

# Data Submission Specifications for the LTCH - CARE Data Set (V2.01.0)

## Unduplicated Edits Report by Edit ID

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-3937	Consistency Fatal.....	25
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-3939	Consistency Fatal.....	25
-9001	Information None.....	25

**Data Submission Specifications for the LTCH - CARE Data Set (V2.01.0)**  
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-9002	Information None.....	25
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### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-1000	Format	Fatal	<p>If the value is not equal to [^], it must be 9 characters long.</p> <p><b>Items:</b> A0600A Social Security Number</p>
-1001	Format	Fatal	<p>If the value is not equal to [^], the first three characters must not be equal to [000].</p> <p><b>Items:</b> A0600A Social Security Number</p>
-1002	Format	Fatal	<p>The value must not be equal to any of the following: [111111111, 333333333, 123456789, 999999999].</p> <p><b>Items:</b> A0600A Social Security Number</p>
-1003	Format	Fatal	<p>If A0100A is not equal to [^], then it must be 10 digits long.</p> <p><b>Items:</b> A0100A Facility National Provider Identifier (NPI)</p>
-1004	Format	Fatal	<p>If the first character is numeric [0 through 9], then the first 9 characters must be digits [0 through 9].</p> <p><b>Items:</b> A0600B Medicare/railroad insurance number</p>
-1005	Format	Fatal	<p>If the first character is alphabetic, then there must be 1, 2, or 3 alphabetic characters followed by 6 or 9 numbers.</p> <p><b>Items:</b> A0600B Medicare/railroad insurance number</p>
-1007	Consistency	Fatal	<p>The Item Subset Code (ISC) is a two- or three-character code that indicates the type of record that is being submitted. The set of active items is controlled by the ISC. The characters of the ISC are defined as follows:</p> <p>Characters 1 and 2 indicate the type of record and are based upon the values of the Type of Provider (A0200) and Reason For Assessment (RFA) (A0250). The "Item Subset Code (ISC) Report" that accompanies the data specifications lists all possible combinations of the RFA items and their associated ISCs.</p> <p>Note: A special ISC is used for inactivations. When the record is an inactivation (A0050=[3]), then the ISC is equal to [XX].</p> <p><b>Items:</b> A0200 Type of provider A0250 Reason for Assessment</p>
-1008	Consistency	Fatal	<p>A0900 (Birth Date) cannot be more than 140 years earlier than the current date.</p> <p><b>Items:</b> A0900 Birth Date</p>
-1009	Format	Fatal	<p>Only the code values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.</p> <p><b>Items:</b> ASMT_SYS_CD Assessment system code ITM_SBST_CD Item subset code STATE_CD Facility's state postal code A0050 Type of record A0200 Type of provider A0250 Reason for Assessment A0800 Gender A1000A Ethnicity: American Indian or Alaska Native A1000B Ethnicity: Asian A1000C Ethnicity: Black or African American A1000D Ethnicity: Hispanic or Latino</p>

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ID	Type	Severity	Text/Items
			A1000E
			Ethnicity: Native Hawaiian/Pacific Islander
			A1000F
			Ethnicity: White
			A1100A
			Does the patient need or want an interpreter
			A1200
			Marital status
			A1400A
			Payer: Medicare (FFS)
			A1400B
			Payer: Medicare (managed care/Part C/Mcr Advant.)
			A1400C
			Payer: Medicaid (FFS)
			A1400D
			Payer: Medicaid (managed care)
			A1400E
			Payer: Workers' compensation
			A1400F
			Payer: Title programs
			A1400G
			Payer: Other Government
			A1400H
			Payer: Private insurance/Medigap
			A1400I
			Payer: Private managed care
			A1400J
			Payer: Self-pay
			A1400K
			Payer: No payor source
			A1400X
			Payer: Unknown
			A1400Y
			Payer: Other
			A1802
			Admitted from
			A2110
			Discharge location
			A2500
			Were there program interruption(s) during stay
			B0100
			Comatose
			BB0700
			Expression of Ideas and Wants (3-day asmt period)
			BB0800
			Understanding Verbal Content (3-day asmt period)
			C1610A
			Acute onset
			C1610B
			Fluctuating Course
			C1610C
			Inattention
			C1610D
			Disorganized Thinking
			C1610E1
			Altered Consc Lvl - Alert
			C1610E2
			Altered Consc Lvl - Vigilant/Lethargic/Stupor/Coma
			GG0100B
			Indoor Mobility (Ambulation)
			GG0110A
			Manual wheelchair
			GG0110B
			Motorized wheelchair or scooter
			GG0110C
			Mechanical lift
			GG0110Z
			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
			GG0130D1
			Self-Care (Adm Perf) - Wash upper body
			GG0130D2
			Self-Care (Dschg Goal) - Wash upper body
			GG0130D3
			Self-Care (Dschg Perf) - Wash upper body
			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

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ID	Type	Severity	Text/Items
			GG0170C3
			GG0170D1
			GG0170D2
			GG0170D3
			GG0170E1
			GG0170E2
			GG0170E3
			GG0170F1
			GG0170F2
			GG0170F3
			GG0170H1
			GG0170H3
			GG0170I1
			GG0170I2
			GG0170I3
			GG0170J1
			GG0170J2
			GG0170J3
			GG0170K1
			GG0170K2
			GG0170K3
			GG0170Q1
			GG0170Q3
			GG0170R1
			GG0170R2
			GG0170R3
			GG0170RR1
			GG0170RR3
			GG0170S1
			GG0170S2
			GG0170S3
			GG0170SS1
			GG0170SS3
			H0350
			H0400
			I0050
			I0101
			I0900
			I1501
			I1502
			I2101
			I2600
			I2900
			I4100
			I4501
			I4801
			I4900
			I5000
			I5101
			I5102
			I5110
			I5200
			I5250
			I5300
			Func Mobil (Dschg Perf) - Lying to sitting on side
			Func Mobil (Adm Perf) - Sit to stand
			Func Mobil (Dschg Goal) - Sit to stand
			Func Mobil (Dschg Perf) - Sit to stand
			Func Mobil (Adm Perf) - Chair/bed-to-chair trans
			Func Mobil (Dschg Goal) - Chair/bed-to-chair trans
			Func Mobil (Dschg Perf) - Chair/bed-to-chair trans
			Func Mobil (Adm Perf) - Toilet transfer
			Func Mobil (Dschg Goal) - Toilet transfer
			Func Mobil (Dschg Perf) - Toilet transfer
			Does the patient walk
			Does the patient walk
			Func Mobil (Adm Perf) - Walk 10 feet
			Func Mobil (Dschg Goal) - Walk 10 feet
			Func Mobil (Dschg Perf) - Walk 10 feet
			Func Mobil (Adm Perf) - Walk 50 feet w/2 turns
			Func Mobil (Dschg Goal) - Walk 50 feet w/2 turns
			Func Mobil (Dschg Perf) - Walk 50 feet w/2 turns
			Func Mobil (Adm Perf) - Walk 150 feet
			Func Mobil (Dschg Goal) - Walk 150 feet
			Func Mobil (Dschg Perf) - Walk 150 feet
			Does the patient use a wheelchair/scooter
			Does the patient use a wheelchair/scooter
			Func Mobil (Adm Perf) - Wheel 50 feet w/2 turns
			Func Mobil (Dschg Goal) - Wheel 50 feet w/2 turns
			Func Mobil (Dschg Perf) - Wheel 50 feet w/2 turns
			Indicate the type of wheelchair/scooter used
			Indicate the type of wheelchair/scooter used
			Func Mobil (Adm Perf) - Wheel 150 feet
			Func Mobil (Dschg Goal) - Wheel 150 feet
			Func Mobil (Dschg Perf) - Wheel 150 feet
			Indicate the type of wheelchair/scooter used
			Indicate the type of wheelchair/scooter used.
			Bladder continence
			Bowel continence
			Patient primary medical condition
			Severe and Metastatic Cancers
			Peripheral vascular disease (PVD) or PAD
			Chronic Kidney Disease, Stage 5
			Acute Renal Failure
			Septicemia, Sepsis, Systemic Inflammatory Response
			CNS Infect, Oppor Infect, Bone/Joint/Muscle Infect
			Diabetes mellitus (DM)
			Major Lower Limb Amputation
			Stroke
			Dementia
			Hemiplegia or Hemiparesis
			Paraplegia
			Complete Tetraplegia
			Incomplete Tetraplegia
			Other Spinal Cord Disorder/Injury
			Multiple Sclerosis (MS)
			Huntington's Disease
			Parkinson's Disease

