Data Submission Specifications for the IRF-PAI (V3.00.1)
Unduplicated Edits Report by Edit ID

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ID	Type	Severity	Text/Items
-1001	**Format**	**Fatal**	

Invalid FAC_ID: The facility ID (FAC_ID) submitted in this record does not identify a valid provider in the QIES ASAP System. Please contact the QTSO Help Desk.

Items: FAC_ID — Facility ID

-1002	**Consistency**	**Fatal**	

Invalid TRANS_TYPE_CD: The transaction type code (TRANS_TYPE_CD) submitted in this record does not identify a valid transaction code for the record. Contact your vendor.

Items: TRANS_TYPE_CD — Transaction Type Code

-1004	**Format**	**Fatal**	

Formatting of Whole Number **Items:**

Only whole number values and the special values (if any) that are listed in the Item Values list are accepted for this item. Leading zeroes may be included or omitted from the submitted value as long as the resulting length of the string does not exceed the allowed maximum length for the item. A decimal point and decimal values may not be included. A sign (+ for positive or - for negative) may not be included.

The following examples are allowed if the value to be submitted is equal to [1] and the maximum length is equal to 2: [1], [01]. The following values are NOT allowed and will lead to a fatal error: [1.], [1.0], [01.], [01.0], [1.1], [01.1], [1.01], [-1], [+1], [+1.0}.

Items:

25A	Height
26A	Weight
O0401AA	Physical Therapy - Individual Minutes Week 1
O0401AB	Physical Therapy - Concurrent Minutes Week 1
O0401AC	Physical Therapy - Group Minutes Week 1
O0401AD	Physical Therapy - Co-treatment Minutes Week 1
O0401BA	Occupational Therapy - Individual Minutes Week 1
O0401BB	Occupational Therapy - Concurrent Minutes Week 1
O0401BC	Occupational Therapy - Group Minutes Week 1
O0401BD	Occupational Therapy - Co-treatment Minutes Week 1
O0401CA	SLP Therapy - Individual Minutes Week 1
O0401CB	SLP Therapy - Concurrent Minutes Week 1
O0401CC	SLP Therapy - Group Minutes Week 1
O0401CD	SLP Therapy - Co-treatment Minutes Week 1
O0402AA	Physical Therapy - Individual Minutes Week 2
O0402AB	Physical Therapy - Concurrent Minutes Week 2
O0402AC	Physical Therapy - Group Minutes Week 2
O0402AD	Physical Therapy - Co-treatment Minutes Week 2
O0402BA	Occupational Therapy - Individual Minutes Week 2
O0402BB	Occupational Therapy - Concurrent Minutes Week 2
O0402BC	Occupational Therapy - Group Minutes Week 2
O0402BD	Occupational Therapy - Co-treatment Minutes Week 2
O0402CA	SLP Therapy - Individual Minutes Week 2
O0402CB	SLP Therapy - Concurrent Minutes Week 2
O0402CC	SLP Therapy - Group Minutes Week 2
O0402CD	SLP Therapy - Co-treatment Minutes Week 2
C0500	BIMS - Summary Score
M0300A1_1	Number of Stage 1 pressure injuries: Admission
M0300A1_2	Number of Stage 1 pressure injuries: Discharge
M0300B1_1	Number of Stage 2 pressure ulcers: Admission
M0300B1_2	Number of Stage 2 pressure ulcers: Discharge
M0300B2_2	Nbr Disch Stg 2 PU were Adm Stg 2 PU
M0300C1_1	Number of Stage 3 pressure ulcers: Admission
M0300C1_2	Number of Stage 3 pressure ulcers: Discharge
M0300C2_2	Nbr Disch Stg 3 PU were Adm Stg 3 PU
M0300D1_1	Number of Stage 4 pressure ulcers: Admission

ID	Type	Severity	Text/Items		
			Items:	M0300D1_2	Number of Stage 4 pressure ulcers: Discharge
				M0300D2_2	Nbr Disch Stg 4 PU were Adm Stg 4 PU
				M0300E1_1	Nbr Unstg non-remov drsg prss ulcers/injrs: Adm
				M0300E1_2	Nbr Unstg non-remov drsg prss ulcers/injrs: Dschrg
				M0300E2_2	Nbr Unstg NRD Disch PU/Injrs present at Adm
				M0300F1_1	Nbr Unstg slough/eschar pressure ulcers: Adm
				M0300F1_2	Nbr Unstg slough/eschar pressure ulcers: Dschrg
				M0300F2_2	Nbr Unstg S/E Disch PU were Adm Unstg S/E PU
				M0300G1_1	Nbr Unstg DTI pressure injrs: Adm
				M0300G1_2	Nbr Unstg DTI pressure injrs: Dschrg
				M0300G2_2	Nbr Unstg DTI Disch PU/Injrs present at Adm
-1006	**Format**	**Fatal**			
			Invalid Format: If the value submitted is not equal to one of the values listed in the Item Values, then the value must only contain the following alphanumeric characters: [0] - [9], [A] - [Z], [a] - [z].		
			Items:	1B	CMS Certification Number (CCN)
				2	Patient Medicare Number
				3	Patient Medicaid Number
-1007	**Format**	**Fatal**			
			Invalid format: If the value submitted is not equal to one of the values listed in the Item Values, then the value must only contain the following numeric characters: [0] through [9].		
			Items:	FAC_ZIP	Facility ZIP Code
				FAC_PHONE	Facility Contact Person Phone
				FAC_EXTEN	Facility Contact Person Phone Extension
				SFTWR_VNDR_ID	Software Vendor EIN
				7	Social Security Number (SSN)
-1008	**Format**	**Fatal**			
			Invalid Format: This nonblank text string may contain only the following characters: [0] - [9], [A] - [Z], [a] - [z], [-] (dash), [@] (at sign), ['] (single quote), [/] (forward slash), [+] (plus sign), [,] (comma), [.] (period), [_] (underscore), [&] (ampersand), [ ] (embedded space(s)). Embedded spaces are the space character(s) surrounded by any of the characters listed in the preceding sentence. For example, [LEGAL TEXT] would be allowed.		
			Items:	FAC_ADDR_1	Facility Address Line 1
				FAC_ADDR_2	Facility Address Line 2
				FAC_CITY	Facility City
				FAC_CNTCT	Facility Contact Person Name
				SFTWR_VNDR_NAME	Software Vendor Name
				SFTWR_PROD_NAME	Software Product Name
				SFTWR_PROD_VRSN_CD	Software Product Version Code
				1A	Facility Name
				4	Patient First Name
				5A	Patient Last Name
-1010	**Format**	**Fatal**			
			Invalid Data Value: The submitted value for this item is not in the valid range of acceptable values.		
			Items:	ASMT_SYS_CD	Assessment System Code
				STATE_CD	State Code
				CORRECTION_NUM	Correction Number
				8	Gender
				9A	Race: American Indian/Alaskan Native
				9B	Race: Asian
				9C	Race: Black or African American
				9D	Ethnicity: Hispanic or Latino
				9E	Race: Native Hawaiian or other Pacific Islander
				9F	Race: White

