

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

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## Detailed Data Specifications Report

### Section: S

Item ID: S0101

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0102

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0111**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0115

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0120

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0122**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0123**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0125

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
Text		Prior Residence Town Code

#### Item Edits

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

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## Detailed Data Specifications Report

### Section: S

Item ID: S0130

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
1		No Schooling
2		8th grade/less
3		Some high school
4		High school graduate/GED
5		Technical or trade school
6		Some college/Associate's degree
7		Bachelor's degree
8		Graduate degree
-		Not assessed/no information

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0140**

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
Text		Physician License Number

#### Item Edits

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



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### Section: S

**Item ID: S0141**

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
Text		Physician Last Name

#### Item Edits

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

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## Detailed Data Specifications Report

### Section: S

**Item ID: S0150**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V1.15.0)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0160**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0161A**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Requires specialized unit: dementia/Alzheimer Resident required the services and resided on a specialized unit during the last 14 days. Check all that apply: Dementia/Alzheimer Unit	Asmt		Checklist	1	2536-2536

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0161B**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Requires specialized unit: behavioral health Resident required the services and resided on a specialized unit during the last 14 days. Check all that apply: Behavioral Health Unit	Asmt		Checklist	1	2537-2537

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0161C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Requires specialized unit: TBI Resident required the services and resided on a specialized unit during the last 14 days. Check all that apply: TBI unit	Asmt		Checklist	1	2538-2538

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0161D**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Requires specialized unit: ventilator Resident required the services and resided on a specialized unit during the last 14 days. Check all that apply: Ventilator Unit	Asmt		Checklist	1	2539-2539

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0161Z**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Requires specialized unit: none of the above Resident required the services and resided on a specialized unit during the last 14 days. Check all that apply: None of the above	Asmt		Checklist	1	2540-2540

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information

#### Item Edits

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



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0165A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Specialty services: Dementia/Alzheimers	Asmt		Checklist	1	2565-2565
Specialty services: Dementia/Alzheimers					

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0165B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Specialty services: Behavioral Health	Asmt		Checklist	1	2566-2566
Specialty services: Behavioral Health					

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0165C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Specialty services: Traumatic Brain Injury	Asmt		Checklist	1	2567-2567
Specialty services: Traumatic Brain Injury					

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0165D

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Specialty services: Ventilator Specialty services: Ventilator	Asmt		Checklist	1	2568-2568

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0165E

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Specialty services: On-Site Dialysis Specialty services: On-Site Dialysis	Asmt		Checklist	1	2569-2569

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0165Z

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Specialty services: None of the Above	Asmt		Checklist	1	2570-2570
Specialty services: None of the Above					

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0170A

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0170B

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0170C

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0170D

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0170E

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0170F

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0170G

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0170H

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0170Z

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0171A**

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

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



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0171B**

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0172A

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0172B

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0172C**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0172D

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0172E**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0172F

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0172G

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0172H

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0173

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0174**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Resident has Advanced Directive Does the resident have an Advance Directive (Living Will)?	Asmt		Code	1	2571-2571

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0175

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Resident has POA for Health Care Does the resident have a Power of Attorney for Health Care?	Asmt		Code	1	2572-2572

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0180

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0183**

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0500

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0501

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0510

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0511**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0512

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0513

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
PASRR Screening Outcome What was the outcome of the PASRR screen?	Asmt		Code	1	2573-2573

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Screen was sent to the NF; no diagnosis, suspected diagnosis or need for specialized services
1		Screen was sent for determination of need for Level II screen due to diagnosis, suspected diagnosis or need for specialized services related to mental illness, intellectual disability, or other related condition.
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0520

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0600A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Meets criteria: requires ventilator 10+ hours Resident has met the criteria identified and is eligible for enhanced Medicaid Reimbursement. Check all that apply: Resident requires the use of a ventilator for a minimum of 10 hours in a 24 hour period.	Asmt		Checklist	1	2541-2541

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0600B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Meets criteria: requires ventilator 16+ hours Resident has met the criteria identified and is eligible for enhanced Medicaid Reimbursement. Check all that apply: Resident requires the use of a ventilator for a minimum of 16 hours in a 24 hour period.	Asmt		Checklist	1	2542-2542

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0600C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Meets criteria: Traumatic Brain Injury-Tier I Resident has met the criteria identified and is eligible for enhanced Medicaid Reimbursement. Check all that apply: Resident meets the criteria and is receiving services under Traumatic Brain Injury-Tier I.	Asmt		Checklist	1	2543-2543

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information

#### Item Edits

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



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0600D

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Meets criteria: Traumatic Brain Injury-Tier II Resident has met the criteria identified and is eligible for enhanced Medicaid Reimbursement. Check all that apply: Resident meets the criteria and is receiving services under Traumatic Brain Injury- Tier II.	Asmt		Checklist	1	2544-2544

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0600E

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Meets criteria: Traumatic Brain Injury-Tier III Resident has met the criteria identified and is eligible for enhanced Medicaid Reimbursement. Check all that apply: Resident meets the criteria and is receiving services under Traumatic Brain Injury-Tier III.	Asmt		Checklist	1	2545-2545

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S0600Z

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Meets criteria: none of the above Resident has met the criteria identified and is eligible for enhanced Medicaid Reimbursement. Check all that apply: None of the above	Asmt		Checklist	1	2546-2546

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S1000

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S1001**

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S1100A**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S1100B**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

#### Version Changes

Type	ID	Description
Item	S1100B	[V1.15.0]-Updated item text.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S1100C**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

#### Version Changes

Type	ID	Description
Item	S1100C	[V1.15.0]-Updated item text.