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ID	Type	Severity	Text/Items
			I5450 Amyotrophic Lateral Sclerosis I5460 Locked-In State I5470 Severe Anoxic Brain Damage, Cerebral Edema I5601 Malnutrition I5602 At Risk for Malnutrition I7900 None of the Above 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 M0210 Patient has Stage 1 or higher pressure ulcers O0100F3 Invasive Mechanical Ventilator - weaning O0100F4 Invasive Mechanical Ventilator - non-weaning O0100G Non-invasive ventilator (BIPAP, CPAP) O0100J Dialysis O0100N Total Parenteral Nutrition O0100Z None of the above O0250A Was influenza vaccine received O0250C If influenza vaccine not received, state reason
-1010	Format	Fatal	<p>This item must contain either (a) a valid date in YYYYMMDD format, or (b) one of the special values (if any) that are listed in the "Item Values" table of the Detailed Data Specifications Report. Note that if a date in YYYYMMDD format is submitted, it must be 8 characters in length and each of the 8 characters must contain the digits 0 (zero) through 9. YYYY, MM, and DD must be zero filled, where necessary. For example, January 1, 2011 must be submitted as "20110101".</p> <p><b>Items:</b> A0210 Assessment reference date  A0220 Admission date  A0270 Discharge date  A2525A1 First Interruption Start Date  A2525A2 First Interruption End Date  A2525B1 Second Interruption Start Date  A2525B2 Second Interruption End Date  A2525C1 Third Interruption Start Date  A2525C2 Third Interruption End Date  A2525D1 Fourth Interruption Start Date  A2525D2 Fourth Interruption End Date  A2525E1 Fifth Interruption Start Date  A2525E2 Fifth Interruption End Date  O0250B Date influenza vaccine received  Z0500B Date assessment signed as complete</p>
-1011	Format	Fatal	<p>This item must contain a valid date in YYYYMMDD, YYYYMM, or YYYY format. Note that if a date in YYYYMMDD format is submitted, it must be 8 characters in length and each of the 8 characters must contain the digits 0 (zero) through 9. YYYY, MM, and DD must be zero filled, where necessary. For example, January 1, 1909 must be submitted as "19090101". 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 must be zero filled, where necessary. For example, 1909 must be submitted as "1909".</p> <p><b>Items:</b> A0900 Birth Date</p>

## Data Submission Specifications for the LTCH - CARE Data Set (V2.01.0)

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ID	Type	Severity	Text/Items																																																																					
-1012	Format	Fatal	<p>Only the values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item. The submitted value must be greater than or equal to the minimum value listed in the table and less than or equal to the maximum value listed in the table, or it must match one of the remaining special values (if any) that are listed in the table. The length of the submitted value must not exceed the allowed maximum length for the item. Signed numbers (with a leading plus or minus sign) are not accepted.</p> <table><tr><td><b>Items:</b></td><td>A0055</td><td>Correction number</td></tr><tr><td></td><td>A2510</td><td>Number of program interruptions during stay</td></tr><tr><td></td><td>K0200A</td><td>Height (in inches)</td></tr><tr><td></td><td>K0200B</td><td>Weight (in pounds)</td></tr><tr><td></td><td>M0300A</td><td>Stage 1 pressure ulcers: number present</td></tr><tr><td></td><td>M0300B1</td><td>Stage 2 pressure ulcers: number present</td></tr><tr><td></td><td>M0300B2</td><td>Stage 2 pressure ulcers: number at admit</td></tr><tr><td></td><td>M0300C1</td><td>Stage 3 pressure ulcers: number present</td></tr><tr><td></td><td>M0300C2</td><td>Stage 3 pressure ulcers: number at admit</td></tr><tr><td></td><td>M0300D1</td><td>Stage 4 pressure ulcers: number present</td></tr><tr><td></td><td>M0300D2</td><td>Stage 4 pressure ulcers: number at admit</td></tr><tr><td></td><td>M0300E1</td><td>Unstageable dressing: number present</td></tr><tr><td></td><td>M0300E2</td><td>Unstageable dressing: number at admit</td></tr><tr><td></td><td>M0300F1</td><td>Unstageable slough/eschar: number present</td></tr><tr><td></td><td>M0300F2</td><td>Unstageable slough/eschar: number at admit</td></tr><tr><td></td><td>M0300G1</td><td>Unstageable deep tissue: number present</td></tr><tr><td></td><td>M0300G2</td><td>Unstageable deep tissue: number at admit</td></tr><tr><td></td><td>M0800A</td><td>Worsened: Stage 2 pressure ulcers</td></tr><tr><td></td><td>M0800B</td><td>Worsened: Stage 3 pressure ulcers</td></tr><tr><td></td><td>M0800C</td><td>Worsened: Stage 4 pressure ulcers</td></tr><tr><td></td><td>M0800D</td><td>Worsened: Unstageable - Non-removable dressing</td></tr><tr><td></td><td>M0800E</td><td>Worsened: Unstageable - Slough and/or eschar</td></tr><tr><td></td><td>M0800F</td><td>Worsened: Unstageable - Deep tissue injury</td></tr></table>	<b>Items:</b>	A0055	Correction number		A2510	Number of program interruptions during stay		K0200A	Height (in inches)		K0200B	Weight (in pounds)		M0300A	Stage 1 pressure ulcers: number present		M0300B1	Stage 2 pressure ulcers: number present		M0300B2	Stage 2 pressure ulcers: number at admit		M0300C1	Stage 3 pressure ulcers: number present		M0300C2	Stage 3 pressure ulcers: number at admit		M0300D1	Stage 4 pressure ulcers: number present		M0300D2	Stage 4 pressure ulcers: number at admit		M0300E1	Unstageable dressing: number present		M0300E2	Unstageable dressing: number at admit		M0300F1	Unstageable slough/eschar: number present		M0300F2	Unstageable slough/eschar: number at admit		M0300G1	Unstageable deep tissue: number present		M0300G2	Unstageable deep tissue: number at admit		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
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	M0800E	Worsened: Unstageable - Slough and/or eschar																																																																						
	M0800F	Worsened: Unstageable - Deep tissue injury																																																																						
-1013	Format	Fatal	<p>Formatting of Integer Numeric Items:</p> <p>Only integer values and the special values (if any) that are listed in the "Item Values" table of the Detailed Data Specifications Report are accepted for this item. Leading zeroes may be included or omitted from the submitted value as long as the resulting length of the string does not exceed the allowed maximum length for the item. A decimal point and decimal values are not allowed. The following examples are allowable if the value to be submitted is equal to [1] and the maximum length is equal to 2: [1], [01]. The following values are NOT allowed and will lead to a fatal error: [1.], [1.0], [01.], [01.0], [1.1], [01.1], [1.01].</p> <table><tr><td><b>Items:</b></td><td>A0055</td><td>Correction number</td></tr><tr><td></td><td>A2510</td><td>Number of program interruptions during stay</td></tr><tr><td></td><td>K0200A</td><td>Height (in inches)</td></tr><tr><td></td><td>K0200B</td><td>Weight (in pounds)</td></tr><tr><td></td><td>M0300A</td><td>Stage 1 pressure ulcers: number present</td></tr><tr><td></td><td>M0300B1</td><td>Stage 2 pressure ulcers: number present</td></tr><tr><td></td><td>M0300B2</td><td>Stage 2 pressure ulcers: number at admit</td></tr><tr><td></td><td>M0300C1</td><td>Stage 3 pressure ulcers: number present</td></tr><tr><td></td><td>M0300C2</td><td>Stage 3 pressure ulcers: number at admit</td></tr><tr><td></td><td>M0300D1</td><td>Stage 4 pressure ulcers: number present</td></tr><tr><td></td><td>M0300D2</td><td>Stage 4 pressure ulcers: number at admit</td></tr><tr><td></td><td>M0300E1</td><td>Unstageable dressing: number present</td></tr><tr><td></td><td>M0300E2</td><td>Unstageable dressing: number at admit</td></tr><tr><td></td><td>M0300F1</td><td>Unstageable slough/eschar: number present</td></tr></table>	<b>Items:</b>	A0055	Correction number		A2510	Number of program interruptions during stay		K0200A	Height (in inches)		K0200B	Weight (in pounds)		M0300A	Stage 1 pressure ulcers: number present		M0300B1	Stage 2 pressure ulcers: number present		M0300B2	Stage 2 pressure ulcers: number at admit		M0300C1	Stage 3 pressure ulcers: number present		M0300C2	Stage 3 pressure ulcers: number at admit		M0300D1	Stage 4 pressure ulcers: number present		M0300D2	Stage 4 pressure ulcers: number at admit		M0300E1	Unstageable dressing: number present		M0300E2	Unstageable dressing: number at admit		M0300F1	Unstageable slough/eschar: number present																											
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ID	Type	Severity	Text/Items
			M0300F2                      Unstageable slough/eschar: number at admit M0300G1                      Unstageable deep tissue: number present M0300G2                      Unstageable deep tissue: number at admit 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
-1014	Consistency	Fatal	<p>If the SFTWR_VNDR_ID=[^], then SFTWR_VNDR_NAME and SFTWR_VNDR_EMAIL_ADR must equal [^].</p> <p><b>Items:</b>    SFTWR_VNDR_ID                      Software vendor federal employer tax ID                   SFTWR_VNDR_NAME                      Software vendor company name                   SFTWR_VNDR_EMAIL_ADR                      Software vendor email address</p>
-1015	Consistency	Fatal	<p>If the SFTWR_VNDR_ID is not equal to [^], then SFTWR_VNDR_NAME and SFTWR_VNDR_EMAIL_ADR must not equal [^].</p> <p><b>Items:</b>    SFTWR_VNDR_ID                      Software vendor federal employer tax ID                   SFTWR_VNDR_NAME                      Software vendor company name                   SFTWR_VNDR_EMAIL_ADR                      Software vendor email address</p>
-1016	Format	Fatal	<p>Formatting of Numeric Text Items:</p> <p>If this item is not equal to one of the special values (if any) that are listed in the "Item Values" table of the Detailed Data Specifications Report, then it must contain a text string. This text string may contain only the following characters:</p> <p>a) The numeric characters: [0] through [9].</p> <p><b>Items:</b>    SFTWR_VNDR_ID                      Software vendor federal employer tax ID                   A0100A                                      Facility National Provider Identifier (NPI)                   A0600A                                      Social Security Number</p>
-1017	Format	Fatal	<p>Formatting of Alphanumeric Text Items:</p> <p>If this item is not equal to one of the special values (if any) that are listed in the "Item Values" table of the Detailed Data Specifications Report, then it must contain a text string. This text string may contain only the following characters:</p> <p>a) The numeric characters: [0] through [9].  b) The letters [A] through [Z] and [a] through [z].</p> <p><b>Items:</b>    A0100B                                      Facility CMS Certification Number (CCN)                   A0100C                                      State Medicaid provider number                   A0600B                                      Medicare/railroad insurance number                   A0700    Medicaid number</p>
-1018	Format	Fatal	<p>Formatting of Alphanumeric Text Items That Can Contain Dashes, Spaces, and Special Characters:</p> <p>If this item is not equal to one of the special values (if any) that are listed in the "Item Values" table of the Detailed Data Specifications Report, then it must contain a text string. This text string may contain only the following characters:</p> <p>a) The numeric characters: [0] through [9].  b) The letters [A] through [Z] and [a] through [z].  c) The character [-].  d) The following special characters:</p>