ID	Type	Severity	Text/Items		
			Items:	10	Marital Status
				14	Admission Class
				15A	Admit From
				16A	Pre-hospital Living Setting
				17	Pre-Hospital Living With
				20A	Primary Payment Source
				20B	Secondary Payment Source
				21A	Impairment Group: Admission
				21D	Impairment Group: Discharge
				24A1	Arthritis Conditions Recorded
				25A	Height
				26A	Weight
				29A	Bladder Level of Assistance: Admission
				29D	Bladder Level of Assistance: Discharge
				30A	Bladder Frequency of Accidents: Admission
				30D	Bladder Frequency of Accidents: Discharge
				31A	Bowel Level of Assistance: Admission
				31D	Bowel Level of Assistance: Discharge
				32A	Bowel Frequency of Accidents: Admission
				32D	Bowel Frequency of Accidents: Discharge
				33A	Tub Transfer: Admission
				33D	Tub Transfer: Discharge
				34A	Shower Transfer: Admission
				34D	Shower Transfer: Discharge
				35A	Distance Walked: Admission
				35D	Distance Walked: Discharge
				36A	Distance Traveled in Wheelchair: Admission
				36D	Distance Traveled in Wheelchair: Discharge
				37A	Walk: Admission
				37D	Walk: Discharge
				38A	Wheelchair: Admission
				38D	Wheelchair: Discharge
				39AA	Self-Care -Eating: Admission
				39AD	Self-Care -Eating: Discharge
				39AG	Self-Care -Eating: Goal
				39BA	Self-Care -Grooming: Admission
				39BD	Self-Care -Grooming: Discharge
				39BG	Self-Care -Grooming: Goal
				39CA	Self-Care -Bathing: Admission
				39CD	Self-Care -Bathing: Discharge
				39CG	Self-Care -Bathing: Goal
				39DA	Self-Care -Dressing - Upper: Admission
				39DD	Self-Care -Dressing - Upper: Discharge
				39DG	Self-Care -Dressing - Upper: Goal
				39EA	Self-Care -Dressing - Lower: Admission
				39ED	Self-Care -Dressing - Lower: Discharge
				39EG	Self-Care -Dressing - Lower: Goal
				39FA	Self-Care -Toileting: Admission
				39FD	Self-Care -Toileting: Discharge
				39FG	Self-Care -Toileting: Goal
				39GA	Sphincter Control -Bladder: Admission
				39GD	Sphincter Control -Bladder: Discharge
				39GG	Sphincter Control -Bladder: Goal
				39HA	Sphincter Control -Bowel: Admission
				39HD	Sphincter Control -Bowel: Discharge
				39HG	Sphincter Control -Bowel: Goal
				39IA	Transfers -Bed, Chair, Wheelchair: Admission

ID	Type	Severity	Text/Items		
			Items:	39ID	Transfers -Bed, Chair, Wheelchair: Discharge
				39IG	Transfers -Bed, Chair, Wheelchair: Goal
				39JA	Transfers -Toilet: Admission
				39JD	Transfers -Toilet: Discharge
				39JG	Transfers -Toilet: Goal
				39KA	Transfers -Tub, Shower: Admission
				39KD	Transfers - Tub, Shower: Discharge
				39KG	Transfers -Tub, Shower: Goal
				39LA	Locomotion -Walk/Wheelchair: Admission
				39LAA	Locomotion -Walk/Wheelchair/both: Admission
				39LD	Locomotion -Walk/Wheelchair: Discharge
				39LDD	Locomotion -Walk/Wheelchair/both: Discharge
				39LG	Locomotion -Walk/Wheelchair: Goal
				39MA	Locomotion -Stairs: Admission
				39MD	Locomotion -Stairs: Discharge
				39MG	Locomotion -Stairs: Goal
				39NA	Communication -Comprehension: Admission
				39NAA	Communication -Comp Auditory/Visual/Both:Admission
				39ND	Communication -Comprehension: Discharge
				39NDD	Communication -Comp Auditory/Visual/Both:Discharge
				39NG	Communication -Comprehension: Goal
				39OA	Communication -Expression: Admission
				39OAA	Communication -Expr Vocal/Nonvocal/Both: Admission
				39OD	Communication -Expression: Discharge
				39ODD	Communication -Expr Vocal/Nonvocal/Both: Discharge
				39OG	Communication -Expression: Goal
				39PA	Social Cognition -Social Interaction: Admission
				39PD	Social Cognition -Social Interaction: Discharge
				39PG	Social Cognition -Social Interaction: Goal
				39QA	Social Cognition -Problem Solving: Admission
				39QD	Social Cognition -Problem Solving: Discharge
				39QG	Social Cognition -Problem Solving: Goal
				39RA	Social Cognition -Memory: Admission
				39RD	Social Cognition -Memory: Discharge
				39RG	Social Cognition -Memory: Goal
				41	Patient Discharged Against Medical Advice
				42	Program Interruption(s) Indicator
				44C	Patient Discharged Alive
				44D	Discharge to Living Setting
				45	Discharge to Living With
				O0401AA	Physical Therapy - Individual Minutes Week 1
				O0401AB	Physical Therapy - Concurrent Minutes Week 1
				O0401AC	Physical Therapy - Group Minutes Week 1
				O0401AD	Physical Therapy - Co-treatment Minutes Week 1
				O0401BA	Occupational Therapy - Individual Minutes Week 1
				O0401BB	Occupational Therapy - Concurrent Minutes Week 1
				O0401BC	Occupational Therapy - Group Minutes Week 1
				O0401BD	Occupational Therapy - Co-treatment Minutes Week 1
				O0401CA	SLP Therapy - Individual Minutes Week 1
				O0401CB	SLP Therapy - Concurrent Minutes Week 1
				O0401CC	SLP Therapy - Group Minutes Week 1
				O0401CD	SLP Therapy - Co-treatment Minutes Week 1
				O0402AA	Physical Therapy - Individual Minutes Week 2
				O0402AB	Physical Therapy - Concurrent Minutes Week 2
				O0402AC	Physical Therapy - Group Minutes Week 2
				O0402AD	Physical Therapy - Co-treatment Minutes Week 2
				O0402BA	Occupational Therapy - Individual Minutes Week 2

ID	Type	Severity	Text/Items		
			Items:	O0402BB	Occupational Therapy - Concurrent Minutes Week 2
				O0402BC	Occupational Therapy - Group Minutes Week 2
				O0402BD	Occupational Therapy - Co-treatment Minutes Week 2
				O0402CA	SLP Therapy - Individual Minutes Week 2
				O0402CB	SLP Therapy - Concurrent Minutes Week 2
				O0402CC	SLP Therapy - Group Minutes Week 2
				O0402CD	SLP Therapy - Co-treatment Minutes Week 2
				BB0700	Expression of Ideas and Wants (3-day asmt period)
				BB0800	Undrstnd Vrbl/Non-Vrbl Content (3-day asmt period)
				C0100	Brief Interview - Mental Status (BIMS)
				C0200	BIMS - Repetition of Three Words
				C0300A	BIMS - Temporal Orientation - Year
				C0300B	BIMS - Temporal Orientation - Month
				C0300C	BIMS - Temporal Orientation - Day
				C0400A	BIMS - Recalls Sock
				C0400B	BIMS - Recalls Blue
				C0400C	BIMS - Recalls Bed
				C0500	BIMS - Summary Score
				C0600	Conduct Staff Assessment - Mental Status
				C0900A	Memory/Recall - Current Season (3-day Asmt Prd)
				C0900B	Memory/Recall - Loc Of Own Room (3-day Asmt Prd)
				C0900C	Memory/Recall - Staff Names/Faces (3-day Asmt Prd)
				C0900E	Memory/Recall - In Hospital Unit (3-day Asmt Prd)
				C0900Z	Memory/Recall - None Of The Above (3-day Asmt Prd)
				GG0100A	Prior Function - Self Care
				GG0100B	Prior Function - Indoor Mobility (Ambulation)
				GG0100C	Prior Function - Stairs
				GG0100D	Prior Function - Functional Cognition
				GG0110A	Prior Device - Manual wheelchair
				GG0110B	Prior Device - Motorized wheelchair and/or scooter
				GG0110C	Prior Device - Mechanical lift
				GG0110D	Prior Device - Walker
				GG0110E	Prior Device - Orthotics/Prosthetics
				GG0110Z	Prior Device - None of the above
				GG0130A1	Self-Care (Adm Perf) - Eating
				GG0130A2	Self-Care (Dschg Goal) - Eating
				GG0130A3	Self-Care (Dschg Perf) - Eating
				GG0130B1	Self-Care (Adm Perf) - Oral hygiene
				GG0130B2	Self-Care (Dschg Goal) - Oral hygiene
				GG0130B3	Self-Care (Dschg Perf) - Oral hygiene
				GG0130C1	Self-Care (Adm Perf) - Toileting hygiene
				GG0130C2	Self-Care (Dschg Goal) - Toileting hygiene
				GG0130C3	Self-Care (Dschg Perf) - Toileting hygiene
				GG0130E1	Self-Care (Adm Perf) - Shower/bathe self
				GG0130E2	Self-Care (Dschg Goal) - Shower/bathe self
				GG0130E3	Self-Care (Dschg Perf) - Shower/bathe self
				GG0130F1	Self-Care (Adm Perf) - Upper Body Dressing
				GG0130F2	Self-Care (Dschg Goal) - Upper Body Dressing
				GG0130F3	Self-Care (Dschg Perf) - Upper Body Dressing
				GG0130G1	Self-Care (Adm Perf) - Lower Body Dressing
				GG0130G2	Self-Care (Dschg Goal) - Lower Body Dressing
				GG0130G3	Self-Care (Dschg Perf) - Lower Body Dressing
				GG0130H1	Self-Care (Adm Perf) - On/Off Footwear
				GG0130H2	Self-Care (Dschg Goal) - On/Off Footwear
				GG0130H3	Self-Care (Dschg Perf) - On/Off Footwear
				GG0170A1	Func Mobil (Adm Perf) - Roll left and right
				GG0170A2	Func Mobil (Dschg Goal) - Roll left and right