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S1100D

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

#### Version Changes

Type	ID	Description
Item	S1100D	[V1.15.0]-Updated item text.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S1100E**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

#### Version Changes

Type	ID	Description
Item	S1100E	[V1.15.0]-Updated item text.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S1100F**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

#### Version Changes

Type	ID	Description
Item	S1100F	[V1.15.0]-Updated item text.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S1100F1**

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
Text		Name of first MDRO
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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

#### Version Changes

Type	ID	Description
Item	S1100F1	[V1.15.0]-Added response options [-,^] to item values.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S1100F2**

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
Text		Name of second MDRO
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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

#### Version Changes

Type	ID	Description
Item	S1100F2	[V1.15.0]-Added response options [-,^] to item values.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S1100G**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S1100H**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S1100I**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S1100J

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Disease: CRE	Asmt		Checklist	1	2574-2574
Disease: CRE Disease Diagnoses: Check all that apply since last assessment: j. CRE (Carbapenem-Resistant Enterobacteriaceae)					

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

#### Version Changes

Type	ID	Description
Item	S1100J	[V1.15.0]-Updated item text.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S1100Z**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S1200A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Primary/secondary SMI dx: schizophrenia	Asmt		Code	1	2073-2073
Primary and secondary SMI diagnosis: Schizophrenia					

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
1		Primary
2		Secondary
3		Neither primary or secondary

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S1200B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Primary/secondary SMI dx: delusional disorder	Asmt		Code	1	2074-2074
Primary and secondary SMI diagnosis: Delusional disorder					

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
1		Primary
2		Secondary
3		Neither primary or secondary

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S1200C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Primary/secondary SMI dx: schizoaffective disorder	Asmt		Code	1	2075-2075
Primary and secondary SMI diagnosis: Schizoaffective disorder					

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
1		Primary
2		Secondary
3		Neither primary or secondary

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S1200D

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Primary/secondary SMI dx: psychotic disorder NOS	Asmt		Code	1	2076-2076
Primary and secondary SMI diagnosis: Psychotic disorder not otherwise specified					

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
1		Primary
2		Secondary
3		Neither primary or secondary

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S1200E

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Primary/secondary SMI dx: bipolar disorder I	Asmt		Code	1	2077-2077
Primary and secondary SMI diagnosis: Bipolar disorder I mixed, manic, and depressed					

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
1		Primary
2		Secondary
3		Neither primary or secondary

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S1200F

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Primary/secondary SMI dx: bipolar disorder II	Asmt		Code	1	2078-2078
Primary and secondary SMI diagnosis: Bipolar disorder II					

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
1		Primary
2		Secondary
3		Neither primary or secondary

#### Item Edits

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



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S1200G

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Primary/secondary SMI dx: cyclothymic disorder	Asmt		Code	1	2079-2079
Primary and secondary SMI diagnosis: Cyclothymic disorder					

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
1		Primary
2		Secondary
3		Neither primary or secondary

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S1200H

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Primary/secondary SMI dx: bipolar disorder NOS Primary and secondary SMI diagnosis: Bipolar disorder not otherwise specified	Asmt		Code	1	2080-2080

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
1		Primary
2		Secondary
3		Neither primary or secondary

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S1200I

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Primary/secondary SMI dx: major depress recurrent Primary and secondary SMI diagnosis: Major depression, recurrent	Asmt		Code	1	2081-2081

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
1		Primary
2		Secondary
3		Neither primary or secondary

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S2000**

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
2		Limited

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S2001

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
2		Limited

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S2010

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S2011

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S2015

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

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



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S2016

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S2040

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S2050**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S2060A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Resident centered care: Oasis For this resident are any of the non-pharmacological resident centered care techniques supported by the programs listed below included in the individualized resident centered care approach? Check all items that apply: Oasis	Asmt		Code	1	2547-2547

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S2060B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Resident centered care: habilitation therapy For this resident are any of the non-pharmacological resident centered care techniques supported by the programs listed below included in the individualized resident centered care approach? Check all items that apply: Habilitation therapy	Asmt		Code	1	2548-2548

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S2060C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Resident centered care: hand in hand For this resident are any of the non-pharmacological resident centered care techniques supported by the programs listed below included in the individualized resident centered care approach? Check all items that apply: Hand in Hand	Asmt		Code	1	2549-2549

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S2060D

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Resident centered care: consistent assignment For this resident are any of the non-pharmacological resident centered care techniques supported by the programs listed below included in the individualized resident centered care approach? Check all items that apply: Consistent Assignment	Asmt		Code	1	2550-2550