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ID	Type	Severity	Text/Items
			[ @ ] (at sign) [ ' ] (single quote) [ / ] (forward slash) [ + ] (plus sign) [ , ] (comma) [ . ] (period) [ _ ] (underscore) e) Embedded spaces (spaces surrounded by any of the characters listed above). For example, [LEGAL TEXT] is allowed. <b>Items:</b> SFTWR_PROD_VRSN_CD                      Software product version code A0500A                                      Patient first name A0500C                                      Patient last name A0500D                                      Patient name suffix A1100B                                      Preferred language
-1019	Format	Fatal	Formatting of Alphanumeric Text Items That Can Contain Special Characters: If this item is not equal to one of the special values (if any) that are listed in the "Item Values" table of the Detailed Data Specifications Report, then it must contain a text string. This text string may contain only the following characters: a) The numeric characters: [0] through [9]. b) The letters [A] through [Z] and [a] through [z]. c) The following special characters: [ @ ] (at sign) [ ' ] (single quote) [ / ] (forward slash) [ + ] (plus sign) [ , ] (comma) [ . ] (period) [ _ ] (underscore) <b>Items:</b> A0500B                                      Patient middle initial
-1020	Format	Fatal	Formatting of email address. Any valid email address is accepted. The text string may contain any printable characters except single-quotes or double-quotes. <b>Items:</b> SFTWR_VNDR_EMAIL_ADR                      Software vendor email address
-1021	Consistency	Fatal	The value submitted for FAC_ID is inconsistent with the information stored in QIES ASAP system. It must match the FAC_ID in the QIES ASAP System for the provider. The FAC_ID is the provider's submission ID. <b>Items:</b> FAC_ID                                      Assigned facility/provider submission ID
-1022	Consistency	Warning	The value submitted for A0100B (provider's CMS Certification Number -- CCN) will be compared with the value that is currently in the ASAP database. If the values do not match, a warning will be issued. <b>Items:</b> A0100B                                      Facility CMS Certification Number (CCN)
-1025	Consistency	Fatal	For the first record that is submitted to correct or inactivate an existing record, A0055 (correction number) must equal "01". If that correction/inactivation is accepted and if a subsequent correction/inactivation is required A0055 must equal "02", and so on. If the value submitted in A0055 is incorrect, a fatal error will result and the submitted record will be rejected. <b>Items:</b> A0055                                      Correction number

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### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-1026	Consistency	Fatal	<p>If A0050=[1], then A0055 (correction number) must equal [0].</p> <p><b>Items:</b>   A0055                     Correction number               A0050                      Type of record</p>
-1027	Format	Fatal	<p>The length of the text submitted for a free-form text item must not exceed the maximum length specified for this item.</p> <p><b>Items:</b>   SFTWR_VNDR_ID                  Software vendor federal employer tax ID               SFTWR_VNDR_NAME             Software vendor company name               SFTWR_VNDR_EMAIL_ADR       Software vendor email address               SFTWR_PROD_NAME             Software product name               SFTWR_PROD_VRSN_CD         Software product version code               A0100A                       Facility National Provider Identifier (NPI)               A0100C                       State Medicaid provider number               A0500A                       Patient first name               A0500B                       Patient middle initial               A0500C                       Patient last name               A0500D                       Patient name suffix               A0600A                       Social Security Number               A0600B                       Medicare/railroad insurance number               A0700                         Medicaid number               A1100B                       Preferred language</p>
-1028	Consistency	Fatal	<p>If SFTWR_PROD_NAME=[^], then SFTWR_PROD_VRSN_CD must be equal to [^].</p> <p><b>Items:</b>   SFTWR_PROD_NAME             Software product name               SFTWR_PROD_VRSN_CD         Software product version code</p>
-1029	Consistency	Fatal	<p>If SFTWR_PROD_NAME is not equal to [^], then SFTWR_PROD_VRSN_CD must not be equal to [^].</p> <p><b>Items:</b>   SFTWR_PROD_NAME             Software product name               SFTWR_PROD_VRSN_CD         Software product version code</p>
-1030	Format	Fatal	<p>Formatting of Alphanumeric Text Items That Can Contain Dashes, Spaces, Ampersands, and Other Special Characters: If this item is not equal to one of the special values (if any) that are listed in the Item Values table of the Detailed Data Specifications Report, then it must contain a text string. This text string may contain only the following characters:</p> <ul style="list-style-type: none"> <li>a) The numeric characters: [0] through [9].</li> <li>b) The letters [A] through [Z] and [a] through [z].</li> <li>c) The character [-].</li> <li>d) The following special characters:  <div style="margin-left: 20px;"> [&amp;] (ampersand)  [@] (at sign)  ['] (single quote)  [/] (forward slash)  [+] (plus sign)  [,] (comma)  [.] (period)  [_] (underscore) </div> </li> <li>e) Embedded spaces (spaces surrounded by any of the characters listed above). For example, [LEGAL TEXT] is allowed.</li> </ul>