ID	Type	Severity	Text/Items		
			Items:	GG0170A3	Func Mobil (Dschg Perf) - Roll left and right
				GG0170B1	Func Mobil (Adm Perf) - Sit to lying
				GG0170B2	Func Mobil (Dschg Goal) - Sit to lying
				GG0170B3	Func Mobil (Dschg Perf) - Sit to lying
				GG0170C1	Func Mobil (Adm Perf) - Lying to sit on side
				GG0170C2	Func Mobil (Dschg Goal) - Lying to sitting on side
				GG0170C3	Func Mobil (Dschg Perf) - Lying to sitting on side
				GG0170D1	Func Mobil (Adm Perf) - Sit to stand
				GG0170D2	Func Mobil (Dschg Goal) - Sit to stand
				GG0170D3	Func Mobil (Dschg Perf) - Sit to stand
				GG0170E1	Func Mobil (Adm Perf) - Chair/bed-to-chair trans
				GG0170E2	Func Mobil (Dschg Goal) - Chair/bed-to-chair trans
				GG0170E3	Func Mobil (Dschg Perf) - Chair/bed-to-chair trans
				GG0170F1	Func Mobil (Adm Perf) - Toilet transfer
				GG0170F2	Func Mobil (Dschg Goal) - Toilet transfer
				GG0170F3	Func Mobil (Dschg Perf) - Toilet transfer
				GG0170G1	Func Mobil (Adm Perf) - Car Transfer
				GG0170G2	Func Mobil (Dschg Goal) - Car Transfer
				GG0170G3	Func Mobil (Dschg Perf) - Car Transfer
				GG0170I1	Func Mobil (Adm Perf) - Walk 10 feet
				GG0170I2	Func Mobil (Dschg Goal) - Walk 10 feet
				GG0170I3	Func Mobil (Dschg Perf) - Walk 10 feet
				GG0170J1	Func Mobil (Adm Perf) - Walk 50 feet w/2 turns
				GG0170J2	Func Mobil (Dschg Goal) - Walk 50 feet w/2 turns
				GG0170J3	Func Mobil (Dschg Perf) - Walk 50 feet w/2 turns
				GG0170K1	Func Mobil (Adm Perf) - Walk 150 feet
				GG0170K2	Func Mobil (Dschg Goal) - Walk 150 feet
				GG0170K3	Func Mobil (Dschg Perf) - Walk 150 feet
				GG0170L1	Func Mobil (Adm Perf) - Walk 10 Ft Uneven Surf
				GG0170L2	Func Mobil (Dschg Goal) - Walk 10 Ft Uneven Surf
				GG0170L3	Func Mobil (Dschg Perf) - Walk 10 Ft Uneven Surf
				GG0170M1	Func Mobil (Adm Perf) - 1 Step (Curb)
				GG0170M2	Func Mobil (Dschg Goal) - 1 Step (Curb)
				GG0170M3	Func Mobil (Dschg Perf) - 1 Step (Curb)
				GG0170N1	Func Mobil (Adm Perf) - 4 Steps
				GG0170N2	Func Mobil (Dschg Goal) - 4 Steps
				GG0170N3	Func Mobil (Dschg Perf) - 4 Steps
				GG0170O1	Func Mobil (Adm Perf) - 12 Steps
				GG0170O2	Func Mobil (Dschg Goal) - 12 Steps
				GG0170O3	Func Mobil (Dschg Perf) - 12 Steps
				GG0170P1	Func Mobil (Adm Perf) - Picking Up Object
				GG0170P2	Func Mobil (Dschg Goal) - Picking Up Object
				GG0170P3	Func Mobil (Dschg Perf) - Picking Up Object
				GG0170Q1	Does patient use wheelchair and/or scooter (Adm)
				GG0170Q3	Does patient use wheelchair and/or scooter (Dschg)
				GG0170R1	Func Mobil (Adm Perf) - Wheel 50 feet w/2 turns
				GG0170R2	Func Mobil (Dschg Goal) - Wheel 50 feet w/2 turns
				GG0170R3	Func Mobil (Dschg Perf) - Wheel 50 feet w/2 turns
				GG0170RR1	Indicate type of wheelchair or scooter (Adm)
				GG0170RR3	Indicate type of wheelchair or scooter (Dschg)
				GG0170S1	Func Mobil (Adm Perf) - Wheel 150 feet
				GG0170S2	Func Mobil (Dschg Goal) - Wheel 150 feet
				GG0170S3	Func Mobil (Dschg Perf) - Wheel 150 feet
				GG0170SS1	Indicate type of wheelchair or scooter (Adm)
				GG0170SS3	Indicate type of wheelchair or scooter (Dschg)
				H0350	Bladder continence
				H0400	Bowel continence

ID	Type	Severity	Text/Items		
			Items:	I0900	Diagnoses: Peripheral vascular disease (PVD)/PAD
				I2900	Diagnoses: Diabetes mellitus (DM)
				I7900	Diagnoses: None of the Above
				J1750	History Of Falls
				J1800	Any Falls Since Admission
				J1900A	Num Falls Since Admission - No injury
				J1900B	Num Falls Since Admission - Injury (except major)
				J1900C	Num Falls Since Admission - Major injury
				J2000	Prior Surgery
				K0110A	Swallow/Nutrit - Regular Food
				K0110B	Swallow/Nutrit - Modified Food
				K0110C	Swallow/Nutrit - Tube/Parenteral Feeding
				M0210_1	Pressure Ulcers/Injuries Present on Admission
				M0210_2	Pressure Ulcers/Injuries Present on Discharge
				M0300A1_1	Number of Stage 1 pressure injuries: Admission
				M0300A1_2	Number of Stage 1 pressure injuries: Discharge
				M0300B1_1	Number of Stage 2 pressure ulcers: Admission
				M0300B1_2	Number of Stage 2 pressure ulcers: Discharge
				M0300B2_2	Nbr Disch Stg 2 PU were Adm Stg 2 PU
				M0300C1_1	Number of Stage 3 pressure ulcers: Admission
				M0300C1_2	Number of Stage 3 pressure ulcers: Discharge
				M0300C2_2	Nbr Disch Stg 3 PU were Adm Stg 3 PU
				M0300D1_1	Number of Stage 4 pressure ulcers: Admission
				M0300D1_2	Number of Stage 4 pressure ulcers: Discharge
				M0300D2_2	Nbr Disch Stg 4 PU were Adm Stg 4 PU
				M0300E1_1	Nbr Unstg non-remov drsg prss ulcers/injrs: Adm
				M0300E1_2	Nbr Unstg non-remov drsg prss ulcers/injrs: Dschrg
				M0300E2_2	Nbr Unstg NRD Disch PU/Injrs present at Adm
				M0300F1_1	Nbr Unstg slough/eschar pressure ulcers: Adm
				M0300F1_2	Nbr Unstg slough/eschar pressure ulcers: Dschrg
				M0300F2_2	Nbr Unstg S/E Disch PU were Adm Unstg S/E PU
				M0300G1_1	Nbr Unstg DTI pressure injrs: Adm
				M0300G1_2	Nbr Unstg DTI pressure injrs: Dschrg
				M0300G2_2	Nbr Unstg DTI Disch PU/Injrs present at Adm
				N2001	Drug Regimen Review
				N2003	Medication Follow-up
				N2005	Medication Intervention
				O0100N	Total Parenteral Nutrition
				O0250A	Was influenza vaccine received
				O0250C	If influenza vaccine not received, state reason
-1011	**Consistency**	**Fatal**			
			Invalid Correction Number: The Correction Number value is invalid for this record. This number must be one number greater than the number on the original or previously corrected assessment.		
			Items:	CORRECTION_NUM	Correction Number
-1012	**Format**	**Fatal**			
			Formatting of Birthdate: This item must contain a valid date in YYYYMMDD, YYYYMM, or YYYY format. Note that if a date in YYYYMMDD format is submitted, it must be 8 characters in length and each of the 8 characters must contain the digits 0 (zero) through 9. YYYY, MM, and DD must be zero filled, where necessary. For example, January 1, 1909 must be submitted as "19090101". If a date is submitted in YYYYMM format, it must be 6 characters in length and each of the 6 characters must contain the digits 0 (zero) through 9. YYYY and MM must be zero filled, where necessary. For example, January, 1909 must be submitted as "190901".		

