

Data Submission Specifications for the IRF-PAI (V2.01.1)

Unduplicated Edits Report by Edit ID

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| -5010 | Consistency Fatal | 22 |
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| -5059 | Consistency Fatal | 27 |
| -5060 | Consistency Fatal | 28 |
| -5061 | Consistency Warning | 28 |
| -5062 | Consistency Fatal | 29 |
| -5063 | Consistency Fatal | 29 |
| -5064 | Consistency Fatal | 30 |
| -5065 | Consistency Fatal | 30 |
| -5066 | Consistency Fatal | 30 |
| -5067 | Consistency Fatal | 30 |
| -5068 | Consistency Fatal | 31 |
| -5069 | Consistency Fatal | 31 |
| -5070 | Consistency Fatal | 31 |
| -5071 | Consistency Fatal | 31 |
| -5072 | Consistency Fatal | 31 |
| -5073 | Consistency Fatal | 31 |
| -5074 | Consistency Fatal | 31 |
| -5075 | Consistency Fatal | 32 |
| -5076 | Consistency Fatal | 32 |
| -5077 | Consistency Fatal | 32 |
| -5078 | Consistency Fatal | 32 |
| -5079 | Consistency Fatal | 32 |

Data Submission Specifications for the IRF-PAI (V2.01.1)

Unduplicated Edits Report by Edit ID

| ID | Type | Severity | Text/Items | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|--|----------|--|-----|--------|-----|--------|---------|--|---------|--|---------|---|---------|--|---------|--|---------|--|---------|---|---------|--|---------|---|---------|---|---------|------------------------------------|---------|---|---------|--|---------|--|---------|---|---------|--|---------|--|---------|--|---------|---|---------|--|---------|---|---------|---|---------|------------------------------------|---------|---|-------|----------------------|-----------|--|-----------|--|-----------|--|-----------|--|-----------|--------------------------------------|-----------|--|-----------|--|
| -1001 | Format | Fatal | <p>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.</p> <p>Items: FAC_ID Facility ID</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -1002 | Consistency | Fatal | <p>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.</p> <p>Items: TRANS_TYPE_CD Transaction Type Code</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -1004 | Format | Fatal | <p>Formatting of Whole Number Items:</p> <p>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.</p> <p>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].</p> <p>Items:</p> <table><tr><td>25A</td><td>Height</td></tr><tr><td>26A</td><td>Weight</td></tr><tr><td>O0401AA</td><td>Physical Therapy - Individual Minutes Week 1</td></tr><tr><td>O0401AB</td><td>Physical Therapy - Concurrent Minutes Week 1</td></tr><tr><td>O0401AC</td><td>Physical Therapy - Group Minutes Week 1</td></tr><tr><td>O0401AD</td><td>Physical Therapy - Co-treatment Minutes Week 1</td></tr><tr><td>O0401BA</td><td>Occupational Therapy - Individual Minutes Week 1</td></tr><tr><td>O0401BB</td><td>Occupational Therapy - Concurrent Minutes Week 1</td></tr><tr><td>O0401BC</td><td>Occupational Therapy - Group Minutes Week 1</td></tr><tr><td>O0401BD</td><td>Occupational Therapy - Co-treatment Minutes Week 1</td></tr><tr><td>O0401CA</td><td>SLP Therapy - Individual Minutes Week 1</td></tr><tr><td>O0401CB</td><td>SLP Therapy - Concurrent Minutes Week 1</td></tr><tr><td>O0401CC</td><td>SLP Therapy - Group Minutes Week 1</td></tr><tr><td>O0401CD</td><td>SLP Therapy - Co-treatment Minutes Week 1</td></tr><tr><td>O0402AA</td><td>Physical Therapy - Individual Minutes Week 2</td></tr><tr><td>O0402AB</td><td>Physical Therapy - Concurrent Minutes Week 2</td></tr><tr><td>O0402AC</td><td>Physical Therapy - Group Minutes Week 2</td></tr><tr><td>O0402AD</td><td>Physical Therapy - Co-treatment Minutes Week 2</td></tr><tr><td>O0402BA</td><td>Occupational Therapy - Individual Minutes Week 2</td></tr><tr><td>O0402BB</td><td>Occupational Therapy - Concurrent Minutes Week 2</td></tr><tr><td>O0402BC</td><td>Occupational Therapy - Group Minutes Week 2</td></tr><tr><td>O0402BD</td><td>Occupational Therapy - Co-treatment Minutes Week 2</td></tr><tr><td>O0402CA</td><td>SLP Therapy - Individual Minutes Week 2</td></tr><tr><td>O0402CB</td><td>SLP Therapy - Concurrent Minutes Week 2</td></tr><tr><td>O0402CC</td><td>SLP Therapy - Group Minutes Week 2</td></tr><tr><td>O0402CD</td><td>SLP Therapy - Co-treatment Minutes Week 2</td></tr><tr><td>C0500</td><td>BIMS - Summary Score</td></tr><tr><td>M0300A1_1</td><td>Number of Stage 1 pressure ulcers: Admission</td></tr><tr><td>M0300A1_2</td><td>Number of Stage 1 pressure ulcers: Discharge</td></tr><tr><td>M0300B1_1</td><td>Number of Stage 2 pressure ulcers: Admission</td></tr><tr><td>M0300B1_2</td><td>Number of Stage 2 pressure ulcers: Discharge</td></tr><tr><td>M0300B2_2</td><td>Nbr Disch Stg 2 PU were Adm Stg 2 PU</td></tr><tr><td>M0300C1_1</td><td>Number of Stage 3 pressure ulcers: Admission</td></tr><tr><td>M0300C1_2</td><td>Number of Stage 3 pressure ulcers: Discharge</td></tr></table> | 25A | Height | 26A | Weight | 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 | C0500 | BIMS - Summary Score | 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 |
| 25A | Height | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26A | Weight | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C0500 | BIMS - Summary Score | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| ID | Type | Severity | Text/Items |
|-------|--------|----------|---|
| | | | 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 M0300E2_2 Nbr Unstg NRD Disch PU were Adm Unstg NRD PU M0300F1_1 Nbr Unstg slough/eschar pressure ulcers: Adm M0300F1_2 Nbr Unstg slough/eschar pressure ulcers: Dschrg M0300F2_2 Nbr Unstg S/E Disch PU were Adm Unstg S/E PU M0300G1_1 Nbr Unstg DTI pressure ulcers: Adm M0300G1_2 Nbr Unstg DTI pressure ulcers: Dschrg M0300G2_2 Nbr Unstg DTI Disch PU were Adm Unstg DTI PU M0800A Worsened: Stage 2 pressure ulcers M0800B Worsened: Stage 3 pressure ulcers M0800C Worsened: Stage 4 pressure ulcers M0800D Worsened: Unstageable - Non-removable dressing M0800E Worsened: Unstageable - Slough and/or eschar M0800F Worsened: Unstageable - Deep tissue injury M0900A1 Number of Stage 1 Healed Pressure Ulcers Items: M0900B Number of Stage 2 Healed Pressure Ulcers M0900C Number of Stage 3 Healed Pressure Ulcers M0900D Number of Stage 4 Healed Pressure Ulcers |
| -1006 | Format | Fatal | 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]. Items: 1B CMS Certification Number (CCN) 2 Patient Medicare Number 3 Patient Medicaid Number |
| -1007 | Format | Fatal | 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]. Items: FAC_ZIP Facility ZIP Code FAC_PHONE Facility Contact Person Phone FAC_EXTEN Facility Contact Person Phone Extension SFTWR_VNDR_ID Software Vendor EIN 7 Social Security Number (SSN) |
| -1008 | Format | Fatal | 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), [&] (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. Items: FAC_ADDR_1 Facility Address Line 1 FAC_ADDR_2 Facility Address Line 2 FAC_CITY Facility City FAC_CNTCT Facility Contact Person Name SFTWR_VNDR_NAME Software Vendor Name SFTWR_PROD_NAME Software Product Name SFTWR_PROD_VRSN_CD Software Product Version Code 1A Facility Name |