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ID	Type	Severity	Text/Items
			<b>Items:</b> SFTWR_VNDR_NAME      Software vendor company name SFTWR_PROD_NAME      Software product name
-1031	Format	Warning	<p>The version code submitted should match one of the values listed in the "Item Values" table of the Detailed Data Specifications Report. For example, do not submit [1.00.], [1.00.0], [1.00.1], or [1.00.2]. A value of [1.00] should be submitted instead.</p> <b>Items:</b> ITM_SET_VRSN_CD      Item set version code SPEC_VRSN_CD      Specifications version code
-1033	Consistency	Fatal	<p>A user submitting a file for a provider must be authorized to submit for the provider identified by the FAC_ID item in the file.</p> <b>Items:</b> FAC_ID      Assigned facility/provider submission ID
-1034	Consistency	Fatal	<p>The ASAP system will recalculate the ISC and compare the recalculated value with the value that is submitted in ITM_SBST_CD. If the recalculated value does not match the value submitted in ITM_SBST_CD, a fatal error will result.</p> <b>Items:</b> ITM_SBST_CD      Item subset code
-1036	Consistency	Fatal	<p>If A0050 = [2,3], then A0055 must not be equal to [0].</p> <b>Items:</b> A0055      Correction number A0050      Type of record
-3010	Consistency	Fatal	<p>If A0250=[10,11] and M0300B1=[0,^], then M0300B2 must equal [^].</p> <b>Items:</b> A0250      Reason for Assessment M0300B1      Stage 2 pressure ulcers: number present M0300B2      Stage 2 pressure ulcers: number at admit
-3011	Consistency	Fatal	<p>If A0250=[10,11] and M0300B1=[-], then M0300B2 must equal [-].</p> <b>Items:</b> A0250      Reason for Assessment M0300B1      Stage 2 pressure ulcers: number present M0300B2      Stage 2 pressure ulcers: number at admit
-3012	Consistency	Fatal	<p>If A0250=[10,11] and M0300C1=[0,^], then M0300C2 must equal [^].</p> <b>Items:</b> A0250      Reason for Assessment M0300C1      Stage 3 pressure ulcers: number present M0300C2      Stage 3 pressure ulcers: number at admit
-3013	Consistency	Fatal	<p>If A0250=[10,11] and M0300C1=[-], then M0300C2 must equal [-].</p> <b>Items:</b> A0250      Reason for Assessment M0300C1      Stage 3 pressure ulcers: number present M0300C2      Stage 3 pressure ulcers: number at admit
-3014	Consistency	Fatal	<p>If A0250=[10,11] and M0300D1=[0,^], then M0300D2 must equal [^].</p> <b>Items:</b> A0250      Reason for Assessment M0300D1      Stage 4 pressure ulcers: number present M0300D2      Stage 4 pressure ulcers: number at admit

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### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-3015	Consistency	Fatal	<p>If A0250=[10,11] and M0300D1=[-], then M0300D2 must equal [-].</p> <p><b>Items:</b> A0250 Reason for Assessment</p> <p>M0300D1 Stage 4 pressure ulcers: number present</p> <p>M0300D2 Stage 4 pressure ulcers: number at admit</p>
-3016	Consistency	Fatal	<p>If A0250=[10,11] and M0300E1=[0,^], then M0300E2 must equal [^].</p> <p><b>Items:</b> A0250 Reason for Assessment</p> <p>M0300E1 Unstageable dressing: number present</p> <p>M0300E2 Unstageable dressing: number at admit</p>
-3017	Consistency	Fatal	<p>(a) If A0250=[10,11] and M0300E1=[-], then M0300E2 must equal [-].</p> <p><b>Items:</b> A0250 Reason for Assessment</p> <p>M0300E1 Unstageable dressing: number present</p> <p>M0300E2 Unstageable dressing: number at admit</p>
-3018	Consistency	Fatal	<p>If A0250=[10,11] and M0300F1=[0,^], then M0300F2 must equal [^].</p> <p><b>Items:</b> A0250 Reason for Assessment</p> <p>M0300F1 Unstageable slough/eschar: number present</p> <p>M0300F2 Unstageable slough/eschar: number at admit</p>
-3019	Consistency	Fatal	<p>(a) If A0250=[10,11] and M0300F1=[-], then M0300F2 must equal [-].</p> <p><b>Items:</b> A0250 Reason for Assessment</p> <p>M0300F1 Unstageable slough/eschar: number present</p> <p>M0300F2 Unstageable slough/eschar: number at admit</p>
-3020	Consistency	Fatal	<p>If A0250=[10,11] and M0300G1=[0,^], then M0300G2 must equal [^].</p> <p><b>Items:</b> A0250 Reason for Assessment</p> <p>M0300G1 Unstageable deep tissue: number present</p> <p>M0300G2 Unstageable deep tissue: number at admit</p>
-3021	Consistency	Fatal	<p>(a) If A0250=[10,11] and M0300G1=[-], then M0300G2 must equal [-].</p> <p><b>Items:</b> A0250 Reason for Assessment</p> <p>M0300G1 Unstageable deep tissue: number present</p> <p>M0300G2 Unstageable deep tissue: number at admit</p>
-3022	Consistency	Fatal	<p>If A1100A=[1], then A1100B must not equal [^].</p> <p><b>Items:</b> A1100A Does the patient need or want an interpreter</p> <p>A1100B Preferred language</p>
-3023	Consistency	Fatal	<p>If A1100A=[-], then A1100B must equal [-].</p> <p><b>Items:</b> A1100A Does the patient need or want an interpreter</p> <p>A1100B Preferred language</p>
-3025	Consistency	Fatal	<p>If A0250=[01], then A0270 must equal [^].</p> <p><b>Items:</b> A0250 Reason for Assessment</p>

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ID	Type	Severity	Text/Items
			A0270 Discharge date
-3034	Consistency	Fatal	<p>If M0210=[-], then all active items from M0300A through M0300G2 must equal [-].</p> <p><b>Items:</b> M0210 Patient has Stage 1 or higher pressure ulcers</p> <p>M0300A Stage 1 pressure ulcers: number present</p> <p>M0300B1 Stage 2 pressure ulcers: number present</p> <p>M0300B2 Stage 2 pressure ulcers: number at admit</p> <p>M0300C1 Stage 3 pressure ulcers: number present</p> <p>M0300C2 Stage 3 pressure ulcers: number at admit</p> <p>M0300D1 Stage 4 pressure ulcers: number present</p> <p>M0300D2 Stage 4 pressure ulcers: number at admit</p> <p>M0300E1 Unstageable dressing: number present</p> <p>M0300E2 Unstageable dressing: number at admit</p> <p>M0300F1 Unstageable slough/eschar: number present</p> <p>M0300F2 Unstageable slough/eschar: number at admit</p> <p>M0300G1 Unstageable deep tissue: number present</p> <p>M0300G2 Unstageable deep tissue: number at admit</p>
-3036	Consistency	Fatal	<p>a) If B0100=[1], then all active items from BB0700 through C1610E2 must equal [^].</p> <p>b) If B0100=[0], then all active items from BB0700 through C1610E2 must not equal [^].</p> <p>c) If B0100=[-], then all active items from BB0700 through C1610E2 must equal [-].</p> <p><b>Items:</b> B0100 Comatose</p> <p>BB0700 Expression of Ideas and Wants (3-day asmt period)</p> <p>BB0800 Understanding Verbal Content (3-day asmt period)</p> <p>C1610A Acute onset</p> <p>C1610B Fluctuating Course</p> <p>C1610C Inattention</p> <p>C1610D Disorganized Thinking</p> <p>C1610E1 Altered Consc Lvl - Alert</p> <p>C1610E2 Altered Consc Lvl - Vigilant/Lethargic/Stupor/Coma</p>
-3039	Consistency	Fatal	<p>a) If GG0110Z=[1], then all active items from GG0110A through GG0110C must equal [0].</p> <p>b) If GG0110Z=[0], then at least one active item from GG0110A through GG0110C must not be equal to [0].</p> <p>c) If GG0110Z=[-], then all active items from GG0110A through GG0110C must equal [0,-].</p> <p><b>Items:</b> GG0110A Manual wheelchair</p> <p>GG0110B Motorized wheelchair or scooter</p> <p>GG0110C Mechanical lift</p> <p>GG0110Z None of the above</p>
-3042	Consistency	Fatal	<p>a) If GG0170H1=[0], then all active items from GG0170I1 through GG0170K2 must be equal to [^].</p> <p>b) If GG0170H1=[1], then items GG0170I1, GG0170J1 and GG0170K1 must be equal to [^], and items GG0170I2, GG0170J2 and GG0170K2 must not be equal to [^].</p> <p>c) If GG0170H1=[2], then all active items from GG0170I1 through GG0170K2 must not be equal to [^].</p> <p><b>Items:</b> GG0170H1 Does the patient walk</p> <p>GG0170I1 Func Mobil (Adm Perf) - Walk 10 feet</p> <p>GG0170I2 Func Mobil (Dschg Goal) - Walk 10 feet</p> <p>GG0170J1 Func Mobil (Adm Perf) - Walk 50 feet w/2 turns</p> <p>GG0170J2 Func Mobil (Dschg Goal) - Walk 50 feet w/2 turns</p> <p>GG0170K1 Func Mobil (Adm Perf) - Walk 150 feet</p>