ID	Type	Severity	Text/Items
			If a date is submitted in YYYY format, it must be 4 characters in length and each of the 4 characters must contain the digits 0 (zero) through 9. YYYY and must be zero filled, where necessary. For example, 1909 must be submitted as "1909" and 1900 must be submitted as "1900".
			Items: 6 Birth Date
-1014	**Consistency**	**Fatal**	Required Item Is blank: The value for this item is blank. Update the value in your IRF-PAI encoding software and resubmit the record.
			Items: FAC_ADDR_1 Facility Address Line 1
			FAC_CITY Facility City
			FAC_CNTCT Facility Contact Person Name
			SFTWR_VNDR_ID Software Vendor EIN
			SFTWR_VNDR_NAME Software Vendor Name
			SFTWR_VNDR_EMAIL_ADR Software Vendor Email Address
			1A Facility Name
			1B CMS Certification Number (CCN)
			4 Patient First Name
			5A Patient Last Name
			22A Etiologic Diagnosis Code A (ICD Code)
-1015	**Consistency**	**Warning**	CCN Mismatch: The CCN submitted (1B) on the assessment does not match the CCN stored in the QIES ASAP database for the facility. Please contact the help desk.
			Items: 1B CMS Certification Number (CCN)
-1016	**Format**	**Fatal**	Invalid e-mail address: An e-mail address may contain any printable character except single quote ['] and double quote ["].
			Items: SFTWR_VNDR_EMAIL_ADR Software Vendor Email Address
-1023	**Format**	**Fatal**	Invalid CCN length: The CMS Certification Number (CCN) (1B) must be exactly 6 characters.
			Items: 1B CMS Certification Number (CCN)
-1024	**Consistency**	**Warning**	Facility information updated: Submitted values for the item(s) listed are not the same as the values in the QIES database. The database has been updated.
			Items: FAC_ADDR_1 Facility Address Line 1
			FAC_ADDR_2 Facility Address Line 2
			FAC_CITY Facility City
			FAC_ZIP Facility ZIP Code
			FAC_PHONE Facility Contact Person Phone
			1A Facility Name
-1030	**Consistency**	**Warning**	Patient Provider Updated: Our records indicated that a different provider previously cared for this resident. The provider associated with this resident has been updated.
			Items: 5A Patient Last Name
-1031	**Consistency**	**Warning**	Patient Information Updated: Submitted value(s) for the item(s) listed are not the same as the values in the QIES ASAP database. The database has been updated. Note that the Death Date in the QIES ASAP database will be updated with the value in Item 40 (Discharge Date) when item 44C (Was the patient discharged alive) is equal to No (0).
			Items: FAC_ID Facility ID
			2 Patient Medicare Number
			3 Patient Medicaid Number
			4 Patient First Name

ID	Type	Severity	Text/Items		
			Items:	5A	Patient Last Name
				6	Birth Date
				7	Social Security Number (SSN)
				8	Gender
				9A	Race: American Indian/Alaskan Native
				9B	Race: Asian
				9C	Race: Black or African American
				9D	Ethnicity: Hispanic or Latino
				9E	Race: Native Hawaiian or other Pacific Islander
				9F	Race: White
				40	Discharge Date
-1033	**Format**	**Fatal**	***THIS EDIT WAS DELETED ON 04/01/2018***		
			Items:	2	Patient Medicare Number
-1038	**Consistency**	**Fatal**	Inconsistent 20A/20B values: The Primary Payment Source (20A) cannot be equal to [02, 51] if Secondary Payment Source (20B) is equal to [02, 51].		
			Items:	20A	Primary Payment Source
				20B	Secondary Payment Source
-1044	**Consistency**	**Fatal**	Non-Medicare Record: If Medicare is not a payor (20A is not = [02, 51] and 20B is not = [02, 51]), then the record will be rejected by the ASAP system.		
			Items:	20A	Primary Payment Source
				20B	Secondary Payment Source
-1045	**Format**	**Fatal**	Invalid date: The date listed must be a valid date in YYYYMMDD format or one of the special allowed values.		
			Items:	12	Admission Date
				13	Assessment Reference Date
				23	Date of Onset
				40	Discharge Date
				43A	1st Interruption Date
				43B	1st Return Date
				43C	2nd Interruption Date
				43D	2nd Return Date
				43E	3rd Interruption Date
				43F	3rd Return Date
				O0250B	Date influenza vaccine received
-1046	**Consistency**	**Fatal**	Date Too Old: This date is more than 140 years in the past. This date cannot be more than 140 years in the past.		
			Items:	6	Birth Date
-1047	**Consistency**	**Fatal**	Dates Out of Order: The submitted dates are out of order or in the future. These dates must occur chronologically as follows: Birth Date (6) <= Date of Onset (23) <= Admission Date (12) <= Assessment Reference Date (13) <= Discharge Date (40) <= Submission Date (SUBMISSION_DATE)		
			Items:	6	Birth Date