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Unduplicated Edits Report by Edit ID

| ID | Type | Severity | Text/Items | |
|-------|--------|----------|---|---|
| | | | 4 | Patient First Name |
| | | | 5A | Patient Last Name |
| -1010 | Format | Fatal | Invalid Data Value: The submitted value for this item is not in the valid range of acceptable values. | |
| | | | 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 |
| | | | 29A | Bladder Level of Assistance: Admission |
| | | | 29D | Bladder Level of Assistance: Discharge |
| | | | 30A | Bladder Frequency of Accidents: Admission |
| | | | 30D | Bladder Frequency of Accidents: Discharge |
| | | | Items: 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 |

Data Submission Specifications for the IRF-PAI (V2.01.1)

Unduplicated Edits Report by Edit ID

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

Data Submission Specifications for the IRF-PAI (V2.01.1)

Unduplicated Edits Report by Edit ID

| ID | Type | Severity | Text/Items |
|----|------|----------|--|
| | | | 39RA Social Cognition -Memory: Admission |
| | | | 39RD Social Cognition -Memory: Discharge |
| | | | 39RG Social Cognition -Memory: Goal |
| | | | 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 |
| | | | Items: 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 |

Data Submission Specifications for the IRF-PAI (V2.01.1)

Unduplicated Edits Report by Edit ID

| ID | Type | Severity | Text/Items |
|----|------|----------|---|
| | | | Items: 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 |
| | | | 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 |
| | | | Items: 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 |

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Unduplicated Edits Report by Edit ID

| ID | Type | Severity | Text/Items |
|----|------|----------|--|
| | | | 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 |
| | | | 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 |
| | | Items: | 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 |

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Unduplicated Edits Report by Edit ID

| ID | Type | Severity | Text/Items |
|-------|-------------|----------|--|
| | | | 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 M0300E2_2 Nbr Unstg NRD Disch PU were Adm Unstg NRD PU M0300F1_1 Nbr Unstg slough/eschar pressure ulcers: Adm M0300F1_2 Nbr Unstg slough/eschar pressure ulcers: Dschrg M0300F2_2 Nbr Unstg S/E Disch PU were Adm Unstg S/E PU M0300G1_1 Nbr Unstg DTI pressure ulcers: Adm M0300G1_2 Nbr Unstg DTI pressure ulcers: Dschrg M0300G2_2 Nbr Unstg DTI Disch PU were Adm Unstg DTI PU M0800A Worsened: Stage 2 pressure ulcers M0800B Worsened: Stage 3 pressure ulcers M0800C Worsened: Stage 4 pressure ulcers M0800D Worsened: Unstageable - Non-removable dressing Items: M0800E Worsened: Unstageable - Slough and/or eschar M0800F Worsened: Unstageable - Deep tissue injury M0900A1 Number of Stage 1 Healed Pressure Ulcers M0900B Number of Stage 2 Healed Pressure Ulcers M0900C Number of Stage 3 Healed Pressure Ulcers M0900D Number of Stage 4 Healed Pressure Ulcers O0100N Total Parenteral Nutrition O0250A Was influenza vaccine received O0250C If influenza vaccine not received, state reason |
| -1011 | Consistency | Fatal | 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. Items: CORRECTION_NUM Correction Number |
| -1012 | Format | Fatal | Formatting of Birthdate: 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". 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". 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". Items: 6 Birth Date |
| -1014 | Consistency | Fatal | Required Item Is blank: The value for this item is blank. Update the value in your IRF-PAI encoding software and resubmit the record. Items: FAC_ADDR_1 Facility Address Line 1 FAC_CITY Facility City FAC_CNTCT Facility Contact Person Name |

