

Long-Term Care Hospital Quality Reporting Program (LTCH QRP)

Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardized Patient Assessment Data Elements Affecting FY 2027 Annual Update Determination

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The Centers for Medicare & Medicaid Services' (CMS) Long-Term Care Hospital Quality Reporting Program (LTCH QRP) requires LTCHs to submit quality measure and standardized patient assessment data elements to CMS. For a given data submission period, the LTCH Continuity Assessment Record and Evaluation (CARE) Data Set (LCDS) assessments submitted by an LTCH must meet the Annual Update (i.e. the Annual Payment Update (APU)) minimum data completion threshold of no less than 85 percent of the LCDS assessments having 100 percent completion of the required data elements. These are the standardized patient assessment data elements and the data elements needed to calculate the LTCH QRP quality measures. Successful assessment completion means that the assessment does not contain non-informative responses, i.e., “dash” (–) for required data elements. **Please note that while the coding of a “dash” is an optional response value for many of the data elements listed in this table, its use does not count toward meeting the APU minimum data completion threshold.** Failure to meet the minimum threshold may result in a two (2) percentage point reduction in the LTCH’s APU.

Below is a table indicating the LCDS data elements that are used in determining the APU minimum data completion threshold for the FY 2027 LTCH QRP determination. The last column under “Data Collection Period (CY 2025)” provides the data elements for the current version of the LCDS:

(1) The LCDS Version 5.1 (effective October 1, 2024) is used for the CY 2025 (January – December, 2025) data collection period.

An “X” in the table below indicates the valid assessment type and data collection reporting periods. For detailed measure specifications, please refer to the documents listed under “References” below.

Note: This table is limited to the data elements that are used for determining LTCH QRP compliance and are included in the APU data completion threshold. There are additional data elements used to risk adjust the quality measures used in the LTCH QRP. Failure to submit all data elements used to calculate and risk adjust a quality measure can affect your LTCH’s quality measure calculations that are displayed on the Compare website.

References:

FY 2025 IPPS/LTCH PPS Final Rule on the [LTCHPPS Regulations and Notices](#) webpage.

LTCH QRP Measure Calculations and Reporting User's Manual V6.0 found in the **Downloads** on the [LTCH QRP Measures Information](#) webpage.

Final Specifications for LTCH QRP quality measures and standardized patient assessment data elements found in the **Downloads** section of the [Improving Medicare Post-Acute Transformation Act \(IMPACT\) Act](#) webpage.

LTCH QRP Manual Version 5.1 found in the **Downloads** section on the [LTCH CARE Data Set & LTCH CARE Data Set Manual](#) webpage.

Long-Term Care Hospital Quality Reporting Program (LTCH QRP)

Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardized Patient Assessment Data Elements Affecting FY 2027 Annual Update Determination

LCDS Data Elements Used for FY 2027 LTCH QRP APU Determination		LCDS Assessment Type				Data Collection Period (CY 2025)
LCDS Section & Number	Data Element Label/Description	Admission	Planned Discharge	Unplanned Discharge	Expired	LCDS Version 5.1
						Q1, Q2, Q3, Q4 2025
A1005*	Ethnicity	X				X
A1010*	Race	X				X
A1110A	Language: What is your preferred language?	X				X
A1110B*	Language: Do you need or want an interpreter to communicate with a doctor or health care staff?	X				X
A1250*	Transportation	X	X			X
A1400*	Payer Information	X				X
A2105*	Discharge Location		X	X		X
A2121*	Provision of Current Reconciled Medication List to Subsequent Provider at Discharge		X	X		X
A2122*	Route of Current Reconciled Medication List Transmission to Subsequent Provider		X	X		X
A2123*	Provision of Current Reconciled Medication List to Patient at Discharge		X	X		X
A2124*	Route of Current Reconciled Medication List Transmission to Patient		X	X		X
B0100	Comatose	X	X			X
B0200	Hearing	X				X
B1000	Vision	X				X
B1300*	Health Literacy	X	X			X
BB0700	Expression of Ideas and Wants	X	X			X
BB0800	Understanding Verbal and Non-Verbal Content	X	X			X
C0100	Should Brief Interview for Mental Status (C0200-C0500) be Conducted?	X	X			X
C0200	Repetition of Three Words	X	X			X
C0300A	Temporal Orientation: Able to report correct year	X	X			X
C0300B	Temporal Orientation: Able to report correct month	X	X			X
C0300C	Temporal Orientation: Able to report correct day of the week	X	X			X
C0500	BIMS Summary Score	X	X			X