ID	Type	Severity	Text/Items		
			Items:	12	Admission Date
				13	Assessment Reference Date
				23	Date of Onset
				40	Discharge Date
				SUBMISSION_DATE	Submission Date
-1053	**Consistency**	**Fatal**			
			Inconsistent Admission date: Admission Date (12) should be later than 1980.		
			Items:	12	Admission Date
-1055	**Consistency**	**Fatal**			
			Failed CMG Calculation: CMG calculation could not be performed due to a system error. Please contact the QTSO Help Desk. Please resubmit this record when the system has been corrected.		
			Items:	SBMTD_CMG_TXT	Submitted CMG Code
-1056	**Consistency**	**Warning**			
			Inconsistent CMG_CODE/CMG_VERSION: The submitted CMG_CODE/CMG_VERISON must match the corresponding calculated values.		
			Items:	SBMTD_CMG_TXT	Submitted CMG Code
				SBMTD_CMG_VRSN_TXT	Submitted CMG Version Code
-1057	**Consistency**	**Warning**			
			CMG not recalculated: The CMG for this assessment was not recalculated as the discharge date is more than 27 months prior to the submission date.		
			Items:	SBMTD_CMG_TXT	Submitted CMG Code
-1060	**Consistency**	**Warning**			
			Inconsistent 12/13: The Assessment Reference Date (13) usually must be two days later than the Admission Date (12).		
			Items:	12	Admission Date
				13	Assessment Reference Date
-1071	**Consistency**	**Fatal**			
			Unauthorized Submitter: The submitter's User ID is not authorized to submit data on behalf of the provider identified by the FAC_ID in this record.		
			Items:	FAC_ID	Facility ID
-1072	**Consistency**	**Warning**			
			THIS EDIT WAS DELETED IN VERSION 3.00.1		
			Items:	40	Discharge Date
-1100	**Format**	**Fatal**			
			Formatting of ICD items: If the ICD-10 item is active, it must be submitted so it can be formatted in an 8 character, fixed-format string as follows with the decimal point as the 4th character. An entirely blank ICD-10 item must be submitted as a single ^. Other formatting rules are as follows: a) Character 1 must be alphabetic. b) Character 2 must be numeric [0-9]. c) Character 3 must be numeric [0-9] or alphabetic [A-Z,a-z]. d) Character 4 must be a decimal point. e) Characters 5 through 8 must be numeric [0-9], alphabetic [A-Z,a-z], or caret [^]. f) If any character 5 through 8 is equal to [^], all subsequent characters must equal [^].		
			Items:	22A	Etiologic Diagnosis Code A (ICD Code)
				22B	Etiologic Diagnosis Code B (ICD Code)
				22C	Etiologic Diagnosis Code C (ICD Code)
				24A	Comorbid Condition 1 (ICD Code)
				24B	Comorbid Condition 2 (ICD Code)

ID	Type	Severity	Text/Items		
			Items:	24C	Comorbid Condition 3 (ICD Code)
				24D	Comorbid Condition 4 (ICD Code)
				24E	Comorbid Condition 5 (ICD Code)
				24F	Comorbid Condition 6 (ICD Code)
				24G	Comorbid Condition 7 (ICD Code)
				24H	Comorbid Condition 8 (ICD Code)
				24I	Comorbid Condition 9 (ICD Code)
				24J	Comorbid Condition 10 (ICD Code)
				24K	Comorbid Condition 11 (ICD Code)
				24L	Comorbid Condition 12 (ICD Code)
				24M	Comorbid Condition 13 (ICD Code)
				24N	Comorbid Condition 14 (ICD Code)
				24O	Comorbid Condition 15 (ICD Code)
				24P	Comorbid Condition 16 (ICD Code)
				24Q	Comorbid Condition 17 (ICD Code)
				24R	Comorbid Condition 18 (ICD Code)
				24S	Comorbid Condition 19 (ICD Code)
				24T	Comorbid Condition 20 (ICD Code)
				24U	Comorbid Condition 21 (ICD Code)
				24V	Comorbid Condition 22 (ICD Code)
				24W	Comorbid Condition 23 (ICD Code)
				24X	Comorbid Condition 24 (ICD Code)
				24Y	Comorbid Condition 25 (ICD Code)
				46	Diagnosis for Interruption or Death (ICD Code)
				47A	Complication during rehab stay 1 (ICD Code)
				47B	Complication during rehab stay 2 (ICD Code)
				47C	Complication during rehab stay 3 (ICD Code)
				47D	Complication during rehab stay 4 (ICD Code)
				47E	Complication during rehab stay 5 (ICD Code)
				47F	Complication during rehab stay 6 (ICD Code)
-1101	**Consistency**	**Fatal**			
			Inconsistent 44D/45 values: If Discharge to Living Setting (44D) = [01], then Discharge to Living With (45) must not be skipped with value of "No information" [^]. If Discharge to Living Setting (44D) not = [01] then Discharge to Living With (45) must be skipped with value of "No information" [^].		
			Items:	44D	Discharge to Living Setting
				45	Discharge to Living With
-1102	**Consistency**	**Fatal**			
			Inconsistent 44C/44D/45 values: If Patient not discharged alive (44C = [0]), then Discharge to Living Setting (44D) and Discharge to Living With (45) must be skipped with value of "No information" [^]. If Patient discharged alive (44C) = [1]), then Discharge to Living Setting (44D) must not be skipped with value of "No information" [^].		
			Items:	44C	Patient Discharged Alive
				44D	Discharge to Living Setting
				45	Discharge to Living With
-1105	**Consistency**	**Fatal**			
			Inconsistent 16A/17: If Pre-Hospital Living Setting (16A) is equal to [01], then Pre_Hospital Living With (17) cannot be be skipped [^]. If Pre-hospital Living Setting (16A) is not equal to [01], then Pre_Hospital Living With (17) must be skipped [^].		
			Items:	16A	Pre-hospital Living Setting
				17	Pre-Hospital Living With
-1106	**Format**	**Fatal**			
			Incorrect item length: If this is not one of the special values (if any) that are listed in the Item Values table of the Detailed Data Specifications Report, then this item must be exactly the length of the maximum length of the item.		

ID	Type	Severity	Text/Items		
			Items:	FAC_ZIP	Facility ZIP Code
				SFTWR_VNDR_ID	Software Vendor EIN
-1107	**Consistency**	**Fatal**			
			Inconsistent Race/Ethnicity items: If any race/ethnicity (items 9A-9F) value equals a dash (-), then all race/ethnicity items must equal dash (-).		
			Items:	9A	Race: American Indian/Alaskan Native
				9B	Race: Asian
				9C	Race: Black or African American
				9D	Ethnicity: Hispanic or Latino
				9E	Race: Native Hawaiian or other Pacific Islander
				9F	Race: White
-1108	**Format**	**Fatal**			
			Invalid SSN: If the value is not equal to "No information" [^], it must be 9 characters long, the first three characters must not be equal to [000], and the value must not be equal to any of the following: [111111111, 333333333, 123456789, 999999999].		
			Items:	7	Social Security Number (SSN)
-1109	**Consistency**	**Fatal**			
			Inconsistent 2/20A/20B values: If Medicare is a payor (20A = [02, 51] or 20B = [02, 51], then the Patient Medicare number (2) cannot be skipped with value of "No information" [^] .		
			Items:	2	Patient Medicare Number
				20A	Primary Payment Source
				20B	Secondary Payment Source
-1110	**Consistency**	**Fatal**			
			Inconsistent 33A/34A values: One of the admission transfer items must be scored. The other must be skipped with value of [^].		
			Items:	33A	Tub Transfer: Admission
				34A	Shower Transfer: Admission
-1111	**Consistency**	**Fatal**			
			Inconsistent 33D/34D values: One of the discharge transfer items must be scored. The other must be skipped with value of [^].		
			Items:	33D	Tub Transfer: Discharge
				34D	Shower Transfer: Discharge
-1112	**Consistency**	**Fatal**			
			Inconsistent Comorbid Condition ICD codes. For the items 24A through 24Y, if a cormorbid condition item is "No information" [^], then the next comorbid item in the list must be "No information" [^].		
			Items:	24A	Comorbid Condition 1 (ICD Code)
				24B	Comorbid Condition 2 (ICD Code)
				24C	Comorbid Condition 3 (ICD Code)
				24D	Comorbid Condition 4 (ICD Code)
				24E	Comorbid Condition 5 (ICD Code)
				24F	Comorbid Condition 6 (ICD Code)
				24G	Comorbid Condition 7 (ICD Code)
				24H	Comorbid Condition 8 (ICD Code)
				24I	Comorbid Condition 9 (ICD Code)
				24J	Comorbid Condition 10 (ICD Code)
				24K	Comorbid Condition 11 (ICD Code)
				24L	Comorbid Condition 12 (ICD Code)
				24M	Comorbid Condition 13 (ICD Code)
				24N	Comorbid Condition 14 (ICD Code)
				24O	Comorbid Condition 15 (ICD Code)
				24P	Comorbid Condition 16 (ICD Code)