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Unduplicated Edits Report by Edit ID

| ID | Type | Severity | Text/Items |
|-------|-------------|----------|--|
| | | | <div>SFTWR_VNDR_ID Software Vendor EIN</div> <div>SFTWR_VNDR_NAME Software Vendor Name</div> <div>SFTWR_VNDR_EMAIL_ADR Software Vendor Email Address</div> <div>1A Facility Name</div> <div>1B CMS Certification Number (CCN)</div> <div>4 Patient First Name</div> <div>5A Patient Last Name</div> <div>22A Etiologic Diagnosis Code A (ICD Code)</div> |
| -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</p> <p>FAC_ADDR_2 Facility Address Line 2</p> <p>FAC_CITY Facility City</p> <p>FAC_ZIP Facility ZIP Code</p> <p>FAC_PHONE Facility Contact Person Phone</p> <p>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</p> <p>5A Patient Last Name</p> <p>6 Birth Date</p> <p>7 Social Security Number (SSN)</p> <p>8 Gender</p> <p>9A Race: American Indian/Alaskan Native</p> <p>9B Race: Asian</p> <p>9C Race: Black or African American</p> <p>9D Ethnicity: Hispanic or Latino</p> <p>9E Race: Native Hawaiian or other Pacific Islander</p> <p>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> |

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Unduplicated Edits Report by Edit ID

| ID | Type | Severity | Text/Items | |
|-------|-------------|----------|---|---------------------------------|
| | | | Items: 2 | Patient Medicare Number |
| -1038 | Consistency | Fatal | 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]. | |
| | | | Items: 20A | Primary Payment Source |
| | | | 20B | Secondary Payment Source |
| -1044 | Consistency | Fatal | 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. | |
| | | | Items: 20A | Primary Payment Source |
| | | | 20B | Secondary Payment Source |
| -1045 | Format | Fatal | Invalid date: The date listed must be a valid date in YYYYMMDD format or one of the special allowed values. | |
| | | | Items: 12 | Admission Date |
| | | | 13 | Assessment Reference Date |
| | | | 23 | Date of Onset |
| | | | 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 |
| | | | O0250B | Date influenza vaccine received |
| -1046 | Consistency | Fatal | Date Too Old: This date is more than 140 years in the past. This date cannot be more than 140 years in the past. | |
| | | | Items: 6 | Birth Date |
| -1047 | Consistency | Fatal | Dates Out of Order: The submitted dates are out of order or in the future. These dates must occur chronologically as follows: Birth Date (6) <= Date of Onset (23) <= Admission Date (12) <= Assessment Reference Date (13) <= Discharge Date (40) <= Submission Date (SUBMISSION_DATE) | |
| | | | Items: 6 | Birth Date |
| | | | 12 | Admission Date |
| | | | 13 | Assessment Reference Date |
| | | | 23 | Date of Onset |
| | | | 40 | Discharge Date |
| | | | SUBMISSION_DATE | Submission Date |
| -1053 | Consistency | Fatal | Inconsistent Admission date: Admission Date (12) should be later than 1980. | |
| | | | Items: 12 | Admission Date |
| -1055 | Consistency | Fatal | Failed CMG Calculation: 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. | |

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Unduplicated Edits Report by Edit ID

| ID | Type | Severity | Text/Items |
|-------|-------------|----------|--|
| | | | Items: SBMTD_CMG_TXT Submitted CMG Code |
| -1056 | Consistency | Warning | Inconsistent CMG_CODE/CMG_VERSION: The submitted CMG_CODE/CMG_VERSION must match the corresponding calculated values. Items: SBMTD_CMG_TXT Submitted CMG Code SBMTD_CMG_VRSN_TXT Submitted CMG Version Code |
| -1057 | Consistency | Warning | 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. Items: SBMTD_CMG_TXT Submitted CMG Code |
| -1060 | Consistency | Warning | Inconsistent 12/13: The Assessment Reference Date (13) usually must be two days later than the Admission Date (12). Items: 12 Admission Date 13 Assessment Reference Date |
| -1071 | Consistency | Fatal | 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. Items: FAC_ID Facility ID |
| -1072 | Consistency | Warning | 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. Items: 40 Discharge Date |
| -1100 | Format | Fatal | 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 ^. Other formatting rules are as follows: a) Character 1 must be alphabetic. b) Character 2 must be numeric [0-9]. c) Character 3 must be numeric [0-9] or alphabetic [A-Z,a-z]. d) Character 4 must be a decimal point. e) Characters 5 through 8 must be numeric [0-9], alphabetic [A-Z,a-z], or caret [^]. f) If any character 5 through 8 is equal to [^], all subsequent characters must equal [^]. Items: 22A Etiologic Diagnosis Code A (ICD Code) 22B Etiologic Diagnosis Code B (ICD Code) 22C Etiologic Diagnosis Code C (ICD Code) 24A Comorbid Condition 1 (ICD Code) 24B Comorbid Condition 2 (ICD Code) 24C Comorbid Condition 3 (ICD Code) 24D Comorbid Condition 4 (ICD Code) 24E Comorbid Condition 5 (ICD Code) 24F Comorbid Condition 6 (ICD Code) 24G Comorbid Condition 7 (ICD Code) 24H Comorbid Condition 8 (ICD Code) 24I Comorbid Condition 9 (ICD Code) 24J Comorbid Condition 10 (ICD Code) |

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Unduplicated Edits Report by Edit ID

| ID | Type | Severity | Text/Items |
|-------|-------------|----------|---|
| | | | <div>24K Comorbid Condition 11 (ICD Code)</div> <div>24L Comorbid Condition 12 (ICD Code)</div> <div>24M Comorbid Condition 13 (ICD Code)</div> <div>24N Comorbid Condition 14 (ICD Code)</div> <div>24O Comorbid Condition 15 (ICD Code)</div> <div>Items: 24P Comorbid Condition 16 (ICD Code)</div> <div>24Q Comorbid Condition 17 (ICD Code)</div> <div>24R Comorbid Condition 18 (ICD Code)</div> <div>24S Comorbid Condition 19 (ICD Code)</div> <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> |