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S2060E

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Resident centered care: other For this resident are any of the non-pharmacological resident centered care techniques supported by the programs listed below included in the individualized resident centered care approach? Check all items that apply: Other	Asmt		Code	1	2551-2551

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S2060Z

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Resident centered care: none of the above For this resident are any of the non-pharmacological resident centered care techniques supported by the programs listed below included in the individualized resident centered care approach? Check all items that apply: None of the above	Asmt		Code	1	2552-2552

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S3100A

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S3100B

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S3100C

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S3100D

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S3100E

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S3100F

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S3100G

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S3100H

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S3100Z

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S3200A

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S3200B

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
1		Full
2		Limited
3		None

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S3300

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Weight-based Equipment Need Did this resident require specialized equipment based on weight since last assessment?	Asmt		Code	1	2575-2575

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
-		Not assessed/no information

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S3305A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Lifting device for weight	Asmt		Checklist	1	2576-2576
Lifting device required since last assessment					

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S3305B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Wheelchair or mobility device for weight Wheelchair or other mobility device required since last assessment	Asmt		Checklist	1	2577-2577

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S3305C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Bed for weight Bed required since last assessment	Asmt		Checklist	1	2578-2578

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S3305D

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Seating for weight Seating required since last assessment	Asmt		Checklist	1	2579-2579

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S3305E

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
More than 2 staff for weight More than 2 staff required since last assessment	Asmt		Checklist	1	2580-2580

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S3305Y

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Other for weight Other equipment required since last assessment	Asmt		Checklist	1	2581-2581

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S4000A

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S4000B

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S4000C

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S4000D

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S4010A

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Minimum value
3		Maximum value

#### Item Edits

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



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S4010B

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Minimum value
3		Maximum value

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S4010C

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Minimum value
3		Maximum value

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S4010D

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Minimum value
3		Maximum value

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S4010E

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Minimum value
3		Maximum value

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S4500

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S4510A

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S4510B**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S4510C

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S4510D

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S4510E

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S4510F

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S5000

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Minimum value
9		Maximum value

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S5005

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V1.15.0)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S5010A1**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Data Submission Specifications for the MDS Item Set (V1.15.0)**  
**Detailed Data Specifications Report**  
**Section: S**

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

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S5010A2

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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



**Data Submission Specifications for the MDS Item Set (V1.15.0)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S5010B1**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Data Submission Specifications for the MDS Item Set (V1.15.0)**  
**Detailed Data Specifications Report**  
**Section: S**

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

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S5010B2

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V1.15.0)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S5010C1**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Data Submission Specifications for the MDS Item Set (V1.15.0)**  
**Detailed Data Specifications Report**  
**Section: S**

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

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V1.15.0)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S5010C2**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V1.15.0)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S5010D1**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Data Submission Specifications for the MDS Item Set (V1.15.0)**  
**Detailed Data Specifications Report**  
**Section: S**

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

**Item Edits**

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



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S5010D2

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V1.15.0)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S5010E1**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Data Submission Specifications for the MDS Item Set (V1.15.0)**  
**Detailed Data Specifications Report**  
**Section: S**

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

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S5010E2

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V1.15.0)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S5010F1**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

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

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V1.15.0)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S5010F2**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V1.15.0)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S5010G1**

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

**Item Subsets**

Active:

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

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

**Item Values**

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



**Data Submission Specifications for the MDS Item Set (V1.15.0)**  
**Detailed Data Specifications Report**  
**Section: S**

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

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S5010G2

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V1.15.0)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S5010H1**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Data Submission Specifications for the MDS Item Set (V1.15.0)**  
**Detailed Data Specifications Report**  
**Section: S**

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

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S5010H2

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V1.15.0)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S5010I1**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Pressure ulcer 9 location Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): I1. Location of pressure ulcer 9	Asmt		Code	2	2144-2145

**Item Subsets**

Active:

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

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

**Item Values**

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

**Data Submission Specifications for the MDS Item Set (V1.15.0)**  
**Detailed Data Specifications Report**  
**Section: S**

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

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S5010I2

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6000**

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S6005

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S6010

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S6020A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vent/resp specialized RN expertise	Asmt		Checklist	1	2582-2582
Ventilator/respirator resident needs specialized RN expertise					

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S6020B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vent/resp specialized CNA training needed	Asmt		Checklist	1	2583-2583
Ventilator/respirator resident needs specialized CNA training					

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S6020C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vent/resp specialized therapy (PT,OT,RT) expertise Ventilator/respirator resident needs specialized therapy (PT, OT, RT) expertise	Asmt		Checklist	1	2584-2584

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S6020D

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vent/resp specialized equipment	Asmt		Checklist	1	2585-2585
Ventilator/respirator resident needs specialized equipment					

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S6020Y

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vent/resp Other Ventilator/respirator resident needs other	Asmt		Checklist	1	2586-2586

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S6020Z

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vent/resp None of the Above	Asmt		Checklist	1	2587-2587
Ventilator/respirator resident needs none of the above					

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S6022A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vent/resp days licensed nurse: hourly intervals	Asmt		Number	1	2588-2588
Number of days the resident required hourly intervals of direct care by a licensed nurse.					