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ID	Type	Severity	Text/Items
-3043	Consistency	Fatal	GG0170K2 Func Mobil (Dschg Goal) - Walk 150 feet  a) If GG0170Q1=[0], then all active items from GG0170R1 through GG0170SS1 must be equal to [^]. b) If GG0170Q1=[1], then all active items from GG0170R1 through GG0170SS1 must not be equal to [^]. <b>Items:</b> GG0170Q1 Does the patient use a wheelchair/scooter GG0170R1 Func Mobil (Adm Perf) - Wheel 50 feet w/2 turns GG0170R2 Func Mobil (Dschg Goal) - Wheel 50 feet w/2 turns GG0170RR1 Indicate the type of wheelchair/scooter used GG0170S1 Func Mobil (Adm Perf) - Wheel 150 feet GG0170S2 Func Mobil (Dschg Goal) - Wheel 150 feet GG0170SS1 Indicate the type of wheelchair/scooter used
-3044	Consistency	Fatal	a) If I0050=[5], then I0050A must not be equal to [^]. b) If I0050=[1,2,3,4,-], then I0050A must be equal to [^]. <b>Items:</b> I0050 Patient primary medical condition I0050A Other medical condition - ICD code
-3046	Consistency	Fatal	a) If I7900=[1], then all active items from I0101 through I5602 must be equal to [0]. b) If I7900=[0], then at least one active item from I0101 through I5602 must not be equal to [0]. c) If I7900=[-], then all active items from I0101 through I5602 must be equal to [0,-]. <b>Items:</b> I0101 Severe and Metastatic Cancers I0900 Peripheral vascular disease (PVD) or PAD I1501 Chronic Kidney Disease, Stage 5 I1502 Acute Renal Failure I2101 Septicemia, Sepsis, Systemic Inflammatory Response I2600 CNS Infect, Oppor Infect, Bone/Joint/Muscle Infect I2900 Diabetes mellitus (DM) I4100 Major Lower Limb Amputation I4501 Stroke I4801 Dementia I4900 Hemiplegia or Hemiparesis I5000 Paraplegia I5101 Complete Tetraplegia I5102 Incomplete Tetraplegia I5110 Other Spinal Cord Disorder/Injury I5200 Multiple Sclerosis (MS) I5250 Huntington's Disease I5300 Parkinson's Disease I5450 Amyotrophic Lateral Sclerosis I5460 Locked-In State I5470 Severe Anoxic Brain Damage, Cerebral Edema I5601 Malnutrition I5602 At Risk for Malnutrition I7900 None of the Above
-3049	Consistency	Fatal	a) If J1800=[0], then all active items from J1900A through J1900C must be equal to [^]. b) If J1800=[1], then all active items from J1900A through J1900C must not equal [^], and at least one of these items must equal [-,1,2]. c) If J1800=[-], then all active items from J1900A through J1900C must be equal to [-].

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ID	Type	Severity	Text/Items
			<b>Items:</b> 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
-3050	Consistency	Fatal	<p>a) If O0100Z=[1], then all active items from O0100F3 through O0100N must be equal to [0].  b) If O0100Z=[0], then at least one active item from O0100F3 through O0100N must not be equal to [0].  c) If O0100Z=[-], then all active items from O0100F3 through O0100N must be equal to [0,-].</p> <b>Items:</b> O0100F3 Invasive Mechanical Ventilator - weaning O0100F4 Invasive Mechanical Ventilator - non-weaning O0100G Non-invasive ventilator (BIPAP, CPAP) O0100J Dialysis O0100N Total Parenteral Nutrition O0100Z None of the above
-3051	Consistency	Fatal	<p>If A2500=[0], then all active items from A2510 through A2525E2 must equal [^].</p> <b>Items:</b> A2500 Were there program interruption(s) during stay A2510 Number of program interruptions during stay A2525A1 First Interruption Start Date A2525A2 First Interruption End Date A2525B1 Second Interruption Start Date A2525B2 Second Interruption End Date A2525C1 Third Interruption Start Date A2525C2 Third Interruption End Date A2525D1 Fourth Interruption Start Date A2525D2 Fourth Interruption End Date A2525E1 Fifth Interruption Start Date A2525E2 Fifth Interruption End Date
-3052	Consistency	Fatal	<p>a) If GG0170H3=[0], then all active items from GG0170I3 through GG0170K3 must be equal to [^].  b) If GG0170H3=[2], then all active items from GG0170I3 through GG0170K3 must not be equal to [^].</p> <b>Items:</b> GG0170H3 Does the patient walk GG0170I3 Func Mobil (Dschg Perf) - Walk 10 feet GG0170J3 Func Mobil (Dschg Perf) - Walk 50 feet w/2 turns GG0170K3 Func Mobil (Dschg Perf) - Walk 150 feet
-3542	Consistency	Fatal	<p>If M0210=[1], then all active items from M0300A through M0300B1 must not equal [^].</p> <b>Items:</b> M0210 Patient has Stage 1 or higher pressure ulcers M0300A Stage 1 pressure ulcers: number present M0300B1 Stage 2 pressure ulcers: number present
-3543	Consistency	Fatal	<p>If M0210=[1], then M0300C1 must not equal [^].</p> <b>Items:</b> M0210 Patient has Stage 1 or higher pressure ulcers M0300C1 Stage 3 pressure ulcers: number present
-3544	Consistency	Fatal	<p>If M0210=[1], then M0300D1 must not equal [^].</p> <b>Items:</b> M0210 Patient has Stage 1 or higher pressure ulcers



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ID	Type	Severity	Text/Items
-3545	Consistency	Fatal	M0300D1 Stage 4 pressure ulcers: number present
			If M0210=[1], then M0300E1 must not equal [^].
-3546	Consistency	Fatal	Items: M0210 Patient has Stage 1 or higher pressure ulcers
			M0300E1 Unstageable dressing: number present
-3547	Consistency	Fatal	If M0210=[1], then M0300F1 must not equal [^].
			Items: M0210 Patient has Stage 1 or higher pressure ulcers
-3548	Consistency	Fatal	M0300F1 Unstageable slough/eschar: number present
			If M0210=[1], then M0300G1 must not equal [^].
-3549	Consistency	Fatal	Items: M0210 Patient has Stage 1 or higher pressure ulcers
			M0300G1 Unstageable deep tissue: number present
-3550	Consistency	Fatal	If A0250=[10,11] and M0300B1=[1-9], then M0300B2 must not equal [^].
			Items: A0250 Reason for Assessment
-3551	Consistency	Fatal	M0300B1 Stage 2 pressure ulcers: number present
			M0300B2 Stage 2 pressure ulcers: number at admit
-3552	Consistency	Fatal	If A0250=[10,11] and M0300C1=[1-9], then M0300C2 must not equal [^].
			Items: A0250 Reason for Assessment
-3553	Consistency	Fatal	M0300C1 Stage 3 pressure ulcers: number present
			M0300C2 Stage 3 pressure ulcers: number at admit
-3572	Consistency	Fatal	If A0250=[10,11] and M0300D1=[1-9], then M0300D2 must not equal [^].
			Items: A0250 Reason for Assessment
-3572	Consistency	Fatal	M0300D1 Stage 4 pressure ulcers: number present
			M0300D2 Stage 4 pressure ulcers: number at admit
-3572	Consistency	Fatal	If A0250=[10,11] and M0300E1=[1-9], then M0300E2 must not equal [^].
			Items: A0250 Reason for Assessment
-3572	Consistency	Fatal	M0300E1 Unstageable dressing: number present
			M0300E2 Unstageable dressing: number at admit
-3572	Consistency	Fatal	If A0250=[10,11] and M0300F1=[1-9], then M0300F2 must not equal [^].
			Items: A0250 Reason for Assessment
-3572	Consistency	Fatal	M0300F1 Unstageable slough/eschar: number present
			M0300F2 Unstageable slough/eschar: number at admit
-3572	Consistency	Fatal	If A0250=[10,11] and M0300G1=[1-9], then M0300G2 must not equal [^].
			Items: A0250 Reason for Assessment
-3572	Consistency	Fatal	M0300G1 Unstageable deep tissue: number present
			M0300G2 Unstageable deep tissue: number at admit
-3572	Consistency	Fatal	If A1100A=[0,9], then A1100B must equal [^].
			Items: A1100A Does the patient need or want an interpreter