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Unduplicated Edits Report by Edit ID

| ID | Type | Severity | Text/Items |
|-------|-------------|----------|--|
| | | | <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>Items: 9F Race: White</div> |
| -1108 | Format | Fatal | <p>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].</p> <div>Items: 7 Social Security Number (SSN)</div> |
| -1109 | Consistency | Fatal | <p>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" [^].</p> <div>Items: 2 Patient Medicare Number</div> <div>20A Primary Payment Source</div> <div>20B Secondary Payment Source</div> |
| -1110 | Consistency | Fatal | <p>Inconsistent 33A/34A values: One of the admission transfer items must be scored. The other must be skipped with value of [^].</p> <div>Items: 33A Tub Transfer: Admission</div> <div>34A Shower Transfer: Admission</div> |
| -1111 | Consistency | Fatal | <p>Inconsistent 33D/34D values: One of the discharge transfer items must be scored. The other must be skipped with value of [^].</p> <div>Items: 33D Tub Transfer: Discharge</div> <div>34D Shower Transfer: Discharge</div> |
| -1112 | Consistency | Fatal | <p>Inconsistent Comorbid Condition ICD codes. For the items 24A through 24Y, if a comorbid condition item is "No information" [^], then the next comorbid item in the list must be "No information" [^].</p> <div>Items: 24A Comorbid Condition 1 (ICD Code)</div> <div>24B Comorbid Condition 2 (ICD Code)</div> <div>24C Comorbid Condition 3 (ICD Code)</div> <div>24D Comorbid Condition 4 (ICD Code)</div> <div>24E Comorbid Condition 5 (ICD Code)</div> <div>24F Comorbid Condition 6 (ICD Code)</div> <div>24G Comorbid Condition 7 (ICD Code)</div> <div>24H Comorbid Condition 8 (ICD Code)</div> <div>24I Comorbid Condition 9 (ICD Code)</div> <div>24J Comorbid Condition 10 (ICD Code)</div> <div>24K Comorbid Condition 11 (ICD Code)</div> <div>24L Comorbid Condition 12 (ICD Code)</div> <div>24M Comorbid Condition 13 (ICD Code)</div> <div>24N Comorbid Condition 14 (ICD Code)</div> <div>24O Comorbid Condition 15 (ICD Code)</div> <div>24P Comorbid Condition 16 (ICD Code)</div> <div>24Q Comorbid Condition 17 (ICD Code)</div> <div>24R Comorbid Condition 18 (ICD Code)</div> <div>24S Comorbid Condition 19 (ICD Code)</div> <div>24T Comorbid Condition 20 (ICD Code)</div> |

Data Submission Specifications for the IRF-PAI (V2.01.1)

Unduplicated Edits Report by Edit ID

| ID | Type | Severity | Text/Items |
|-------|-------------|----------|---|
| | | | <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> |
| -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> <p>Items: 47A Complication during rehab stay 1 (ICD Code)</p> <p>47B Complication during rehab stay 2 (ICD Code)</p> <p>47C Complication during rehab stay 3 (ICD Code)</p> <p>47D Complication during rehab stay 4 (ICD Code)</p> <p>47E Complication during rehab stay 5 (ICD Code)</p> <p>47F Complication during rehab stay 6 (ICD Code)</p> |
| -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) <=</p> <p>1st Interruption Date (43A) <=</p> <p>1st Return Date (43B) <=</p> <p>2nd Interruption Date (43C) <=</p> <p>2nd Return Date (43D) <=</p> <p>3rd Interruption Date (43E) <=</p> <p>3rd Return Date (43F) <=</p> <p>Discharge Date (40)</p> <p>Items: 12 Admission Date</p> <p>40 Discharge Date</p> <p>43A 1st Interruption Date</p> <p>43B 1st Return Date</p> <p>43C 2nd Interruption Date</p> <p>43D 2nd Return Date</p> <p>43E 3rd Interruption Date</p> <p>43F 3rd Return Date</p> |
| -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> <p>Items: 42 Program Interruption(s) Indicator</p> <p>43A 1st Interruption Date</p> <p>43B 1st Return Date</p> <p>43C 2nd Interruption Date</p> <p>43D 2nd Return Date</p> <p>43E 3rd Interruption Date</p> <p>43F 3rd Return Date</p> |
| -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> <p>Items: 42 Program Interruption(s) Indicator</p> <p>43A 1st Interruption Date</p> |
| -1117 | Consistency | Fatal | <p>Inconsistent Program Interruption Dates: For the dates listed, if a date in the list is "No</p> |

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Unduplicated Edits Report by Edit ID

| ID | Type | Severity | Text/Items |
|-------|-------------|----------|--|
| | | | information" [^], then the next date must also be "No information" [^]. 1st Interruption Date (43A) 1st Return Date (43B) 2nd Interruption Date (43C) 2nd Return Date (43D) 3rd Interruption Date (43E) 3rd Return Date (43F) 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 | 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" [^]. 1st Interruption Date (43A) and 1st Return Date (43B) 2nd Interruption Date (43C) and 2nd Return Date (43D) 3rd Interruption Date (43E) and 3rd Return Date (43F) 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 |
| -1127 | Consistency | Fatal | ICD-10-CM Codes Not Allowed: This item cannot contain the following ICD-10-CM codes: V00.01 through Y99.9 Items: 22A Etiologic Diagnosis Code A (ICD Code) 22B Etiologic Diagnosis Code B (ICD Code) 22C Etiologic Diagnosis Code C (ICD Code) |
| -1128 | Consistency | Fatal | Inconsistent Etiologic Diagnosis ICD codes. If Item 22B is "No information" [^], then Item 22C must be "No information" [^]. Items: 22B Etiologic Diagnosis Code B (ICD Code) 22C Etiologic Diagnosis Code C (ICD Code) |
| -1129 | Format | Warning | 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. Items: ITM_SET_VRSN_CD IRF-PAI item Set Version SPEC_VRSN_CD Specifications version code |
| -1130 | Format | Fatal | Incorrect Medicare Number or Medicare Beneficiary Identifier (MBI): This item must conform to one of two possible formats, as defined below: 1) MBI format: The MBI shall be eleven characters in length. The first character must be numeric, excluding zero (0). The second, fifth, eighth and ninth characters must be alphabetic, excluding the following letters: S, L, O, I, B, and Z. The fourth, seventh, tenth and eleventh characters must be numeric. The third and sixth characters must be alphabetic (excluding S, L, O, I, B, and Z) or numeric. 2) Medicare Number format: 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 |