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Minimum value
7		Maximum value
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S6022B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vent/resp days licensed nurse: 15-minute intervals Number of days the resident required 15-minute intervals of direct care by a licensed nurse.	Asmt		Number	1	2589-2589

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Minimum value
7		Maximum value
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S6022C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vent/resp days licensed nurse: 5-minute intervals Number of days the resident required 5-minute intervals of direct care by a licensed nurse.	Asmt		Number	1	2590-2590

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Minimum value
7		Maximum value
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S6023A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vent/resp days CNA: hourly intervals Number of days the resident required hourly intervals of direct care by a CNA.	Asmt		Number	1	2591-2591

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Minimum value
7		Maximum value
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6023B**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vent/resp days CNA: 15-minute intervals Number of days the resident required 15-minute intervals of direct care by a CNA.	Asmt		Number	1	2592-2592

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Minimum value
7		Maximum value
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S6023C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vent/resp days CNA: 5-minute intervals Number of days the resident required 5-minute intervals of direct care by a CNA.	Asmt		Number	1	2593-2593

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Minimum value
7		Maximum value
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S6024A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vent/resp days RT: hourly intervals	Asmt		Number	1	2594-2594
Number of days the resident required hourly intervals of direct care by a respiratory therapist.					

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Minimum value
7		Maximum value
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S6024B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vent/resp days RT: 15-minute intervals Number of days the resident required 15-minute intervals of direct care by a respiratory therapist.	Asmt		Number	1	2595-2595

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Minimum value
7		Maximum value
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S6024C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vent/resp days RT: 5-minute intervals Number of days the resident required 5-minute intervals of direct care by a respiratory therapist.	Asmt		Number	1	2596-2596

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Minimum value
7		Maximum value
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S6050

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Isolation precautions needed Has resident required any type of isolation precautions since admission or the previous assessment other than standard/universal precautions?	Asmt		Code	1	2150-2150

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

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

#### Version Changes

Type	ID	Description
Item	S6050	[V1.15.0]-Updated item text.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6051A**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

#### Version Changes

Type	ID	Description
Item	S6051A	[V1.15.0]-Added response option [^] to item values.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6051B**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

#### Version Changes

Type	ID	Description
Item	S6051B	[V1.15.0]-Added response option [^] to item values.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6051C**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

#### Version Changes

Type	ID	Description
Item	S6051C	[V1.15.0]-Added response option [^] to item values.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6051D**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

#### Version Changes

Type	ID	Description
Item	S6051D	[V1.15.0]-Added response option [^] to item values.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID:** S6100A

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6100B**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6100C**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6100D**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6100E**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6100F1**

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
Text		Other Vaccination 1 Name

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6100F2**

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
Text		Other Vaccination 2 Name

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6100F3**

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
Text		Other Vaccination 3 Name

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6100Z**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6200**

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Minimum value
90		Maximum value

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S6205

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Number of Observation Stays Observation Stays: Record number of times resident had at least one overnight stay without being admitted to the hospital since the last assessment.	Asmt		Number	1	2597-2597

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Minimum value
9		Maximum value

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6210**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Number of ER visits Emergency Room (ER) visit(s): Record number of times resident visited ER without an overnight stay in last 90 days (or since last assessment if less than 90 days). Enter 0 if no ER visits.	Asmt		Number	3	2223-2225

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Minimum value
999		Maximum value

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S6220

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Alzheimer's/Dementia Special Care Unit Alzheimer's/Dementia Special Care Unit-Program provided while a resident of this facility within the last 14 days	Asmt		Code	1	2226-2226

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S6230

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Has resident received antipsychotic	Asmt		Code	1	2553-2553
Has this resident received an antipsychotic medication since the ARD of the last OBRA assessment, or, if this is an admission assessment, since the Entry Date (A1600)?					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S6232

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Is resident currently receiving antipsychotic	Asmt		Code	1	2554-2554
Is the resident currently receiving an antipsychotic medication?					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S6234

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Attempt to reduce amount of antipsychotic Has an attempt been made to reduce the total amount of antipsychotic medication the resident receives since the ARD of the last OBRA assessment, or, if this is an admission assessment, since the Entry Date (A1600)?	Asmt		Code	1	2555-2555

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S6236

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Was reduction in antipsychotic maintained Was the reduction in the total amount of antipsychotic medication that the resident receives maintained?	Asmt		Code	1	2556-2556

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S7000

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Dental Care	Asmt		Code	1	2598-2598
Dental care					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
1		Routine dental care since last assessment
2		Emergent dental care since last assessment
9		None of the above

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8000A1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare - Primary Payor	Asmt		Checklist	1	2227-2227
Medicare - Primary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8000A2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare - Secondary Payor	Asmt		Checklist	1	2228-2228
Medicare - Secondary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8000A3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Payor Medicare	Asmt		Checklist	1	2229-2229

