=[-], then if M0800D is active it must equal [-].</p> <p>c) If M0300E1_2=[0-9] and M0800D=[0-9], then the value of M0800D must be less than or equal to the value of M0300E1_2.</p> <p>Items:    M0300E1_2                      Nbr Unstg non-remov drsg pressure ulcers: Dschrg</p> <p>                 M0800D                      Worsened: Unstageable - Non-removable dressing</p> |
| <b>-5078</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>a) If M0300F1_2=[0-9], then if M0800E is active it must equal [0,1,2,3,4,5,6,7,8,9,-].</p> <p>b) If M0300F1_2=[-], then if M0800E is active it must equal [-].</p> <p>c) If M0300F1_2=[0-9] and M0800E=[0-9], then the value of M0800E must be less than or equal to the value of M0300F1_2.</p> <p>Items:    M0300F1_2                      Nbr Unstg slough/eschar pressure ulcers: Dschrg</p> <p>                 M0800E                      Worsened: Unstageable - Slough and/or eschar</p>    |
| <b>-5079</b> | <b>Consistency</b> | <b>Fatal</b>    | <p>a) If M0300G1_2=[0-9], then if M0800F is active it must equal [0,1,2,3,4,5,6,7,8,9,-].</p> <p>b) If M0300G1_2=[-], then if M0800F is active it must equal [-].</p> <p>c) If M0300G1_2=[0-9] and M0800F=[0-9], then the value of M0800F must be less than or equal to the value of M0300G1_2.</p> <p>Items:    M0300G1_2                      Nbr Unstg DTI pressure ulcers: Dschrg</p> <p>                 M0800F                      Worsened: Unstageable - Deep tissue injury</p>                |