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						Q1, Q2, Q3, Q4 2025
C1310A	Signs and Symptoms of Delirium (from CAM ©): Acute Onset Mental Status Change	X	X	X		X
C1310B	Signs and Symptoms of Delirium (from CAM ©): Inattention	X	X	X		X
C1310C	Signs and Symptoms of Delirium (from CAM ©): Disorganized Thinking	X	X	X		X
C1310D	Signs and Symptoms of Delirium (from CAM ©): Altered Level of Consciousness	X	X	X		X
D0150A1	Symptom Presence: Little interest or pleasure in doing things	X	X			X
D0150A2*	Symptom Frequency: Little interest or pleasure in doing things	X	X			X
D0150B1	Symptom Presence: Feeling down, depressed, or hopeless	X	X			X
D0150B2*	Symptom Frequency: Feeling down, depressed, or hopeless	X	X			X
D0150C1	Symptom Presence: Trouble falling or staying asleep, or sleeping too much	X	X			X
D0150C2*	Symptom Frequency: Trouble falling or staying asleep, or sleeping too much	X	X			X
D0150D1	Symptom Presence: Feeling tired or having little energy	X	X			X
D0150D2*	Symptom Frequency: Feeling tired or having little energy	X	X			X
D0150E1	Symptom Presence: Poor appetite or overeating	X	X			X
D0150E2*	Symptom Frequency: Poor appetite or overeating	X	X			X
D0150F1	Symptom Presence: Feeling bad about yourself – or that you are a failure or have let yourself or your family down	X	X			X
D0150F2*	Symptom Frequency: Feeling bad about yourself – or that you are a failure or have let yourself or your family down	X	X			X
D0150G1	Symptom Presence: Trouble concentrating on things, such as reading the newspaper or watching television	X	X			X
D0150G2*	Symptom Frequency: Trouble concentrating on things, such as reading the newspaper or watching television	X	X			X
D0150H1	Symptom Presence: Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	X	X			X

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D0150H2*	Symptom Frequency: Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	X	X			X
D0150I1	Symptom Presence: Thoughts that you would be better off dead, or of hurting yourself in some way	X	X			X
D0150I2*	Symptom Frequency: Thoughts that you would be better off dead, or of hurting yourself in some way	X	X			X
D0160*	Total Severity Score	X	X			X
D0700*	Social Isolation	X	X			X
GG0130A1	Eating (Admission Performance)	X				X
GG0130A3	Eating (Discharge Performance)		X			X
GG0130B1	Oral hygiene (Admission Performance)	X				X
GG0130B3	Oral hygiene (Discharge Performance)		X			X
GG0130C1	Toileting hygiene (Admission Performance)	X				X
GG0130C3	Toileting hygiene (Discharge Performance)		X			X
GG0170A1	Roll left and right (Admission Performance)	X				X
GG0170A3	Roll left and right (Discharge Performance)		X			X
GG0170B1	Sit to lying (Admission Performance)	X				X
GG0170B3	Sit to lying (Discharge Performance)		X			X
GG0170C1	Lying to sitting on side of bed (Admission Performance)	X				X
GG0170C3	Lying to sitting on side of bed (Discharge Performance)		X			X
GG0170D1	Sit to stand (Admission Performance)	X				X
GG0170D3	Sit to stand (Discharge Performance)		X			X
GG0170E1	Chair/bed-to-chair transfer (Admission Performance)	X				X
GG0170E3	Chair/bed-to-chair transfer (Discharge Performance)		X			X
GG0170F1	Toilet transfer (Admission Performance)	X				X