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ID	Type	Severity	Text/Items
			A1100B Preferred language
-3573	Consistency	Fatal	<p>Each active date item in the following list that contains a valid date (not blank or dashes) must be in the specified order:  A0900 (birth date) &lt;=  A0220 (admission date) &lt;=  A0210 (assessment reference date) = A0270 (discharge date) &lt;=  Z0500B (date assessment signed as complete) &lt;=  current date</p> <p><b>Items:</b> A0210 Assessment reference date  A0220 Admission date  A0270 Discharge date  A0900 Birth Date  Z0500B Date assessment signed as complete</p>
-3612	Consistency	Fatal	<p>If M0210=[0], then all active items from M0300A through M0800F must equal [^].</p> <p><b>Items:</b> M0210 Patient has Stage 1 or higher pressure ulcers  M0300A Stage 1 pressure ulcers: number present  M0300B1 Stage 2 pressure ulcers: number present  M0300B2 Stage 2 pressure ulcers: number at admit  M0300C1 Stage 3 pressure ulcers: number present  M0300C2 Stage 3 pressure ulcers: number at admit  M0300D1 Stage 4 pressure ulcers: number present  M0300D2 Stage 4 pressure ulcers: number at admit  M0300E1 Unstageable dressing: number present  M0300E2 Unstageable dressing: number at admit  M0300F1 Unstageable slough/eschar: number present  M0300F2 Unstageable slough/eschar: number at admit  M0300G1 Unstageable deep tissue: number present  M0300G2 Unstageable deep tissue: number at admit  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>
-3662	Consistency	Fatal	<p>If M0300B1=[1-9], then one of the following must be true:  a) M0300B2 must be equal to [-] OR  b) M0300B2 must be equal to [0-9] and must be less than or equal to M0300B1.</p> <p><b>Items:</b> M0300B1 Stage 2 pressure ulcers: number present  M0300B2 Stage 2 pressure ulcers: number at admit</p>
-3663	Consistency	Fatal	<p>If M0300C1=[1-9], then one of the following must be true:  a) M0300C2 must be equal to [-] OR  b) M0300C2 must be equal to [0-9] and must be less than or equal to M0300C1.</p> <p><b>Items:</b> M0300C1 Stage 3 pressure ulcers: number present  M0300C2 Stage 3 pressure ulcers: number at admit</p>
-3664	Consistency	Fatal	<p>If M0300D1=[1-9], then one of the following must be true:</p>

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ID	Type	Severity	Text/Items
			a) M0300D2 must be equal to [-] OR b) M0300D2 must be equal to [0-9] and must be less than or equal to M0300D1. <b>Items:</b> M0300D1 Stage 4 pressure ulcers: number present M0300D2 Stage 4 pressure ulcers: number at admit
-3665	Consistency	Fatal	If M0300E1=[1-9], then one of the following must be true: a) M0300E2 must be equal to [-] OR b) M0300E2 must be equal to [0-9] and must be less than or equal to M0300E1. <b>Items:</b> M0300E1 Unstageable dressing: number present M0300E2 Unstageable dressing: number at admit
-3666	Consistency	Fatal	If M0300F1=[1-9], then one of the following must be true: a) M0300F2 must be equal to [-] OR b) M0300F2 must be equal to [0-9] and must be less than or equal to M0300F1. <b>Items:</b> M0300F1 Unstageable slough/eschar: number present M0300F2 Unstageable slough/eschar: number at admit
-3667	Consistency	Fatal	If M0300G1=[1-9], then one of the following must be true: a) M0300G2 must be equal to [-] OR b) M0300G2 must be equal to [0-9] and must be less than or equal to M0300G1. <b>Items:</b> M0300G1 Unstageable deep tissue: number present M0300G2 Unstageable deep tissue: number at admit
-3745	Consistency	Fatal	Unable to Match a Previously Accepted Record In order to modify or inactivate a record that was previously accepted by the QIES ASAP system, the system must be able to locate the previous record. The following locator items submitted on the record to be corrected must therefore also be submitted on the modification or inactivation record to allow for record matching: a) A0270 (discharge date) when A0250 = 10, 11, 12 b) A0220 (admission date) when A0250 = 01 c) A0250 (reason for assessment) d) A0500A (patient first name) e) A0500C (patient last name) f) A0600A (social security number) g) A0800 (gender) h) A0900 (birth date) <b>Items:</b> A0220 Admission date A0250 Reason for Assessment A0270 Discharge date A0500A Patient first name A0500C Patient last name A0600A Social Security Number A0800 Gender A0900 Birth Date
-3749	Consistency	Warning	Record Completion Timing Rule The following rule describes allowable spans between pairs of dates. The rule applies if both date items in the pair are active and contain valid dates (not dashes or other special values). Z0500B (completion date) - A0210 (assessment reference date) <= 5 days. <b>Items:</b> A0210 Assessment reference date

**Data Submission Specifications for the LTCH - CARE Data Set (V2.01.0)**  
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ID	Type	Severity	Text/Items
			Z0500B Date assessment signed as complete
-3761	Consistency	Fatal	<p>(a) If any item A1000A through A1000F is equal to [-], then all active items from A1000A through A1000F must equal [-].</p> <p><b>Items:</b> A1000A Ethnicity: American Indian or Alaska Native  A1000B Ethnicity: Asian  A1000C Ethnicity: Black or African American  A1000D Ethnicity: Hispanic or Latino  A1000E Ethnicity: Native Hawaiian/Pacific Islander  A1000F Ethnicity: White</p>
-3790	Consistency	Fatal	<p>If A0250=[10, 11, 12], then A0270 must not equal [^].</p> <p><b>Items:</b> A0250 Reason for Assessment  A0270 Discharge date</p>
-3810	Consistency	Warning	<p>The record was submitted Late. The submission date is more than 7 days after Z0500B for this new (A0050 equals 1) record.</p> <p><b>Items:</b> A0050 Type of record  Z0500B Date assessment signed as complete</p>
-3852	Format	Fatal	<p>FORMATTING OF ICD-10 DIAGNOSIS CODES</p> <p>ICD-10 diagnosis codes must conform with the following formatting rules:</p> <p>a) Character 1 must be alphabetic [A-Z,a-z].  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 [^].</p> <p>Note that an entirely blank ICD code must be submitted as a single caret: [^].</p> <p><b>Items:</b> I0050A Other medical condition - ICD code</p>
-3863	Consistency	Warning	<p>If A1400K=[1], then A1400A through A1400J and A1400X and A1400Y must = [0]</p> <p><b>Items:</b> A1400A Payer: Medicare (FFS)  A1400B Payer: Medicare (managed care/Part C/Mcr Advant.)  A1400C Payer: Medicaid (FFS)  A1400D Payer: Medicaid (managed care)  A1400E Payer: Workers' compensation  A1400F Payer: Title programs  A1400G Payer: Other Government  A1400H Payer: Private insurance/Medigap  A1400I Payer: Private managed care  A1400J Payer: Self-pay  A1400K Payer: No payor source  A1400X Payer: Unknown  A1400Y Payer: Other</p>
-3900	Consistency	Warning	<p>A dash (-) submitted in this quality measure item may result in a payment reduction for your facility of two percentage points for the affected payment determination.</p> <p><b>Items:</b> H0350 Bladder continence  H0400 Bowel continence</p>