ID	Type	Severity	Text/Items		
			Items:	24Q	Comorbid Condition 17 (ICD Code)
				24R	Comorbid Condition 18 (ICD Code)
				24S	Comorbid Condition 19 (ICD Code)
				24T	Comorbid Condition 20 (ICD Code)
				24U	Comorbid Condition 21 (ICD Code)
				24V	Comorbid Condition 22 (ICD Code)
				24W	Comorbid Condition 23 (ICD Code)
				24X	Comorbid Condition 24 (ICD Code)
				24Y	Comorbid Condition 25 (ICD Code)
-1113	**Consistency**	**Fatal**			
			Inconsistent Complications During Rehabilitation Stay Values: For the items 47A through 47F, if an item in the list is "No information" [^], then the next item must also be "No information" [^].		
			Items:	47A	Complication during rehab stay 1 (ICD Code)
				47B	Complication during rehab stay 2 (ICD Code)
				47C	Complication during rehab stay 3 (ICD Code)
				47D	Complication during rehab stay 4 (ICD Code)
				47E	Complication during rehab stay 5 (ICD Code)
				47F	Complication during rehab stay 6 (ICD Code)
-1114	**Consistency**	**Fatal**			
			Program Interruption Date Out of Order: For the following dates, each date must precede or be the same as the subsequent date, ignoring dates with "No information" [^]. Admission Date (12) <= 1st Interruption Date (43A) <= 1st Return Date (43B) <= 2nd Interruption Date (43C) <= 2nd Return Date (43D) <= 3rd Interruption Date (43E) <= 3rd Return Date (43F) <= Discharge Date (40)		
			Items:	12	Admission Date
				40	Discharge Date
				43A	1st Interruption Date
				43B	1st Return Date
				43C	2nd Interruption Date
				43D	2nd Return Date
				43E	3rd Interruption Date
				43F	3rd Return Date
-1115	**Consistency**	**Fatal**			
			Inconsistent Skip Pattern: If Program Interruption(s) (42) is 0 (No), then the Program Interruption Dates (43A - 43F) must all be "No information" [^].		
			Items:	42	Program Interruption(s) Indicator
				43A	1st Interruption Date
				43B	1st Return Date
				43C	2nd Interruption Date
				43D	2nd Return Date
				43E	3rd Interruption Date
				43F	3rd Return Date
-1116	**Consistency**	**Fatal**			
			Inconsistent 42/43A values: The Program Interruption(s) (42) value is not consistent with the 1st Interruption Date (43A) value. If Program Interruption(s) (42) is equal to 1 (Yes), then 1st Interruption Date (43A) must not be skipped with a value of "No information" [^].		
			Items:	42	Program Interruption(s) Indicator

ID	Type	Severity	Text/Items
			Items: 43A 1st Interruption Date
-1117	**Consistency**	**Fatal**	Inconsistent Program Interruption Dates: For the dates listed, if a date in the list is "No information" [^], then the next date must also be "No information" [^]. 1st Interruption Date (43A) 1st Return Date (43B) 2nd Interruption Date (43C) 2nd Return Date (43D) 3rd Interruption Date (43E) 3rd Return Date (43F) **Items:** 43A 1st Interruption Date 43B 1st Return Date 43C 2nd Interruption Date 43D 2nd Return Date 43E 3rd Interruption Date 43F 3rd Return Date
-1118	**Consistency**	**Fatal**	Inconsistent Program Interruption Dates: For the date pairs listed, if the first date is not "No information" [^] then the second date must not be "No information" [^]. 1st Interruption Date (43A) and 1st Return Date (43B) 2nd Interruption Date (43C) and 2nd Return Date (43D) 3rd Interruption Date (43E) and 3rd Return Date (43F) **Items:** 43A 1st Interruption Date 43B 1st Return Date 43C 2nd Interruption Date 43D 2nd Return Date 43E 3rd Interruption Date 43F 3rd Return Date
-1127	**Consistency**	**Fatal**	ICD-10-CM Codes Not Allowed: This item cannot contain the following ICD-10-CM codes: V00.01 through Y99.9 **Items:** 22A Etiologic Diagnosis Code A (ICD Code) 22B Etiologic Diagnosis Code B (ICD Code) 22C Etiologic Diagnosis Code C (ICD Code)
-1128	**Consistency**	**Fatal**	Inconsistent Etiologic Diagnosis ICD codes. If Item 22B is "No information" [^], then Item 22C must be "No information" [^]. **Items:** 22B Etiologic Diagnosis Code B (ICD Code) 22C Etiologic Diagnosis Code C (ICD Code)
-1129	**Format**	**Warning**	Version Code Values: The version code submitted should match one of the values listed in the “Item Values” table of the Detailed Data Specifications Report. **Items:** ITM_SET_VRSN_CD IRF-PAI item Set Version SPEC_VRSN_CD Specifications version code
-1130	**Format**	**Fatal**	Incorrect Medicare Number or Medicare Beneficiary Identifier (MBI): This item must conform to one of two possible formats, as defined below: 1) MBI format: The MBI shall be eleven characters in length. The first character must be numeric, excluding zero (0). The second, fifth, eighth and ninth characters must be alphabetic, excluding the following letters: S, L, O, I, B, and Z. The fourth, seventh, tenth and eleventh characters must be numeric. The third and sixth characters must be alphabetic (excluding S, L, O, I, B, and Z) or numeric.

ID	Type	Severity	Text/Items
			2) Medicare Number format: If the first character is numeric [0 through 9] (SSN), then the first 9 characters must be digits [0 through 9]. If the first character is alphabetic (RR insurance number), then there must be 1, 2, or 3 alphabetic characters followed by 6 or 9 numbers.
			Items: 2 Patient Medicare Number
-5004	**Consistency**	**Warning**	
			Entering a dash as a response to any Quality Measure item may result in a payment reduction of two percentage points for the applicable FY annual increase factor.
			Items: GG0130A1 Self-Care (Adm Perf) - Eating
			GG0130A3 Self-Care (Dschg Perf) - Eating
			GG0130B1 Self-Care (Adm Perf) - Oral hygiene
			GG0130B3 Self-Care (Dschg Perf) - Oral hygiene
			GG0130C1 Self-Care (Adm Perf) - Toileting hygiene
			GG0130C3 Self-Care (Dschg Perf) - Toileting hygiene
			GG0130E1 Self-Care (Adm Perf) - Shower/bathe self
			GG0130E3 Self-Care (Dschg Perf) - Shower/bathe self
			GG0130F1 Self-Care (Adm Perf) - Upper Body Dressing
			GG0130F3 Self-Care (Dschg Perf) - Upper Body Dressing
			GG0130G1 Self-Care (Adm Perf) - Lower Body Dressing
			GG0130G3 Self-Care (Dschg Perf) - Lower Body Dressing
			GG0130H1 Self-Care (Adm Perf) - On/Off Footwear
			GG0130H3 Self-Care (Dschg Perf) - On/Off Footwear
			GG0170A1 Func Mobil (Adm Perf) - Roll left and right
			GG0170A3 Func Mobil (Dschg Perf) - Roll left and right
			GG0170B1 Func Mobil (Adm Perf) - Sit to lying
			GG0170B3 Func Mobil (Dschg Perf) - Sit to lying
			GG0170C1 Func Mobil (Adm Perf) - Lying to sit on side
			GG0170C3 Func Mobil (Dschg Perf) - Lying to sitting on side
			GG0170D1 Func Mobil (Adm Perf) - Sit to stand
			GG0170D3 Func Mobil (Dschg Perf) - Sit to stand
			GG0170E1 Func Mobil (Adm Perf) - Chair/bed-to-chair trans
			GG0170E3 Func Mobil (Dschg Perf) - Chair/bed-to-chair trans
			GG0170F1 Func Mobil (Adm Perf) - Toilet transfer
			GG0170F3 Func Mobil (Dschg Perf) - Toilet transfer
			GG0170G1 Func Mobil (Adm Perf) - Car Transfer
			GG0170G3 Func Mobil (Dschg Perf) - Car Transfer
			GG0170I1 Func Mobil (Adm Perf) - Walk 10 feet
			GG0170I3 Func Mobil (Dschg Perf) - Walk 10 feet
			GG0170J1 Func Mobil (Adm Perf) - Walk 50 feet w/2 turns
			GG0170J3 Func Mobil (Dschg Perf) - Walk 50 feet w/2 turns
			GG0170K1 Func Mobil (Adm Perf) - Walk 150 feet
			GG0170K3 Func Mobil (Dschg Perf) - Walk 150 feet
			GG0170L1 Func Mobil (Adm Perf) - Walk 10 Ft Uneven Surf
			GG0170L3 Func Mobil (Dschg Perf) - Walk 10 Ft Uneven Surf
			GG0170M1 Func Mobil (Adm Perf) - 1 Step (Curb)
			GG0170M3 Func Mobil (Dschg Perf) - 1 Step (Curb)
			GG0170N1 Func Mobil (Adm Perf) - 4 Steps
			GG0170N3 Func Mobil (Dschg Perf) - 4 Steps
			GG0170O1 Func Mobil (Adm Perf) - 12 Steps
			GG0170O3 Func Mobil (Dschg Perf) - 12 Steps
			GG0170P1 Func Mobil (Adm Perf) - Picking Up Object
			GG0170P3 Func Mobil (Dschg Perf) - Picking Up Object
			GG0170Q1 Does patient use wheelchair and/or scooter (Adm)
			GG0170Q3 Does patient use wheelchair and/or scooter (Dschg)
			GG0170R1 Func Mobil (Adm Perf) - Wheel 50 feet w/2 turns
			GG0170R3 Func Mobil (Dschg Perf) - Wheel 50 feet w/2 turns
			GG0170RR1 Indicate type of wheelchair or scooter (Adm)