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8000B1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Part A - Primary Payor	Asmt		Checklist	1	2230-2230
Medicare Part A - Primary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8000B2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Part A - Secondary Payor	Asmt		Checklist	1	2231-2231
Medicare Part A - Secondary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8000B3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Part A Payor	Asmt		Checklist	1	2232-2232
Medicare Part A					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8000C1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Part B - Primary Payor	Asmt		Checklist	1	2233-2233
Medicare Part B - Primary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8000C2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Part B - Secondary Payor	Asmt		Checklist	1	2234-2234
Medicare Part B - Secondary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8000C3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Part B Payor	Asmt		Checklist	1	2235-2235
Medicare Part B					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8000D1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Part C - Primary Payor	Asmt		Checklist	1	2236-2236
Medicare Part C (Medicare Advantage) - Primary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8000D2**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Part C - Secondary Payor	Asmt		Checklist	1	2237-2237
Medicare Part C (Medicare Advantage) - Secondary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8000D3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Part C Payor	Asmt		Checklist	1	2238-2238
Medicare Part C (Medicare Advantage)					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8000E1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare per diem - Primary Payor	Asmt		Checklist	1	2239-2239
Medicare per diem - Primary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8000E2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare per diem - Secondary Payor	Asmt		Checklist	1	2240-2240
Medicare per diem - Secondary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8000E3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare per diem Payor Medicare per diem	Asmt		Checklist	1	2241-2241

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8000Z

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare not a payment source	Asmt		Checklist	1	2242-2242
Medicare not a payment source					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8010A1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
In-state Medicaid - Primary Payor	Asmt		Checklist	1	2243-2243
In-state Medicaid - Primary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8010A2**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
In-state Medicaid - Secondary Payor	Asmt		Checklist	1	2244-2244
In-state Medicaid - Secondary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8010A3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
In-state Medicaid payor In-state Medicaid	Asmt		Checklist	1	2245-2245

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8010B1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Out-of-state Medicaid - Primary Payor	Asmt		Checklist	1	2246-2246
Out-of-state Medicaid - Primary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8010B2**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Out-of-state Medicaid - Secondary Payor	Asmt		Checklist	1	2247-2247
Out-of-state Medicaid - Secondary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8010B3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Out-of-state Medicaid Payor	Asmt		Checklist	1	2248-2248
Out-of-state Medicaid					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8010C1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid per diem - Primary Payor	Asmt		Checklist	1	2249-2249
Medicaid per diem - Primary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8010C2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid per diem - Secondary Payor	Asmt		Checklist	1	2250-2250
Medicaid per diem - Secondary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8010C3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid per diem Payor Medicaid per diem	Asmt		Checklist	1	2251-2251

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8010D1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid managed care per diem - Primary Payor	Asmt		Checklist	1	2252-2252
Medicaid managed care per diem - Primary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8010D2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid managed care per diem - Secondary Payor	Asmt		Checklist	1	2253-2253
Medicaid managed care per diem - Secondary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8010D3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid managed care per diem Payor	Asmt		Checklist	1	2254-2254
Medicaid managed care per diem					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8010E1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid per diem (not MC) - Primary Payor	Asmt		Checklist	1	2255-2255
Medicaid per diem (not managed care) - Primary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8010E2**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid per diem (not MC) - Secondary Payor	Asmt		Checklist	1	2256-2256
Medicaid per diem (not managed care) - Secondary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8010E3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid per diem (not MC) Payor Medicaid per diem (not managed care)	Asmt		Checklist	1	2257-2257

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8010F

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid per diem type	Asmt		Code	1	2531-2531
Type of Medicaid per Diem					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
1		Medicaid managed care per diem
2		Medicaid per diem (not managed care)
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8010F1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid Resident Liability - Primary Payor	Asmt		Checklist	1	2258-2258
Medicaid Resident Liability - Primary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8010F2**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid Resident Liability - Secondary Payor	Asmt		Checklist	1	2259-2259
Medicaid Resident Liability - Secondary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8010F3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid Resident Liability Payor	Asmt		Checklist	1	2260-2260
Medicaid Resident Liability					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8010G

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid state source Medicaid State Source	Asmt		Code	1	2532-2532

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
1		In-state Medicaid
2		Out-of-state Medicaid
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8010G1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Co-Pay - Primary Payor	Asmt		Checklist	1	2261-2261
Medicare Co-pay - Primary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8010G2**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Co-pay - Secondary Payor	Asmt		Checklist	1	2262-2262
Medicare Co-pay - Secondary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8010G3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Co-pay Payor Medicare Co-pay	Asmt		Checklist	1	2263-2263

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8010H1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Picture Date reporting Check this item if the assessment is a Discharge Return Anticipated assessment AND is to be used as a Discharge Return Not Anticipated for Picture Date reporting requirements	Asmt		Checklist	1	2264-2264

#### Item Subsets

Active:  
Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX  
State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8010H2**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid Other - Secondary Payor	Asmt		Checklist	1	2265-2265
Medicaid Other - Secondary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8010H3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid Other Payor	Asmt		Checklist	1	2266-2266
Medicaid Other					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S801011**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid Pending - Primary Payor	Asmt		Checklist	1	2267-2267
Medicaid Pending - Primary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8010I2**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid Pending - Secondary Payor	Asmt		Checklist	1	2268-2268
Medicaid Pending - Secondary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8010I3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid Pending Payor	Asmt		Checklist	1	2269-2269
Medicaid Pending					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8010Z**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid not a payment source	Asmt		Checklist	1	2270-2270
Medicaid not a payment source					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8020A1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Private - Primary Payor	Asmt		Checklist	1	2271-2271
Private - Primary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8020A2**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Private - Secondary Payor Private - Secondary Payor	Asmt		Checklist	1	2272-2272