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GG0170F3	Toilet transfer (Discharge Performance)		X			X
GG0170G1	Car transfer (Admission Performance)	X				X
GG0170G3	Car transfer (Discharge Performance)		X			X
GG0170I1	Walk 10 feet (Admission Performance)	X				X
GG0170I3	Walk 10 feet (Discharge Performance)		X			X
GG0170J1	Walk 50 feet with two turns (Admission Performance)	X				X
GG0170J3	Walk 50 feet with two turns (Discharge Performance)		X			X
GG0170K1	Walk 150 feet (Admission Performance)	X				X
GG0170K3	Walk 150 feet (Discharge Performance)		X			X
GG0170L1	Walking 10 feet on uneven surfaces (Admission Performance)	X				X
GG0170L3	Walking 10 feet on uneven surfaces (Discharge Performance)		X			X
GG0170M1	1 step (curb) (Admission Performance)	X				X
GG0170M3	1 step (curb) (Discharge Performance)		X			X
GG0170N1	4 steps (Admission Performance)	X				X
GG0170N3	4 steps (Discharge Performance)		X			X
GG0170O1	12 steps (Admission Performance)	X				X
GG0170O3	12 steps (Discharge Performance)		X			X
GG0170P1	Picking up object (Admission Performance)	X				X
GG0170P3	Picking up object (Discharge Performance)		X			X
GG0170Q1	Does the patient use a wheelchair and/or scooter? (Admission)	X				X
GG0170Q3	Does the patient use a wheelchair and/or scooter? (Discharge)		X			X
GG0170R1	Wheel 50 feet with two turns (Admission Performance)	X				X
GG0170R3	Wheel 50 feet with two turns (Discharge Performance)		X			X
GG0170RR1	Indicate the type of wheelchair or scooter used (Admission)	X				X
GG0170RR3	Indicate the type of wheelchair or scooter used (Discharge)		X			X
GG0170S1	Wheel 150 feet (Admission Performance)	X				X

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GG0170S3	Wheel 150 feet (Discharge Performance)		X			X
GG0170SS1	Indicate the type of wheelchair or scooter used (Admission)	X				X
GG0170SS3	Indicate the type of wheelchair or scooter used (Discharge)		X			X
H0400	Bowel continence	X				X
I0900	Peripheral vascular disease (PVD) or peripheral arterial disease (PAD)	X				X
I2900	Diabetes mellitus (DM)	X				X
J0510*	Pain Effect on Sleep	X	X			X
J0520*	Pain Interference with Therapy Activities	X	X			X
J0530*	Pain Interference with Day-to-Day Activities	X	X			X
J1900C	Number of falls since admission: Major injury		X	X	X	X
K0200A	Height (in inches)	X				X
K0200B	Weight (in pounds)	X				X
K0520A1	Nutritional Approaches: Parenteral/IV feeding (On Admission)	X				X
K0520A4	Nutritional Approaches: Parenteral/IV feeding (Last 7 Days)		X	X		X
K0520A5	Nutritional Approaches: Parenteral/IV feeding (At Discharge)		X	X		X
K0520B1	Nutritional Approaches: Feeding tube (On Admission)	X				X
K0520B4	Nutritional Approaches: Feeding tube (Last 7 Days)		X	X		X
K0520B5	Nutritional Approaches: Feeding tube (At Discharge)		X	X		X
K0520C1	Nutritional Approaches: Mechanically altered diet (On Admission)	X				X
K0520C4	Nutritional Approaches: Mechanically altered diet (Last 7 Days)		X	X		X
K0520C5	Nutritional Approaches: Mechanically altered diet (At Discharge)		X	X		X
K0520D1	Nutritional Approaches: Therapeutic diet (On Admission)	X				X
K0520D4	Nutritional Approaches: Therapeutic diet (Last 7 Days)		X	X		X
K0520D5	Nutritional Approaches: Therapeutic diet (At Discharge)		X	X		X
K0520Z1	Nutritional Approaches: None of the above (On Admission)	X				X
K0520Z4	Nutritional Approaches: None of the above (Last 7 Days)		X	X		X

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K0520Z5	Nutritional Approaches: None of the above (At Discharge)		X	X		X
M0300B1	Number of Stage 2 pressure ulcers	X	X	X		X
M0300B2	Number of these Stage 2 pressure ulcers that were present upon admission		X	X		X
M0300C1	Number of Stage 3 pressure ulcers	X	X	X		X
M0300C2	Number of these Stage 3 pressure ulcers that were present upon admission		X	X		X
M0300D1	Number of Stage 4 pressure ulcers	X	X	X		X
M0300D2	Number of these Stage 4 pressure ulcers that were present upon admission		X	X		X
M0300E1	Number of unstageable pressure ulcers/injuries due to non-removable dressing/device	X	X	X		X
M0300E2	Number of these unstageable pressure ulcers/injuries due to non-removable dressing/device that were present upon admission		X	X		X
M0300F1	Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar	X	X	X		X
M0300F2	Number of these unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar that were present upon admission		X	X		X
M0300G1	Number of unstageable pressure injuries presenting as deep tissue injury	X	X	X		X
M0300G2	Number of these unstageable pressure injuries presenting as deep tissue injury that were present upon admission		X	X		X
N0415A1	High-Risk Drug Classes: Use and Indication – Is taking: Antipsychotic	X	X	X		X
N0415A2	High-Risk Drug Classes: Use and Indication – Indication noted: Antipsychotic	X	X	X		X
N0415E1	High-Risk Drug Classes: Use and Indication – Is taking: Anticoagulant	X	X	X		X
N0415E2	High-Risk Drug Classes: Use and Indication – Indication noted: Anticoagulant	X	X	X		X
N0415F1	High-Risk Drug Classes: Use and Indication – Is taking: Antibiotic	X	X	X		X
N0415F2	High-Risk Drug Classes: Use and Indication – Indication noted: Antibiotic	X	X	X		X
N0415H1	High-Risk Drug Classes: Use and Indication – Is taking: Opioid	X	X	X		X
N0415H2	High-Risk Drug Classes: Use and Indication – Indication noted: Opioid	X	X	X		X