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Unduplicated Edits Report by Edit ID

| ID | Type | Severity | Text/Items |
|-------|-------------|----------|--|
| | | | insurance number), then there must be 1, 2, or 3 alphabetic characters followed by 6 or 9 numbers. |
| | | | Items: 2 Patient Medicare Number |
| -5004 | Consistency | Warning | <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 26A Weight 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 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 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</p> |

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Unduplicated Edits Report by Edit ID

| ID | Type | Severity | Text/Items |
|----|------|----------|---|
| | | | 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 |
| | | Items: | 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 |
| | | | 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 |
| | | | 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 |
| | | | 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 |
| | | | M0300B1_1 Number of Stage 2 pressure ulcers: Admission |
| | | | M0300B1_2 Number of Stage 2 pressure ulcers: Discharge |
| | | | M0300C1_1 Number of Stage 3 pressure ulcers: Admission |
| | | | M0300C1_2 Number of Stage 3 pressure ulcers: Discharge |
| | | | M0300D1_1 Number of Stage 4 pressure ulcers: Admission |

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| ID | Type | Severity | Text/Items |
|-------|-------------|----------|--|
| | | | M0300D1_2 Number of Stage 4 pressure ulcers: Discharge M0300E1_1 Nbr Unstg non-remov drsg pressure ulcers: Adm M0300F1_1 Nbr Unstg slough/eschar pressure ulcers: Adm M0300G1_1 Nbr Unstg DTI pressure ulcers: Adm Items: M0800A Worsened: Stage 2 pressure ulcers M0800B Worsened: Stage 3 pressure ulcers M0800C Worsened: Stage 4 pressure ulcers 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 M0300A1_1 Number of Stage 1 pressure ulcers: Admission M0300B1_1 Number of Stage 2 pressure ulcers: Admission M0300C1_1 Number of Stage 3 pressure ulcers: Admission M0300D1_1 Number of Stage 4 pressure ulcers: Admission M0300E1_1 Nbr Unstg non-remov drsg pressure ulcers: Adm M0300F1_1 Nbr Unstg slough/eschar pressure ulcers: Adm M0300G1_1 Nbr Unstg DTI pressure ulcers: Adm</p> |
| -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 M0300A1_2 Number of Stage 1 pressure ulcers: Discharge M0300B1_2 Number of Stage 2 pressure ulcers: Discharge M0300B2_2 Nbr Disch Stg 2 PU were Adm Stg 2 PU M0300C1_2 Number of Stage 3 pressure ulcers: Discharge M0300C2_2 Nbr Disch Stg 3 PU were Adm Stg 3 PU M0300D1_2 Number of Stage 4 pressure ulcers: Discharge M0300D2_2 Nbr Disch Stg 4 PU were Adm Stg 4 PU M0300E1_2 Nbr Unstg non-remov drsg pressure ulcers: Dschrg M0300E2_2 Nbr Unstg NRD Disch PU were Adm Unstg NRD PU M0300F1_2 Nbr Unstg slough/eschar pressure ulcers: Dschrg M0300F2_2 Nbr Unstg S/E Disch PU were Adm Unstg S/E PU M0300G1_2 Nbr Unstg DTI pressure ulcers: Dschrg M0300G2_2 Nbr Unstg DTI Disch PU were Adm Unstg DTI PU M0800A Worsened: Stage 2 pressure ulcers M0800B Worsened: Stage 3 pressure ulcers M0800C Worsened: Stage 4 pressure ulcers M0800D Worsened: Unstageable - Non-removable dressing M0800E Worsened: Unstageable - Slough and/or eschar 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</p> |

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| ID | Type | Severity | Text/Items | |
|-------|-------------|----------|--|---------------------------------|
| | | | 40 | Discharge Date |
| | | | O0250B | Date influenza vaccine received |
| -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 M0300A1_1 Number of Stage 1 pressure ulcers: Admission M0300B1_1 Number of Stage 2 pressure ulcers: Admission M0300C1_1 Number of Stage 3 pressure ulcers: Admission M0300D1_1 Number of Stage 4 pressure ulcers: Admission M0300E1_1 Nbr Unstg non-remov drsg pressure ulcers: Adm M0300F1_1 Nbr Unstg slough/eschar pressure ulcers: Adm M0300G1_1 Nbr Unstg DTI pressure ulcers: Adm</p> | |
| -5011 | Consistency | Fatal | <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 M0300A1_2 Number of Stage 1 pressure ulcers: Discharge M0300B1_2 Number of Stage 2 pressure ulcers: Discharge M0300C1_2 Number of Stage 3 pressure ulcers: Discharge M0300D1_2 Number of Stage 4 pressure ulcers: Discharge M0300E1_2 Nbr Unstg non-remov drsg pressure ulcers: Dschrg M0300F1_2 Nbr Unstg slough/eschar pressure ulcers: Dschrg M0300G1_2 Nbr Unstg DTI pressure ulcers: Dschrg M0800A Worsened: Stage 2 pressure ulcers M0800B Worsened: Stage 3 pressure ulcers M0800C Worsened: Stage 4 pressure ulcers M0800D Worsened: Unstageable - Non-removable dressing M0800E Worsened: Unstageable - Slough and/or eschar M0800F Worsened: Unstageable - Deep tissue injury</p> | |
| -5013 | Consistency | Fatal | <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 M0900A1 Number of Stage 1 Healed Pressure Ulcers M0900B Number of Stage 2 Healed Pressure Ulcers M0900C Number of Stage 3 Healed Pressure Ulcers M0900D Number of Stage 4 Healed Pressure Ulcers</p> | |
| -5016 | Consistency | Fatal | <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 M0300B2_2 Nbr Disch Stg 2 PU were Adm Stg 2 PU</p> | |
| -5017 | Consistency | Fatal | <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> | |