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8020A3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Private Payor Private	Asmt		Checklist	1	2273-2273

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8020B1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Private per diem - Primary Payor	Asmt		Checklist	1	2274-2274
Private per diem (including co-pay) - Primary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8020B2**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Private per diem - Secondary Payor	Asmt		Checklist	1	2275-2275
Private per diem (including co-pay) - Secondary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8020B3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Private per diem Payor Private per diem (including co-pay)	Asmt		Checklist	1	2276-2276

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8020C1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Private LTC insurance policy - Primary Payor	Asmt		Checklist	1	2277-2277
Private LTC insurance policy - Primary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8020C2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Private LTC insurance policy - Secondary Payor	Asmt		Checklist	1	2278-2278
Private LTC insurance policy - Secondary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8020C3

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Private LTC insurance policy	Asmt		Checklist	1	2279-2279
Private LTC insurance policy					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8020Z

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Private insurance not a payment source	Asmt		Checklist	1	2280-2280
Private insurance not a payment source					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8030A1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Self-pay - Primary Payor	Asmt		Checklist	1	2281-2281
Self-pay - Primary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8030A2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Self-pay - Secondary Payor	Asmt		Checklist	1	2282-2282
Self-pay - Secondary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8030A3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Self-pay Payor	Asmt		Checklist	1	2283-2283
Self-pay					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8030B1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Family pay - Primary Payor	Asmt		Checklist	1	2284-2284
Family pay - Primary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8030B2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Family pay - Secondary Payor	Asmt		Checklist	1	2285-2285
Family pay - Secondary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8030B3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Family pay Payor Family pay	Asmt		Checklist	1	2286-2286

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8030C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Self or Family pay for full per diem	Asmt		Checklist	1	2287-2287
Self or family pay for full per diem					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8030Z**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Self or Family not a payment source	Asmt		Checklist	1	2288-2288
Self or family not a payment source					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8040A1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
State Run Medical Assistance - Primary Payor	Asmt		Checklist	1	2289-2289
State Run Medical Assistance - Primary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8040A2**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
State Run Medical Assistance - Secondary Payor	Asmt		Checklist	1	2290-2290
State Run Medical Assistance - Secondary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8040A3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
State Run Medical Assistance Payor State Run Medical Assistance	Asmt		Checklist	1	2291-2291

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8040B1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Tricare per diem - Primary Payor	Asmt		Checklist	1	2292-2292
Tricare per diem - Primary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8040B2**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Tricare per diem - Secondary Payor	Asmt		Checklist	1	2293-2293
Tricare per diem - Secondary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8040B3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Tricare per diem Payor Tricare per diem	Asmt		Checklist	1	2294-2294

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8040C1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
VA per diem - Primary Payor	Asmt		Checklist	1	2295-2295
VA per diem - Primary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8040C2**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
VA per diem - Secondary Payor	Asmt		Checklist	1	2296-2296
VA per diem - Secondary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8040C3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
VA per diem Payor VA per diem	Asmt		Checklist	1	2297-2297

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8040D1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Other Public - Primary Payor	Asmt		Checklist	1	2298-2298
Other public - Primary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8040D2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Other Public - Secondary Payor	Asmt		Checklist	1	2299-2299
Other public - Secondary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8040D3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Other Public Payor Other public	Asmt		Checklist	1	2300-2300

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8040Z**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Other government not a payment source	Asmt		Checklist	1	2301-2301
Other government not a payment source					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8050A1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Other - Primary Payor	Asmt		Checklist	1	2302-2302
Other - Primary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8050A2**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Other - Secondary Payor	Asmt		Checklist	1	2303-2303
Other - Secondary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8050A3

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Other Payor	Asmt		Checklist	1	2304-2304
Other					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8050B**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Other Payor Name 1	Asmt		Text	30	2305-2334
Other Name 1					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
Text		Other Payor Name 1

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8050C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Other Payor Name 2	Asmt		Text	30	2335-2364
Other Name 2					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
Text		Other Payor Name 2

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8050D

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Other Payor Name 3	Asmt		Text	30	2365-2394
Other Name 3					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
Text		Other Payor Name 3

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8055

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Primary payor	Asmt		Code	1	2533-2533
Primary Payor					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
1		Medicare
2		Medicaid
3		Medicaid Pending
4		Medicaid Managed Care
5		Managed Long Term Care
9		None of the above

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8099**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Payor: None of the Above None of the Above	Asmt		Checklist	1	2395-2395

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8500

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid begin date	Asmt		Date	8	2396-2403
Date Medicaid Coverage Began - If applicable, enter date					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Medicaid Coverage Begin Date
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V1.15.0)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8510A**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicaid Therapeutic bed-hold days since last asmt Number of therapeutic bed-hold days paid by Medicaid since the last assessment	Asmt		Number	2	2557-2558

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
00		Minimum value
99		Maximum value