ID	Type	Severity	Text/Items		
			Items:	GG0170RR3	Indicate type of wheelchair or scooter (Dschg)
				GG0170S1	Func Mobil (Adm Perf) - Wheel 150 feet
				GG0170S3	Func Mobil (Dschg Perf) - Wheel 150 feet
				GG0170SS1	Indicate type of wheelchair or scooter (Adm)
				GG0170SS3	Indicate type of wheelchair or scooter (Dschg)
				J1900C	Num Falls Since Admission - Major injury
				M0300B1_2	Number of Stage 2 pressure ulcers: Discharge
				M0300B2_2	Nbr Disch Stg 2 PU were Adm Stg 2 PU
				M0300C1_2	Number of Stage 3 pressure ulcers: Discharge
				M0300C2_2	Nbr Disch Stg 3 PU were Adm Stg 3 PU
				M0300D1_2	Number of Stage 4 pressure ulcers: Discharge
				M0300D2_2	Nbr Disch Stg 4 PU were Adm Stg 4 PU
				M0300E1_2	Nbr Unstg non-remov drsg prss ulcers/injrs: Dschrg
				M0300E2_2	Nbr Unstg NRD Disch PU/Injrs present at Adm
				M0300F1_2	Nbr Unstg slough/eschar pressure ulcers: Dschrg
				M0300F2_2	Nbr Unstg S/E Disch PU were Adm Unstg S/E PU
				M0300G1_2	Nbr Unstg DTI pressure injrs: Dschrg
				M0300G2_2	Nbr Unstg DTI Disch PU/Injrs present at Adm
				N2001	Drug Regimen Review
				N2003	Medication Follow-up
				N2005	Medication Intervention
-5006	**Consistency**	**Fatal**			
			Inconsistent M0210_1 value: If unhealed pressure ulcers/injuried present on admission (M0210_1) is equal to [0] (No), then the number of unhealed pressure ulcers/injuries at each Stage at admission (M0300A1_1 through M0300G1_1) must all be skipped with value of "Skipped" [^].		
			Items:	M0210_1	Pressure Ulcers/Injuries Present on Admission
				M0300A1_1	Number of Stage 1 pressure injuries: Admission
				M0300B1_1	Number of Stage 2 pressure ulcers: Admission
				M0300C1_1	Number of Stage 3 pressure ulcers: Admission
				M0300D1_1	Number of Stage 4 pressure ulcers: Admission
				M0300E1_1	Nbr Unstg non-remov drsg prss ulcers/injrs: Adm
				M0300F1_1	Nbr Unstg slough/eschar pressure ulcers: Adm
				M0300G1_1	Nbr Unstg DTI pressure injrs: Adm
-5007	**Consistency**	**Fatal**			
			THIS EDIT WAS DELETED IN V3.00.0		
			Items:	M0210_2	Pressure Ulcers/Injuries Present on Discharge
				M0300A1_2	Number of Stage 1 pressure injuries: Discharge
				M0300B1_2	Number of Stage 2 pressure ulcers: Discharge
				M0300B2_2	Nbr Disch Stg 2 PU were Adm Stg 2 PU
				M0300C1_2	Number of Stage 3 pressure ulcers: Discharge
				M0300C2_2	Nbr Disch Stg 3 PU were Adm Stg 3 PU
				M0300D1_2	Number of Stage 4 pressure ulcers: Discharge
				M0300D2_2	Nbr Disch Stg 4 PU were Adm Stg 4 PU
				M0300E1_2	Nbr Unstg non-remov drsg prss ulcers/injrs: Dschrg
				M0300E2_2	Nbr Unstg NRD Disch PU/Injrs present at Adm
				M0300F1_2	Nbr Unstg slough/eschar pressure ulcers: Dschrg
				M0300F2_2	Nbr Unstg S/E Disch PU were Adm Unstg S/E PU
				M0300G1_2	Nbr Unstg DTI pressure injrs: Dschrg
				M0300G2_2	Nbr Unstg DTI Disch PU/Injrs present at Adm
-5009	**Consistency**	**Fatal**			
			Inconsistent Influenza Vaccination date: If a valid date is entered for the Influenza Vaccination Date (O0250B), then that date must be on or after the birthdate (6) and on or before the discharge date (40).		
			Items:	6	Birth Date

ID	Type	Severity	Text/Items		
			Items:	40	Discharge Date
				O0250B	Date influenza vaccine received
-5010	**Consistency**	**Fatal**			
			Inconsistent M0210_1 value: If unhealed pressure ulcers/injuries present on admission (M0210_1) is equal to [1] (Yes), then the number of unhealed pressure ulcers/injuries at each Stage at admission (M0300A1_1 through M0300G1_1) must not be "Skipped" [^].		
			Items:	M0210_1	Pressure Ulcers/Injuries Present on Admission
				M0300A1_1	Number of Stage 1 pressure injuries: Admission
				M0300B1_1	Number of Stage 2 pressure ulcers: Admission
				M0300C1_1	Number of Stage 3 pressure ulcers: Admission
				M0300D1_1	Number of Stage 4 pressure ulcers: Admission
				M0300E1_1	Nbr Unstg non-remov drsg prss ulcers/injrs: Adm
				M0300F1_1	Nbr Unstg slough/eschar pressure ulcers: Adm
				M0300G1_1	Nbr Unstg DTI pressure injrs: Adm
-5011	**Consistency**	**Fatal**			
			THIS EDIT WAS DELETED IN V3.00.0		
			Items:	M0210_2	Pressure Ulcers/Injuries Present on Discharge
				M0300A1_2	Number of Stage 1 pressure injuries: Discharge
				M0300B1_2	Number of Stage 2 pressure ulcers: Discharge
				M0300C1_2	Number of Stage 3 pressure ulcers: Discharge
				M0300D1_2	Number of Stage 4 pressure ulcers: Discharge
				M0300E1_2	Nbr Unstg non-remov drsg prss ulcers/injrs: Dschrg
				M0300F1_2	Nbr Unstg slough/eschar pressure ulcers: Dschrg
				M0300G1_2	Nbr Unstg DTI pressure injrs: Dschrg
-5013	**Consistency**	**Fatal**			
			THIS EDIT WAS DELETED IN V3.00.0		
			Items:	M0210_1	Pressure Ulcers/Injuries Present on Admission
-5016	**Consistency**	**Fatal**			
			Inconsistent M0300B1_2 value: If total Stage 2 pressures ulcers present on discharge (M0300B1_2) is equal to [0], then M0300B2_2 must be "Skipped" [^].		
			Items:	M0300B1_2	Number of Stage 2 pressure ulcers: Discharge
				M0300B2_2	Nbr Disch Stg 2 PU were Adm Stg 2 PU
-5017	**Consistency**	**Fatal**			
			Inconsistent M0300B1_2 value: If total Stage 2 pressures ulcers present on discharge (M0300B1_2) is equal to [1] thru [9], then M0300B2_2 must not be "Skipped" [^].		
			Items:	M0300B1_2	Number of Stage 2 pressure ulcers: Discharge
				M0300B2_2	Nbr Disch Stg 2 PU were Adm Stg 2 PU
-5018	**Consistency**	**Fatal**			
			Inconsistent M0300C1_2 value: If total Stage 3 pressures ulcers present on discharge (M0300C1_2) is equal to [0], then M0300C2_2 must be "Skipped" [^].		
			Items:	M0300C1_2	Number of Stage 3 pressure ulcers: Discharge
				M0300C2_2	Nbr Disch Stg 3 PU were Adm Stg 3 PU
-5019	**Consistency**	**Fatal**			
			Inconsistent M0300C1_2 value: If total Stage 3 pressures ulcers present on discharge (M0300C1_2) is equal to [1] thru [9], then M0300C2_2 must not be "Skipped" [^].		
			Items:	M0300C1_2	Number of Stage 3 pressure ulcers: Discharge
				M0300C2_2	Nbr Disch Stg 3 PU were Adm Stg 3 PU