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ID	Type	Severity	Text/Items
			I0101 Severe and Metastatic Cancers
			I0900 Peripheral vascular disease (PVD) or PAD
			I1501 Chronic Kidney Disease, Stage 5
			I1502 Acute Renal Failure
			I2101 Septicemia, Sepsis, Systemic Inflammatory Response
			I2600 CNS Infect, Oppor Infect, Bone/Joint/Muscle Infect
			I2900 Diabetes mellitus (DM)
			I4100 Major Lower Limb Amputation
			I4501 Stroke
			I4801 Dementia
			I4900 Hemiplegia or Hemiparesis
			I5000 Paraplegia
			I5101 Complete Tetraplegia
			I5102 Incomplete Tetraplegia
			I5110 Other Spinal Cord Disorder/Injury
			I5200 Multiple Sclerosis (MS)
			I5250 Huntington's Disease
			I5300 Parkinson's Disease
			I5450 Amyotrophic Lateral Sclerosis
			I5460 Locked-In State
			I5470 Severe Anoxic Brain Damage, Cerebral Edema
			I5601 Malnutrition
			I5602 At Risk for Malnutrition
			I7900 None of the Above
			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
			K0200A Height (in inches)
			K0200B Weight (in pounds)
			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
			O0100F3 Invasive Mechanical Ventilator - weaning
			O0100F4 Invasive Mechanical Ventilator - non-weaning
			O0100G Non-invasive ventilator (BIPAP, CPAP)
			O0100J Dialysis
			O0100N Total Parenteral Nutrition
			O0100Z None of the above
-3910	Consistency	Fatal	<p>a) If M0300B1=[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=[-], then if M0800A is active it must equal [-].</p> <p>c) If M0300B1=[0-9] and M0800A=[0-9], then the value of M0800A must be less than or equal to the value of M0300B1.</p> <p><b>Items:</b> M0300B1 Stage 2 pressure ulcers: number present</p> <p>M0800A Worsened: Stage 2 pressure ulcers</p>
-3911	Consistency	Fatal	<p>a) If M0300C1=[0-9], then if M0800B is active it must equal [0,1,2,3,4,5,6,7,8,9,-].</p> <p>) If M0300C1=[0-9] and M0800B=[0-9], then the value of M0800B must be less than or equal to the value of M0300C1.</p>

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**Unduplicated Edits Report by Edit ID**

ID	Type	Severity	Text/Items
-3912	Consistency	Fatal	<b>Items:</b> M0300C1 Stage 3 pressure ulcers: number present M0800B Worsened: Stage 3 pressure ulcers
			a) If M0300D1=[0-9], then if M0800C is active it must equal [0,1,2,3,4,5,6,7,8,9,-]. b) If M0300D1=[-], then if M0800C is active it must equal [-]. c) If M0300D1=[0-9] and M0800C=[0-9], then the value of M0800C must be less than or equal to the value of M0300D1.
			<b>Items:</b> M0300D1 Stage 4 pressure ulcers: number present M0800C Worsened: Stage 4 pressure ulcers
-3917	Consistency	Fatal	(a) If A2500=[1], then A2510 must equal [01-99]. <b>Items:</b> A2500 Were there program interruption(s) during stay A2510 Number of program interruptions during stay
-3922	Consistency	Fatal	a) If O0250A=[1], then O0250B must not equal [^]. b) If O0250A=[0], then O0250B must equal [^]. c) If O0250A=[-], then O0250B must equal [-]. <b>Items:</b> O0250A Was influenza vaccine received O0250B Date influenza vaccine received
-3923	Consistency	Fatal	a) If O0250A=[0], then O0250C must not equal [^]. b) If O0250A=[1], then O0250C must equal [^]. c) If O0250A=[-], then O0250C must equal [-]. <b>Items:</b> O0250A Was influenza vaccine received O0250C If influenza vaccine not received, state reason
-3924	Format	Fatal	The CMS Certification Number (CCN) must be exactly 6 characters in length. <b>Items:</b> A0100B Facility CMS Certification Number (CCN)
-3926	Consistency	Fatal	a) If A2510=[01], then A2525A1 through A2525A2 must not equal [^] and A2525B1 through A2525E2 must equal [^]. b) If A2510=[02], then A2525A1 through A2525B2 must not equal [^] and A2525C1 through A2525E2 must equal [^]. c) If A2510=[03], then A2525A1 through A2525C2 must not equal [^] and A2525D1 through A2525E2 must equal [^]. d) If A2510=[04], then A2525A1 through A2525D2 must not equal [^] and A2525E1 through A2525E2 must equal [^]. e) If A2510=[05-99], then A2525A1 through A2525E2 must not equal [^]. <b>Items:</b> A2510 Number of program interruptions during stay A2525A1 First Interruption Start Date A2525A2 First Interruption End Date A2525B1 Second Interruption Start Date A2525B2 Second Interruption End Date A2525C1 Third Interruption Start Date A2525C2 Third Interruption End Date A2525D1 Fourth Interruption Start Date A2525D2 Fourth Interruption End Date A2525E1 Fifth Interruption Start Date A2525E2 Fifth Interruption End Date

**Data Submission Specifications for the LTCH - CARE Data Set (V2.01.0)**  
**Unduplicated Edits Report by Edit ID**

ID	Type	Severity	Text/Items																																				
-3927	Consistency	Warning	<p>The following rules apply to items A2525A1 through A2525E2 when the values in those items are dates and are not equal to [^]:</p> <p>a) A2525A2 minus A2525A1 should be less than or equal to 2 days. b) A2525B2 minus A2525B1 should be less than or equal to 2 days. c) A2525C2 minus A2525C1 should be less than or equal to 2 days. d) A2525D2 minus A2525D1 should be less than or equal to 2 days. e) A2525E2 minus A2525E1 should be less than or equal to 2 days.</p> <table><tr><td>Items:</td><td>A2525A1</td><td>First Interruption Start Date</td></tr><tr><td></td><td>A2525A2</td><td>First Interruption End Date</td></tr><tr><td></td><td>A2525B1</td><td>Second Interruption Start Date</td></tr><tr><td></td><td>A2525B2</td><td>Second Interruption End Date</td></tr><tr><td></td><td>A2525C1</td><td>Third Interruption Start Date</td></tr><tr><td></td><td>A2525C2</td><td>Third Interruption End Date</td></tr><tr><td></td><td>A2525D1</td><td>Fourth Interruption Start Date</td></tr><tr><td></td><td>A2525D2</td><td>Fourth Interruption End Date</td></tr><tr><td></td><td>A2525E1</td><td>Fifth Interruption Start Date</td></tr><tr><td></td><td>A2525E2</td><td>Fifth Interruption End Date</td></tr></table>	Items:	A2525A1	First Interruption Start Date		A2525A2	First Interruption End Date		A2525B1	Second Interruption Start Date		A2525B2	Second Interruption End Date		A2525C1	Third Interruption Start Date		A2525C2	Third Interruption End Date		A2525D1	Fourth Interruption Start Date		A2525D2	Fourth Interruption End Date		A2525E1	Fifth Interruption Start Date		A2525E2	Fifth Interruption End Date						
Items:	A2525A1	First Interruption Start Date																																					
	A2525A2	First Interruption End Date																																					
	A2525B1	Second Interruption Start Date																																					
	A2525B2	Second Interruption End Date																																					
	A2525C1	Third Interruption Start Date																																					
	A2525C2	Third Interruption End Date																																					
	A2525D1	Fourth Interruption Start Date																																					
	A2525D2	Fourth Interruption End Date																																					
	A2525E1	Fifth Interruption Start Date																																					
	A2525E2	Fifth Interruption End Date																																					
-3928	Consistency	Fatal	<p>The following rules apply to items A2525A1 through A2525E2 when the values in those items are dates and are not equal to [^]:</p> <p>A0220 &lt;= A2525A1 &lt;= A2525A2 &lt;= A2525B1 &lt;= A2525B2 &lt;= A2525C1 &lt;= A2525C2 &lt;= A2525D1 &lt;= A2525D2 &lt;= A2525E1 &lt;= A2525E2&lt;= A0270</p> <table><tr><td>Items:</td><td>A0220</td><td>Admission date</td></tr><tr><td></td><td>A0270</td><td>Discharge date</td></tr><tr><td></td><td>A2525A1</td><td>First Interruption Start Date</td></tr><tr><td></td><td>A2525A2</td><td>First Interruption End Date</td></tr><tr><td></td><td>A2525B1</td><td>Second Interruption Start Date</td></tr><tr><td></td><td>A2525B2</td><td>Second Interruption End Date</td></tr><tr><td></td><td>A2525C1</td><td>Third Interruption Start Date</td></tr><tr><td></td><td>A2525C2</td><td>Third Interruption End Date</td></tr><tr><td></td><td>A2525D1</td><td>Fourth Interruption Start Date</td></tr><tr><td></td><td>A2525D2</td><td>Fourth Interruption End Date</td></tr><tr><td></td><td>A2525E1</td><td>Fifth Interruption Start Date</td></tr><tr><td></td><td>A2525E2</td><td>Fifth Interruption End Date</td></tr></table>	Items:	A0220	Admission date		A0270	Discharge date		A2525A1	First Interruption Start Date		A2525A2	First Interruption End Date		A2525B1	Second Interruption Start Date		A2525B2	Second Interruption End Date		A2525C1	Third Interruption Start Date		A2525C2	Third Interruption End Date		A2525D1	Fourth Interruption Start Date		A2525D2	Fourth Interruption End Date		A2525E1	Fifth Interruption Start Date		A2525E2	Fifth Interruption End Date
Items:	A0220	Admission date																																					
	A0270	Discharge date																																					
	A2525A1	First Interruption Start Date																																					
	A2525A2	First Interruption End Date																																					
	A2525B1	Second Interruption Start Date																																					
	A2525B2	Second Interruption End Date																																					
	A2525C1	Third Interruption Start Date																																					
	A2525C2	Third Interruption End Date																																					
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	A2525D2	Fourth Interruption End Date																																					
	A2525E1	Fifth Interruption Start Date																																					
	A2525E2	Fifth Interruption End Date																																					
-3929	Consistency	Fatal	<p>a) If M0300E1=[0-9], then if M0800D is active it must equal [0,1,2,3,4,5,6,7,8,9,-]. b) If M0300E1=[-], then if M0800D is active it must equal [-]. c) If M0300E1=[0-9] and M0800D=[0-9], then the value of M0800D must be less than or equal to the value of M0300E1</p> <table><tr><td>Items:</td><td>M0300E1</td><td>Unstageable dressing: number present</td></tr><tr><td></td><td>M0800D</td><td>Worsened: Unstageable - Non-removable dressing</td></tr></table>	Items:	M0300E1	Unstageable dressing: number present		M0800D	Worsened: Unstageable - Non-removable dressing																														
Items:	M0300E1	Unstageable dressing: number present																																					
	M0800D	Worsened: Unstageable - Non-removable dressing																																					