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N0415I1	High-Risk Drug Classes: Use and Indication – Is taking: Antiplatelet	X	X	X		X
N0415I2	High-Risk Drug Classes: Use and Indication – Indication noted: Antiplatelet	X	X	X		X
N0415J1	High-Risk Drug Classes: Use and Indication – Is taking: Hypoglycemic (including insulin)	X	X	X		X
N0415J2	High-Risk Drug Classes: Use and Indication – Indication noted: Hypoglycemic (including insulin)	X	X	X		X
N0415Z1	High-Risk Drug Classes: Use and Indication – Is taking: None of the above	X	X	X		X
N2001	Drug Regimen Review	X				X
N2003	Medication Follow-up	X				X
N2005	Medication Intervention		X	X	X	X
O0110A1a	Special Treatments, Procedures, and Programs: Chemotherapy (On Admission)	X				X
O0110A1c	Special Treatments, Procedures, and Programs: Chemotherapy (At Discharge)		X	X		X
O0110A2a	Special Treatments, Procedures, and Programs: IV (On Admission)	X				X
O0110A2c	Special Treatments, Procedures, and Programs: IV (At Discharge)		X	X		X
O0110A3a	Special Treatments, Procedures, and Programs: Oral (On Admission)	X				X
O0110A3c	Special Treatments, Procedures, and Programs: Oral (At Discharge)		X	X		X
O0110A10a	Special Treatments, Procedures, and Programs: Other (On Admission)	X				X
O0110A10c	Special Treatments, Procedures, and Programs: Other (At Discharge)		X	X		X
O0110B1a	Special Treatments, Procedures, and Programs: Radiation (On Admission)	X				X
O0110B1c	Special Treatments, Procedures, and Programs: Radiation (At Discharge)		X	X		X
O0110C1a	Special Treatments, Procedures, and Programs: Oxygen Therapy (On Admission)	X				X
O0110C1c	Special Treatments, Procedures, and Programs: Oxygen Therapy (At Discharge)		X	X		X
O0110C2a	Special Treatments, Procedures, and Programs: Continuous (On Admission)	X				X

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O0110C2c	Special Treatments, Procedures, and Programs: Continuous (At Discharge)		X	X		X
O0110C3a	Special Treatments, Procedures, and Programs: Intermittent (On Admission)	X				X
O0110C3c	Special Treatments, Procedures, and Programs: Intermittent (At Discharge)		X	X		X
O0110C4a	Special Treatments, Procedures, and Programs: High-concentration (On Admission)	X				X
O0110C4c	Special Treatments, Procedures, and Programs: High-concentration (At Discharge)		X	X		X
O0110D1a	Special Treatments, Procedures, and Programs: Suctioning (On Admission)	X				X
O0110D1c	Special Treatments, Procedures, and Programs: Suctioning (At Discharge)		X	X		X
O0110D2a	Special Treatments, Procedures, and Programs: Scheduled (On Admission)	X				X
O0110D2c	Special Treatments, Procedures, and Programs: Scheduled (At Discharge)		X	X		X
O0110D3a	Special Treatments, Procedures, and Programs: As Needed (On Admission)	X				X
O0110D3c	Special Treatments, Procedures, and Programs: As Needed (At Discharge)		X	X		X
O0110E1a	Special Treatments, Procedures, and Programs: Tracheostomy Care (On Admission)	X				X
O0110E1c	Special Treatments, Procedures, and Programs: Tracheostomy Care (At Discharge)		X	X		X
O0110F1c	Special Treatments, Procedures, and Programs: Invasive Mechanical Ventilator (ventilator or respirator) (At Discharge)		X	X		X
O0110G1a	Special Treatments, Procedures, and Programs: Non-invasive Mechanical Ventilator (On Admission)	X				X
O0110G1c	Special Treatments, Procedures, and Programs: Non-invasive Mechanical Ventilator (At Discharge)		X	X		X
O0110G2a	Special Treatments, Procedures, and Programs: BiPAP (On Admission)	X				X
O0110G2c	Special Treatments, Procedures, and Programs: BiPAP (At Discharge)		X	X		X
O0110G3a	Special Treatments, Procedures, and Programs: CPAP (On Admission)	X				X