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8510B**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid Therapeutic bed-hold days - YTD Number of therapeutic bed-hold days paid by Medicaid year-to-date	Asmt		Number	2	2559-2560

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
00		Minimum value
99		Maximum value

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8512A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid hospital bed-hold days since last asmt	Asmt		Number	2	2561-2562
Number of hospital bed-hold days paid by Medicaid since last assessment					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
00		Minimum value
99		Maximum value

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8512B**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid hospital bed-hold days - YTD	Asmt		Number	2	2563-2564
Number of hospital bed-hold days paid by Medicaid year-to-date					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
00		Minimum value
99		Maximum value

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8520A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid Leave Days Type 1	Asmt		Code	1	2408-2408
Leave Days for Medicaid (Bed-Hold days) Type 1					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
H		Hospital
T		Therapeutic
D		Deletion Request

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8520B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Leave Days for Medicaid begin date 1	Asmt		Date	8	2409-2416
Leave Days for Medicaid (Bed-Hold days) Leave Period Begin Date 1					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Leave Days for Medicaid Begin Date Type 1

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8520C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Leave Days for Medicaid end date 1	Asmt		Date	8	2417-2424
Leave Days for Medicaid (Bed-Hold days) Leave Period End Date 1					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Leave Days for Medicaid End Date Type 1
-		Not assessed/no information

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8521A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid Leave Days Type 2	Asmt		Code	1	2425-2425
Leave Days for Medicaid (Bed-Hold days) Type 2					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
H		Hospital
T		Therapeutic
D		Deletion Request

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8521B**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Leave Days for Medicaid begin date 2	Asmt		Date	8	2426-2433
Leave Days for Medicaid (Bed-Hold days) Leave Period Begin Date 2					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Leave Days for Medicaid Begin Date Type 2

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S8521C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Leave Days for Medicaid end date 2	Asmt		Date	8	2434-2441
Leave Days for Medicaid (Bed-Hold days) Leave Period End Date 2					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Leave Days for Medicaid End Date Type 2

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V1.15.0)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9000**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
IL Skills Training IL - Skills Training. Skills Training was provided in accordance with Illinois DPH Section 300.4050 a) 1) A - D and 300.4050 a) 3) and Illinois DPA Section 147, Table A	Asmt		Code	1	2442-2442

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S9001**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
IL IDPH Subpart S criteria	Asmt		Code	1	2443-2443
IL - Does resident meet Illinois IDPH Subpart S criteria					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S9002A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
IL IDPH Subpart S: Schizophrenia IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: a. Schizophrenia	Asmt		Checklist	1	2444-2444

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S9002B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
IL IDPH Subpart S: Delusional disorder IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: b. Delusional disorder	Asmt		Checklist	1	2445-2445

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S9002C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
IL IDPH Subpart S: Schizoaffective disorder IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: c. Schizoaffective disorder	Asmt		Checklist	1	2446-2446

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S9002D

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
IL IDPH Subpart S:Psychotic disorder not specified IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: d. Psychotic disorder not otherwise specified	Asmt		Checklist	1	2447-2447

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S9002E

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
IL IDPH Subpart S: Bipolar I mixed, manic, & depr IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: e. Bipolar I mixed, manic, and depressed	Asmt		Checklist	1	2448-2448

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S9002F

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
IL IDPH Subpart S: Bipolar disorder II IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: f. Bipolar disorder II	Asmt		Checklist	1	2449-2449

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S9002G**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
IL IDPH Subpart S: Cyclothymic disorder IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: g. Cyclothymic disorder	Asmt		Checklist	1	2450-2450

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S9002H

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
IL IDPH Subpart S: Bipolar disorder not specified IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: h. Bipolar disorder not otherwise specified	Asmt		Checklist	1	2451-2451

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S9002I

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
IL IDPH Subpart S: Major depression, recurrent IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: i. Major depression, recurrent	Asmt		Checklist	1	2452-2452

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S9003**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
IL IDPH Subpart S: Ancillary IL - Ancillary Provider Services. Does resident receive direct services delivered by non-facility providers to meet requirements of Illinois Subpart S? (exclude only medical/psychiatric management by primary psychiatrist/physician)	Asmt		Code	1	2453-2453

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S9020

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
FL FRAES number	Asmt		Text	8	2454-2461
FL -Florida Facility FRAES number					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
Text		FL FRAES Number

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S9040A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
CA POLST Does resident have a California POLST form in chart?	Asmt		Code	1	2462-2462

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S9040B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
CA POLST Section A	Asmt		Code	1	2463-2463
CA - Item selected in California POLST Section A					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
1		Attempt resuscitation/CPR
2		Do not attempt resuscitation/DNR
9		Not completed

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S9040C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
CA POLST Section B	Asmt		Code	1	2464-2464
CA - Item selected in California POLST Section B					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
1		Comfort measures only is checked
2		Limited additional interventions is the only box checked
3		Limited additional interventions AND "Transfer to hospital only if comfort needs cannot be met in current location" are BOTH checked
4		Full Treatment is checked
9		Not completed