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Unduplicated Edits Report by Edit ID

| ID | Type | Severity | Text/Items |
|-------|-------------|----------|---|
| | | | Items: M0300B1_2 Number of Stage 2 pressure ulcers: Discharge M0300B2_2 Nbr Disch Stg 2 PU were Adm Stg 2 PU |
| -5018 | Consistency | Fatal | <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> Items: M0300C1_2 Number of Stage 3 pressure ulcers: Discharge M0300C2_2 Nbr Disch Stg 3 PU were Adm Stg 3 PU |
| -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> Items: M0300C1_2 Number of Stage 3 pressure ulcers: Discharge M0300C2_2 Nbr Disch Stg 3 PU were Adm Stg 3 PU |
| -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> Items: M0300D1_2 Number of Stage 4 pressure ulcers: Discharge M0300D2_2 Nbr Disch Stg 4 PU were Adm Stg 4 PU |
| -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> Items: M0300D1_2 Number of Stage 4 pressure ulcers: Discharge M0300D2_2 Nbr Disch Stg 4 PU were Adm Stg 4 PU |
| -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> Items: M0300E1_2 Nbr Unstg non-remov drsg pressure ulcers: Dschrg M0300E2_2 Nbr Unstg NRD Disch PU were Adm Unstg NRD PU |
| -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> Items: M0300E1_2 Nbr Unstg non-remov drsg pressure ulcers: Dschrg M0300E2_2 Nbr Unstg NRD Disch PU were Adm Unstg NRD PU |
| -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> Items: M0300F1_2 Nbr Unstg slough/eschar pressure ulcers: Dschrg M0300F2_2 Nbr Unstg S/E Disch PU were Adm Unstg S/E PU |
| -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> Items: M0300F1_2 Nbr Unstg slough/eschar pressure ulcers: Dschrg M0300F2_2 Nbr Unstg S/E Disch PU were Adm Unstg S/E PU |
| -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> Items: M0300G1_2 Nbr Unstg DTI pressure ulcers: Dschrg |

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Unduplicated Edits Report by Edit ID

| ID | Type | Severity | Text/Items |
|-------|-------------|----------|--|
| | | | M0300G2_2 Nbr Unstg DTI Disch PU were Adm Unstg DTI PU |
| -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 M0300G2_2 Nbr Unstg DTI Disch PU were Adm Unstg DTI PU</p> |
| -5028 | Consistency | Fatal | <p>Inconsistent O0250A/O0250B values:</p> <p>a) If O0250A=[1], then O0250B must not be "Skipped" [^].</p> <p>b) If O0250A=[0], then O0250B must be "Skipped" [^].</p> <p>c) If O0250A=[-], then O0250B must equal [-].</p> <p>Items: O0250A Was influenza vaccine received O0250B Date influenza vaccine received</p> |
| -5029 | Consistency | Fatal | <p>Inconsistent O0250A/O0250C values:</p> <p>a) If O0250A=[0], then O0250C must not be "Skipped" [^].</p> <p>b) If O0250A=[1], then O0250C must be "Skipped" [^].</p> <p>c) If O0250A=[-], then O0250C must equal [-].</p> <p>Items: O0250A Was influenza vaccine received O0250C If influenza vaccine not received, state reason</p> |
| -5043 | Consistency | Fatal | <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 M0300G2_2 Nbr Unstg DTI Disch PU were Adm Unstg DTI PU</p> |
| -5044 | Consistency | Fatal | <p>Inconsistent M0210_1 value:</p> <p>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 M0300A1_1 Number of Stage 1 pressure ulcers: Admission M0300B1_1 Number of Stage 2 pressure ulcers: Admission M0300C1_1 Number of Stage 3 pressure ulcers: Admission M0300D1_1 Number of Stage 4 pressure ulcers: Admission M0300E1_1 Nbr Unstg non-remov drsg pressure ulcers: Adm M0300F1_1 Nbr Unstg slough/eschar pressure ulcers: Adm M0300G1_1 Nbr Unstg DTI pressure ulcers: Adm</p> |
| -5045 | Consistency | Fatal | <p>Inconsistent M0210_1 value:</p> <p>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 M0900A1 Number of Stage 1 Healed Pressure Ulcers M0900B Number of Stage 2 Healed Pressure Ulcers</p> |

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Unduplicated Edits Report by Edit ID

| ID | Type | Severity | Text/Items |
|-------|-------------|----------|--|
| | | | M0900C Number of Stage 3 Healed Pressure Ulcers M0900D Number of Stage 4 Healed Pressure Ulcers |
| -5046 | Consistency | Fatal | <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 M0300A1_2 Number of Stage 1 pressure ulcers: Discharge M0300B1_2 Number of Stage 2 pressure ulcers: Discharge M0300B2_2 Nbr Disch Stg 2 PU were Adm Stg 2 PU M0300C1_2 Number of Stage 3 pressure ulcers: Discharge M0300C2_2 Nbr Disch Stg 3 PU were Adm Stg 3 PU M0300D1_2 Number of Stage 4 pressure ulcers: Discharge M0300D2_2 Nbr Disch Stg 4 PU were Adm Stg 4 PU M0300E1_2 Nbr Unstg non-remov drsg pressure ulcers: Dschrg M0300E2_2 Nbr Unstg NRD Disch PU were Adm Unstg NRD PU M0300F1_2 Nbr Unstg slough/eschar pressure ulcers: Dschrg M0300F2_2 Nbr Unstg S/E Disch PU were Adm Unstg S/E PU M0300G1_2 Nbr Unstg DTI pressure ulcers: Dschrg M0300G2_2 Nbr Unstg DTI Disch PU were Adm Unstg DTI PU</p> |
| -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> <p>Items: M0300B1_2 Number of Stage 2 pressure ulcers: Discharge M0300B2_2 Nbr Disch Stg 2 PU were Adm Stg 2 PU</p> |
| -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> <p>Items: M0300C1_2 Number of Stage 3 pressure ulcers: Discharge M0300C2_2 Nbr Disch Stg 3 PU were Adm Stg 3 PU</p> |
| -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> <p>Items: M0300D1_2 Number of Stage 4 pressure ulcers: Discharge M0300D2_2 Nbr Disch Stg 4 PU were Adm Stg 4 PU</p> |
| -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> <p>Items: M0300E1_2 Nbr Unstg non-remov drsg pressure ulcers: Dschrg M0300E2_2 Nbr Unstg NRD Disch PU were Adm Unstg NRD PU</p> |