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O0110G3c	Special Treatments, Procedures, and Programs: CPAP (At Discharge)		X	X		X
O0110H1a	Special Treatments, Procedures, and Programs: IV Medications (On Admission)	X				X
O0110H1c	Special Treatments, Procedures, and Programs: IV Medications (At Discharge)		X	X		X
O0110H2a	Special Treatments, Procedures, and Programs: Vasoactive medications (On Admission)	X				X
O0110H2c	Special Treatments, Procedures, and Programs: Vasoactive medications (At Discharge)		X	X		X
O0110H3a	Special Treatments, Procedures, and Programs: Antibiotics (On Admission)	X				X
O0110H3c	Special Treatments, Procedures, and Programs: Antibiotics (At Discharge)		X	X		X
O0110H4a	Special Treatments, Procedures, and Programs: Anticoagulation (On Admission)	X				X
O0110H4c	Special Treatments, Procedures, and Programs: Anticoagulation (At Discharge)		X	X		X
O0110H10a	Special Treatments, Procedures, and Programs: Other (On Admission)	X				X
O0110H10c	Special Treatments, Procedures, and Programs: Other (At Discharge)		X	X		X
O0110I1a	Special Treatments, Procedures, and Programs: Transfusions (On Admission)	X				X
O0110I1c	Special Treatments, Procedures, and Programs: Transfusions (At Discharge)		X	X		X
O0110J1a	Special Treatments, Procedures, and Programs: Dialysis (On Admission)	X				X
O0110J1c	Special Treatments, Procedures, and Programs: Dialysis (At Discharge)		X	X		X
O0110J2a	Special Treatments, Procedures, and Programs: Hemodialysis (On Admission)	X				X
O0110J2c	Special Treatments, Procedures, and Programs: Hemodialysis (At Discharge)		X	X		X
O0110J3a	Special Treatments, Procedures, and Programs: Peritoneal dialysis (On Admission)	X				X
O0110J3c	Special Treatments, Procedures, and Programs: Peritoneal dialysis (At Discharge)		X	X		X
O0110O1a	Special Treatments, Procedures, and Programs: IV Access (On Admission)	X				X

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O011001c	Special Treatments, Procedures, and Programs: IV Access (At Discharge)		X	X		X
O011002a	Special Treatments, Procedures, and Programs: Peripheral (On Admission)	X				X
O011002c	Special Treatments, Procedures, and Programs: Peripheral (At Discharge)		X	X		X
O011003a	Special Treatments, Procedures, and Programs: Midline (On Admission)	X				X
O011003c	Special Treatments, Procedures, and Programs: Midline (At Discharge)		X	X		X
O011004a	Special Treatments, Procedures, and Programs: Central (e.g., PICC, tunneled, port) (On Admission)	X				X
O011004c	Special Treatments, Procedures, and Programs: Central (e.g., PICC, tunneled, port) (At Discharge)		X	X		X
O0110Z1a	Special Treatments, Procedures, and Programs: None of the Above (On Admission)	X				X
O0110Z1c	Special Treatments, Procedures, and Programs: None of the Above (At Discharge)		X	X		X
O0150A	Invasive Mechanical Ventilation Support upon Admission to the LTCH	X				X
O0150A2	Ventilator Weaning Status	X				X
O0150B	Assessed for readiness for SBT by day 2 of LTCH stay	X				X
O0150C	Deemed medically ready for SBT by day 2 of the LTCH stay	X				X
O0150D	Documentation of reason(s) in the patient’s medical record that the patient was deemed medically unready for SBT by day 2 of the LTCH stay?	X				X
O0150E	If the patient was deemed medically ready for SBT, was SBT performed by day 2 of the LTCH stay?	X				X
O0200A	Invasive Mechanical Ventilator: Liberation Status at Discharge		X	X		X
O0350	Patient’s COVID-19 vaccine is up to date		X	X	X	X

* Dash (–) is not an allowable response value for this item.