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S9040C1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
CA POLST Section B (revised)	Asmt		Code	1	2599-2599
CA - item selected in California POLST Section B (revised)					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
1		"Full Treatment" is the only box checked.
2		"Full Treatment" AND "Trial Period of Full Treatment" are both checked.
3		"Selective Treatment" or "Limited Additional Interventions" is the only box checked.
4		"Selective Treatment" or "Limited Additional Interventions" AND "Transfer to hospital only if comfort needs cannot be met in current location" are checked.
5		"Comfort-Focused Treatment" or "Comfort Measures Only"
9		Not completed

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S9040D

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
CA POLST Section C	Asmt		Code	1	2465-2465
CA - item selected in California POLST Section C					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
1		No artificial means of nutrition, including feeding tubes
2		Trial period of artificial nutrition including feeding tubes
3		Long term artificial nutrition including feeding tubes
9		Not completed

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S9040D1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
CA POLST Section C (revised)	Asmt		Code	1	2600-2600
CA - item selected in California POLST Section C (revised)					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
1		Long-term artificial nutrition, including feeding tubes
2		Trial period of artificial nutrition, including feeding tubes
3		No artificial means of nutrition, including feeding
9		Not completed

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S9040E

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
CA POLST D physician signature	Asmt		Code	1	2466-2466
CA - POLST Section D - Signature of Physician					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S9040F**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
CA POLST D resident signature	Asmt		Code	1	2467-2467
CA - POLST Section D - Signature by Patient or Decisionmaker					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S9040G

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
CA POLST D discussed with patient or decisionmaker Discussed with in California POLST Section D	Asmt		Code	1	2468-2468

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
1		Patient
2		Legally Recognized Decisionmaker
9		Not completed

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S9040H

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
CA POLST advanced directive California POLST Section D- Advance Directive:	Asmt		Code	1	2534-2534

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
1		Advance directive available and reviewed
2		Advance directive not available
3		No advance directive
9		Not completed

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



**Data Submission Specifications for the MDS Item Set (V1.15.0)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9060**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
NY Medicaid add-on eligibility NY - Resident Eligible for enhanced Medicaid Reimbursement (Add-on) for the following condition(s). Record the appropriate approved specialty unit/facility for the resident	Asmt		Code	1	2469-2469

**Item Subsets**

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
1		AIDS Scatter Beds
2		Traumatic Brain Injury (TBI) Extended Care
9		None of the Above

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S9080A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
PA MA CASE-MIX	Asmt		Code	1	2470-2470
PA - Source of Payment: a. Is the resident Medical Assistance for MA CASE-MIX (see instructions)					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S9080B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
PA MA CASE-MIX Date	Asmt		Date	8	2471-2478
PA - Source of Payment: b. Date of change to/from Medical Assistance for MA CASE-MIX					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
YYYYMMDD		PA Medical Assistance Case Mix Date

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S9080C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
PA MA CASE-MIX Access Card Number	Asmt		Text	10	2479-2488
PA - Source of Payment: c. Recipient Number from PA ACCESS Card (must be completed if item S9080A =1)					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
Text		PA Medical Assistance Case Mix ACCESS Card Number
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S9080D

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
PA MA CASE-MIX MA NF Effective Date	Asmt		Date	8	2489-2496
PA - Source of Payment: d. MA NF Effective date from PA/FS					
162					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
YYYYMMDD		PA Medical Assistance Case Mix NF Effective Date
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S9080E

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
PA MA CASE-MIX Day One MA PA - Source of Payment: e. Is the resident DAY ONE MA eligible	Asmt		Code	1	2497-2497

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S9100A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
VA Room & Board Payment Assessment Reference Date VA - Per Diem Reimbursement (Code for the primary source of per diem room and board reimbursement for the resident on the date indicated) Assessment Reference Date (A2300)	Asmt		Code	1	2498-2498

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
1		Virginia Medicaid per diem
2		Virginia Medicaid Specialized Care per diem
3		Managed Care Organization reimbursement
4		Other reimbursement source

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

Item ID: S9100B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
VA Room & Board Payment Entry Date	Asmt		Code	1	2499-2499
VA - Per Diem Reimbursement (Code for the primary source of per diem room and board reimbursement for the resident on the date indicated) Date of Entry (A1600)					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
1		Virginia Medicaid per diem
2		Virginia Medicaid Specialized Care per diem
3		Managed Care Organization reimbursement
4		Other reimbursement source

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S9100C**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
VA Medicaid Room & Board initial date	Asmt		Date	8	2500-2507
VA - Initial Date Medicaid Per Diem: Initial date for primary source of per diem room and board reimbursement to be Virginia Medicaid for this stay.					

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
YYYYMMDD		VA Medicaid Room and Board Initial Date

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S9120**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
CT Approved LTC CT - If S8020C3 is checked, is the insurance a Connecticut Partnership for Long-Term Care approved policy?	Asmt		Code	1	2508-2508

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: S

**Item ID: S9140**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Completed LAPOST Does the resident have a completed LaPOST document	Asmt		Code	1	2601-2601

#### Item Subsets

Active:

Inactive: SP,SS,SSD,SO,SOD,SD,ST,XX

State optional: NC,NQ,NP,NS,NSD,NO,NOD,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.