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**Unduplicated Edits Report by Edit ID**

ID	Type	Severity	Text/Items
-3930	Consistency	Fatal	<p>a) If M0300F1=[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=[-], then if M0800E is active it must equal [-].</p> <p>c) If M0300F1=[0-9] and M0800E=[0-9], then the value of M0800E must be less than or equal to the value of M0300F1.</p> <p><b>Items:</b> M0300F1 Unstageable slough/eschar: number present</p> <p>M0800E Worsened: Unstageable - Slough and/or eschar</p>
-3931	Consistency	Fatal	<p>a) If M0300G1=[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=[-], then if M0800F is active it must equal [-].</p> <p>c) If M0300G1=[0-9] and M0800F=[0-9], then the value of M0800F must be less than or equal to the value of M0300G1.</p> <p><b>Items:</b> M0300G1 Unstageable deep tissue: number present</p> <p>M0800F Worsened: Unstageable - Deep tissue injury</p>
-3932	Consistency	Fatal	<p>a) If C1610E1=[1], then C1610E2 must equal [0].</p> <p>b) If B0100=[0], then C1610E1 and C1610E2 cannot BOTH be equal to [-].</p> <p><b>Items:</b> B0100 Comatose</p> <p>C1610E1 Altered Consc Lvl - Alert</p> <p>C1610E2 Altered Consc Lvl - Vigilant/Lethargic/Stupor/Coma</p>
-3933	Consistency	Warning	<p>Self-Care and Mobility Discharge Goals: At least one of the Discharge Goal items (GG0130A2, GG0130B2, GG0130C2, GG0130D2, GG0170A2, GG0170B2, GG0170C2, GG0170D2, GG0170E2, GG0170F2, GG0170I2, GG0170J2, GG0170K2, 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 for your facility of two percentage points for the affected payment determination.</p> <p><b>Items:</b> 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>GG0130D2 Self-Care (Dschg Goal) - Wash upper body</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>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>GG0170R2 Func Mobil (Dschg Goal) - Wheel 50 feet w/2 turns</p> <p>GG0170S2 Func Mobil (Dschg Goal) - Wheel 150 feet</p>
-3934	Consistency	Fatal	<p>If GG0170H1=[-], then all active items from GG0170I1 through GG0170K2 must all be equal to [-].</p> <p><b>Items:</b> GG0170H1 Does the patient walk</p> <p>GG0170I1 Func Mobil (Adm Perf) - Walk 10 feet</p> <p>GG0170I2 Func Mobil (Dschg Goal) - Walk 10 feet</p> <p>GG0170J1 Func Mobil (Adm Perf) - Walk 50 feet w/2 turns</p> <p>GG0170J2 Func Mobil (Dschg Goal) - Walk 50 feet w/2 turns</p> <p>GG0170K1 Func Mobil (Adm Perf) - Walk 150 feet</p>



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ID	Type	Severity	Text/Items
-3935	Consistency	Fatal	GG0170K2                      Func Mobil (Dschg Goal) - Walk 150 feet
			If GG0170H3=[-], then GG0170I3, GG0170J3, and GG0170K3 must all be equal to [-].
			Items: GG0170H3                      Does the patient walk
			GG0170I3                      Func Mobil (Dschg Perf) - Walk 10 feet
			GG0170J3                      Func Mobil (Dschg Perf) - Walk 50 feet w/2 turns
-3936	Consistency	Fatal	GG0170K3                      Func Mobil (Dschg Perf) - Walk 150 feet
			If GG0170Q1=[-], then all active items from GG0170R1 through GG0170SS1 must be equal to [-].
			Items: GG0170Q1                      Does the patient use a wheelchair/scooter
			GG0170R1                      Func Mobil (Adm Perf) - Wheel 50 feet w/2 turns
			GG0170RR1                      Indicate the type of wheelchair/scooter used
-3937	Consistency	Fatal	GG0170S1                      Func Mobil (Adm Perf) - Wheel 150 feet
			GG0170SS1                      Indicate the type of wheelchair/scooter used
			a) If GG0170Q3=[0], then all active items from GG0170R3 through GG0170SS3 must be equal to [^].
			b) If GG0170Q3=[1], then all active items from GG0170R3 through GG0170SS3 must not be equal to [^].
			c) If GG0170Q3=[-], then all active items from GG0170R3 through GG0170SS3 must be equal to [-].
-3938	Consistency	Fatal	Items: GG0170Q3                      Does the patient use a wheelchair/scooter
			GG0170R3                      Func Mobil (Dschg Perf) - Wheel 50 feet w/2 turns
			GG0170RR3                      Indicate the type of wheelchair/scooter used
			GG0170S3                      Func Mobil (Dschg Perf) - Wheel 150 feet
			GG0170SS3                      Indicate the type of wheelchair/scooter used.
-3939	Consistency	Fatal	If A0250=[11], then all active items from C1610A through C1610E2 must not be equal to [^].
			Items: A0250                      Reason for Assessment
			C1610A                      Acute onset
			C1610B                      Fluctuating Course
			C1610C                      Inattention
-9001	Information	None	C1610D                      Disorganized Thinking
			C1610E1                      Altered Consc Lvl - Alert
			C1610E2                      Altered Consc Lvl - Vigilant/Lethargic/Stupor/Coma
			(a) If O0100F3=[1], then O0100F4 must not be equal to [1].
			(b) If O0100F4=[1], then O0100F3 must not be equal to [1].
-9002	Information	None	(c) If O0100F3=[-], then O0100F4 must be equal to [-].
			(d) If O0100F4=[-], then O0100F3 must be equal to [-].
			Items: O0100F3                      Invasive Mechanical Ventilator - weaning
			O0100F4                      Invasive Mechanical Ventilator - non-weaning
			The target date is defined as follows:
-9001	Information	None	a) If A0250=[01], then the target date is equal to A0220 (admission date)
			b) If A0250=[10,11,12], then the target date is equal to A0270 (discharge date)
			Items: TARGET_DATE                      Target date

The Item Subset Code (ISC) is a two-character code that indicates the type of record that is being

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ID	Type	Severity	Text/Items
			submitted. The set of active items is controlled by the ISC. The ISC is defined as follows: If A0050 = [1,2] and A0250 = [01] then ITM_SBST_CD = [LA] If A0050 = [1,2] and A0250 = [10] then ITM_SBST_CD = [LP] If A0050 = [1,2] and A0250 = [11] then ITM_SBST_CD = [LU] If A0050 = [1,2] and A0250 = [12] then ITM_SBST_CD = [LE] If A0050 = [3] and A0250 = [01,10,11,12] then ITM_SBST_CD = [XX] For a more complete explanation of the meaning and use of the ISC codes, please refer to the documentation that accompanies these data specifications.
		<b>Items:</b>	ITM_SBST_CD                      Item subset code A0050                                      Type of record A0250                                      Reason for Assessment