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Unduplicated Edits Report by Edit ID

| ID | Type | Severity | Text/Items |
|-------|-------------|----------|--|
| -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> <p>Items: M0300F1_2 Nbr Unstg slough/eschar pressure ulcers: Dschrg M0300F2_2 Nbr Unstg S/E Disch PU were Adm Unstg S/E PU</p> |
| -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> <p>Items: M0300G1_2 Nbr Unstg DTI pressure ulcers: Dschrg M0300G2_2 Nbr Unstg DTI Disch PU were Adm Unstg DTI PU</p> |
| -5054 | Consistency | Warning | <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.</p> <p>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 O0250C If influenza vaccine not received, state reason</p> |
| -5055 | Consistency | Fatal | <p>C0100-C0600 Consistency: a) If C0100=[0], then all items from C0200 through C0600 must be equal to [^]. b) If C0100=[1], then all items from C0200 through C0600 must not be equal to [^]. 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) 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</p> |

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Unduplicated Edits Report by Edit ID

| ID | Type | Severity | Text/Items |
|-------|-------------|----------|--|
| -5056 | Consistency | Fatal | <p>BIMS Summary Score:</p> <p>a) If all of the BIMS component items have numeric values (not dash) and if three or fewer of the BIMS component items are equal to [0], then C0500 must equal the sum of the values of the component items.</p> <p>b) If all of the BIMS component items have numeric values (not dash) and if four or more of the BIMS component items are equal to [0], then C0500 must equal the sum of the values of the component items OR it must equal [99].</p> <p>c) If some, but not all, of the BIMS component items have a value of [-], then C0500 must equal [99].</p> <p>d) If all of the BIMS component items have a value of [-], then C0500 must equal [-].</p> <p>Items: 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</p> |
| -5057 | Consistency | Fatal | <p>C0600-C0900Z Consistency:</p> <p>a) If C0600=[0], then all items from C0900A through C0900Z must be equal to [^].</p> <p>b) If C0600=[^,1], then all items from C0900A through C0900Z must not be equal to [^].</p> <p>c) If C0600=[-], then all items from C0900A through C0900Z must be equal to [-].</p> <p>Items: 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</p> |
| -5058 | Consistency | Fatal | <p>C0500/C0600 Consistency:</p> <p>a) If C0500=[99,-], then C0600 must be equal to [1,-].</p> <p>b) If C0500=[00-15], then C0600 must be equal to [0].</p> <p>Items: C0500 BIMS - Summary Score C0600 Conduct Staff Assessment - Mental Status</p> |
| -5059 | Consistency | Fatal | <p>C0900 Consistency:</p> <p>a) If C0900Z=[1], then all items from C0900A through C0900E must be equal to [0].</p> <p>b) If C0900Z=[0], then at least one of the items C0900A through C0900E must be equal to [1].</p> <p>c) If C0900Z=[-], then at least one item from C0900A through C0900E must equal [-] and all remaining items must equal [0,-].</p> <p>Items: 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</p> |

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Unduplicated Edits Report by Edit ID

| ID | Type | Severity | Text/Items |
|-------|-------------|----------|--|
| -5060 | Consistency | Fatal | <p>GG0110 Consistency:</p> <p>a) If GG0110Z=[1], then all items from GG0110A through GG0110E must be equal to [0].</p> <p>b) If GG0110Z=[0], then at least one of the items GG0110A through GG0110E must be equal to [1].</p> <p>c) If GG0110Z=[-], then at least one item from GG0110A through GG0110E must equal [-], and all remaining items must equal [0,-].</p> <p>Items: GG0110A Prior Device - Manual wheelchair</p> <p>GG0110B Prior Device - Motorized wheelchair or scooter</p> <p>GG0110C Prior Device - Mechanical lift</p> <p>GG0110D Prior Device - Walker</p> <p>GG0110E Prior Device - Orthotics/Prosthetics</p> <p>GG0110Z Prior Device - None of the above</p> |
| -5061 | Consistency | Warning | <p>Self-Care and Mobility Discharge Goals:</p> <p>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.</p> <p>Items: GG0130A2 Self-Care (Dschg Goal) - Eating</p> <p>GG0130B2 Self-Care (Dschg Goal) - Oral hygiene</p> <p>GG0130C2 Self-Care (Dschg Goal) - Toileting hygiene</p> <p>GG0130E2 Self-Care (Dschg Goal) - Shower/bathe self</p> <p>GG0130F2 Self-Care (Dschg Goal) - Upper Body Dressing</p> <p>GG0130G2 Self-Care (Dschg Goal) - Lower Body Dressing</p> <p>GG0130H2 Self-Care (Dschg Goal) - On/Off Footwear</p> <p>GG0170A2 Func Mobil (Dschg Goal) - Roll left and right</p> <p>GG0170B2 Func Mobil (Dschg Goal) - Sit to lying</p> <p>GG0170C2 Func Mobil (Dschg Goal) - Lying to sitting on side</p> <p>GG0170D2 Func Mobil (Dschg Goal) - Sit to stand</p> <p>GG0170E2 Func Mobil (Dschg Goal) - Chair/bed-to-chair trans</p> <p>GG0170F2 Func Mobil (Dschg Goal) - Toilet transfer</p> <p>GG0170G2 Func Mobil (Dschg Goal) - Car Transfer</p> <p>GG0170I2 Func Mobil (Dschg Goal) - Walk 10 feet</p> <p>GG0170J2 Func Mobil (Dschg Goal) - Walk 50 feet w/2 turns</p> <p>GG0170K2 Func Mobil (Dschg Goal) - Walk 150 feet</p> <p>GG0170L2 Func Mobil (Dschg Goal) - Walk 10 Ft Uneven Surf</p> <p>GG0170M2 Func Mobil (Dschg Goal) - 1 Step (Curb)</p> <p>GG0170N2 Func Mobil (Dschg Goal) - 4 Steps</p> <p>GG0170O2 Func Mobil (Dschg Goal) - 12 Steps</p> <p>GG0170P2 Func Mobil (Dschg Goal) - Picking Up Object</p> <p>GG0170R2 Func Mobil (Dschg Goal) - Wheel 50 feet w/2 turns</p> <p>GG0170S2 Func Mobil (Dschg Goal) - Wheel 150 feet</p> |

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Unduplicated Edits Report by Edit ID

| ID | Type | Severity | Text/Items |
|-------|-------------|----------|---|
| -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) GG0170I1 Func Mobil (Adm Perf) - Walk 10 feet GG0170I2 Func Mobil (Dschg Goal) - 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 GG0170K1 Func Mobil (Adm Perf) - Walk 150 feet GG0170K2 Func Mobil (Dschg Goal) - Walk 150 feet GG0170L1 Func Mobil (Adm Perf) - Walk 10 Ft Uneven Surf GG0170L2 Func Mobil (Dschg Goal) - Walk 10 Ft Uneven Surf GG0170M1 Func Mobil (Adm Perf) - 1 Step (Curb) GG0170M2 Func Mobil (Dschg Goal) - 1 Step (Curb) GG0170N1 Func Mobil (Adm Perf) - 4 Steps GG0170N2 Func Mobil (Dschg Goal) - 4 Steps GG0170O1 Func Mobil (Adm Perf) - 12 Steps GG0170O2 Func Mobil (Dschg Goal) - 12 Steps GG0170P1 Func Mobil (Adm Perf) - Picking Up Object 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) GG0170I1 Func Mobil (Adm Perf) - Walk 10 feet GG0170I2 Func Mobil (Dschg Goal) - 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 GG0170K1 Func Mobil (Adm Perf) - Walk 150 feet GG0170K2 Func Mobil (Dschg Goal) - Walk 150 feet GG0170L1 Func Mobil (Adm Perf) - Walk 10 Ft Uneven Surf GG0170L2 Func Mobil (Dschg Goal) - Walk 10 Ft Uneven Surf GG0170M1 Func Mobil (Adm Perf) - 1 Step (Curb) GG0170M2 Func Mobil (Dschg Goal) - 1 Step (Curb) GG0170N1 Func Mobil (Adm Perf) - 4 Steps GG0170N2 Func Mobil (Dschg Goal) - 4 Steps GG0170O1 Func Mobil (Adm Perf) - 12 Steps GG0170O2 Func Mobil (Dschg Goal) - 12 Steps GG0170P1 Func Mobil (Adm Perf) - Picking Up Object GG0170P2 Func Mobil (Dschg Goal) - Picking Up Object</p> |

Data Submission Specifications for the IRF-PAI (V2.01.1)

Unduplicated Edits Report by Edit ID

| ID | Type | Severity | Text/Items |
|-------|-------------|----------|---|
| -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> |
| -5067 | Consistency | Fatal | <p>a) If I7900=[1], then items I0900 and I2900 must be equal to [0].</p> <p>b) If I7900=[0], then at least one of items I0900 and I2900 must not be equal to [0].</p> <p>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</p> <p>I2900 Diagnoses: Diabetes mellitus (DM)</p> <p>I7900 Diagnoses: None of the Above</p> |

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Unduplicated Edits Report by Edit ID

| ID | Type | Severity | Text/Items |
|-------|-------------|----------|--|
| -5068 | Consistency | Fatal | <p>a) If J1800=[0], then all active items from J1900A through J1900C must be equal to [^].</p> <p>b) If J1800=[1], then all active items from J1900A through J1900C must not be equal to [^].</p> <p>c) If J1800=[-], then all active items from J1900A through J1900C must be equal to [-].</p> <p>Items: J1800 Any Falls Since Admission</p> <p>J1900A Num Falls Since Admission - No injury</p> <p>J1900B Num Falls Since Admission - Injury (except major)</p> <p>J1900C Num Falls Since Admission - Major injury</p> |
| -5069 | Consistency | Fatal | <p>If M0300B1_2=[1-9], then one of the following must be true:</p> <p>a) M0300B2_2 must be equal to [-] OR</p> <p>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</p> <p>M0300B2_2 Nbr Disch Stg 2 PU were Adm Stg 2 PU</p> |
| -5070 | Consistency | Fatal | <p>If M0300C1_2=[1-9], then one of the following must be true:</p> <p>a) M0300C2_2 must be equal to [-] OR</p> <p>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</p> <p>M0300C2_2 Nbr Disch Stg 3 PU were Adm Stg 3 PU</p> |
| -5071 | Consistency | Fatal | <p>If M0300D1_2=[1-9], then one of the following must be true:</p> <p>a) M0300D2_2 must be equal to [-] OR</p> <p>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</p> <p>M0300D2_2 Nbr Disch Stg 4 PU were Adm Stg 4 PU</p> |
| -5072 | Consistency | Fatal | <p>If M0300E1_2=[1-9], then one of the following must be true:</p> <p>a) M0300E2_2 must be equal to [-] OR</p> <p>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</p> <p>M0300E2_2 Nbr Unstg NRD Disch PU were Adm Unstg NRD PU</p> |
| -5073 | Consistency | Fatal | <p>If M0300F1_2=[1-9], then one of the following must be true:</p> <p>a) M0300F2_2 must be equal to [-] OR</p> <p>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</p> <p>M0300F2_2 Nbr Unstg S/E Disch PU were Adm Unstg S/E PU</p> |
| -5074 | Consistency | Fatal | <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> |

Data Submission Specifications for the IRF-PAI (V2.01.1)

Unduplicated Edits Report by Edit ID

| ID | Type | Severity | Text/Items |
|-------|-------------|----------|---|
| -5075 | Consistency | Fatal | <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 M0800B Worsened: Stage 3 pressure ulcers</p> |
| -5076 | Consistency | Fatal | <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 M0800C Worsened: Stage 4 pressure ulcers</p> |
| -5077 | Consistency | Fatal | <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 M0800D Worsened: Unstageable - Non-removable dressing</p> |
| -5078 | Consistency | Fatal | <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 M0800E Worsened: Unstageable - Slough and/or eschar</p> |
| -5079 | Consistency | Fatal | <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 M0800F Worsened: Unstageable - Deep tissue injury</p> |