ID	Type	Severity	Text/Items
-5020	Consistency	Fatal	Inconsistent M0300D1_2 value: If total Stage 4 pressures ulcers present on discharge (M0300D1_2) is equal to [0], then M0300D2_2 must be "Skipped" [^]. **Items:** M0300D1_2 Number of Stage 4 pressure ulcers: Discharge M0300D2_2 Nbr Disch Stg 4 PU were Adm Stg 4 PU
-5021	Consistency	Fatal	Inconsistent M0300D1_2 value: If total Stage 4 pressures ulcers present on discharge (M0300D1_2) is equal to [1] thru [9], then M0300D2_2 must not be "Skipped" [^]. **Items:** M0300D1_2 Number of Stage 4 pressure ulcers: Discharge M0300D2_2 Nbr Disch Stg 4 PU were Adm Stg 4 PU
-5022	Consistency	Fatal	Inconsistent M0300E1_2 value: If total unstageable pressures ulcers due to non-removable dressing/device present on discharge (M0300E1_2) is equal to [0], then M0300E2_2 must be "Skipped" [^]. **Items:** M0300E1_2 Nbr Unstg non-remov drsg prss ulcers/injrs: Dschrg M0300E2_2 Nbr Unstg NRD Disch PU/Injrs present at Adm
-5023	Consistency	Fatal	Inconsistent M0300E1_2 value: If total unstageable pressures ulcers due to non-removable dressing/device on discharge (M0300E1_2) is equal to [1] thru [9], then M0300E2_2 must not be "Skipped" [^]. **Items:** M0300E1_2 Nbr Unstg non-remov drsg prss ulcers/injrs: Dschrg M0300E2_2 Nbr Unstg NRD Disch PU/Injrs present at Adm
-5024	Consistency	Fatal	Inconsistent M0300F1_2 value: If total unstageable pressures ulcers due to slough/eschar present on discharge (M0300F1_2) is equal to [0], then M0300F2_2 must be "Skipped" [^]. **Items:** M0300F1_2 Nbr Unstg slough/eschar pressure ulcers: Dschrg M0300F2_2 Nbr Unstg S/E Disch PU were Adm Unstg S/E PU
-5025	Consistency	Fatal	Inconsistent M0300F1_2 value: If total unstageable pressures ulcers due to slough/eschar on discharge (M0300F1_2) is equal to [1] thru [9], then M0300F2_2 must not be "Skipped" [^]. **Items:** M0300F1_2 Nbr Unstg slough/eschar pressure ulcers: Dschrg M0300F2_2 Nbr Unstg S/E Disch PU were Adm Unstg S/E PU
-5026	Consistency	Fatal	Inconsistent M0300G1_2 value: If total unstageable pressures ulcers with suspected DTI present on discharge (M0300G1_2) is equal to [0], then M0300G2_2 must be "Skipped" [^]. **Items:** M0300G1_2 Nbr Unstg DTI pressure injrs: Dschrg M0300G2_2 Nbr Unstg DTI Disch PU/Injrs present at Adm
-5027	Consistency	Fatal	Inconsistent M0300G1_2 value: If total unstageable pressures ulcers with suspected DTI on discharge (M0300G1_2) is equal to [1] thru [9], then M0300G2_2 must not be "Skipped" [^]. **Items:** M0300G1_2 Nbr Unstg DTI pressure injrs: Dschrg M0300G2_2 Nbr Unstg DTI Disch PU/Injrs present at Adm
-5028	Consistency	Fatal	Inconsistent O0250A/O0250B values: a) If O0250A=[1], then O0250B must not be "Skipped" [^]. b) If O0250A=[0], then O0250B must be "Skipped" [^]. C) If O0250A=[-], then O0250B must equal [-]. **Items:** O0250A Was influenza vaccine received O0250B Date influenza vaccine received

ID	Type	Severity	Text/Items

-5029 Consistency Fatal

Inconsistent O0250A/O0250C values:
a) If O0250A=[0], then O0250C must not be "Skipped" [^].
b) If O0250A=[1], then O0250C must be "Skipped" [^].
C) If O0250A=[-], then O0250C must equal [-].

Items:		
	O0250A	Was influenza vaccine received
	O0250C	If influenza vaccine not received, state reason

-5043 Consistency Fatal

If the following Unstageable ulcers due to deep tissue injury (DTI) present on discharge item (M0300G2_2) is a numeric value ([0]-[9]) and M0300G1_2 is a numeric value ([0]-[9])
THEN
The item (M0300G2_2) must be equal to or less than the total count of Unstageable ulcers due to DTI present on discharge (M0300G1_2).

Items:		
	M0300G1_2	Nbr Unstg DTI pressure injrs: Dschrg
	M0300G2_2	Nbr Unstg DTI Disch PU/Injrs present at Adm

-5044 Consistency Fatal

Inconsistent M0210_1 value:
If unhealed pressure ulcers/injuries present on admission (M0210_1) is equal to "Not assessed/no information" [-], then the number of unhealed pressure ulcers/injuries at each stage at admission (M0300A1_1 through M0300G1_1) must be equal to "Not assessed/no information" [-].

Items:		
	M0210_1	Pressure Ulcers/Injuries Present on Admission
	M0300A1_1	Number of Stage 1 pressure injuries: Admission
	M0300B1_1	Number of Stage 2 pressure ulcers: Admission
	M0300C1_1	Number of Stage 3 pressure ulcers: Admission
	M0300D1_1	Number of Stage 4 pressure ulcers: Admission
	M0300E1_1	Nbr Unstg non-remov drsg prss ulcers/injrs: Adm
	M0300F1_1	Nbr Unstg slough/eschar pressure ulcers: Adm
	M0300G1_1	Nbr Unstg DTI pressure injrs: Adm

-5045 Consistency Fatal

THIS EDIT WAS DELETED IN V3.00.0

Items:		
	M0210_1	Pressure Ulcers/Injuries Present on Admission

-5046 Consistency Fatal

Inconsistent M0210_2 value:
If unhealed pressure ulcers/injuries present on discharge (M0210_2) is equal to "Not assessed/no information" [-], then the number of unhealed pressure ulcers/injuries at each stage at discharge (M0300A1_2 through M0300G2_2) must be equal to "Not assessed/no information" [-].

Items:		
	M0210_2	Pressure Ulcers/Injuries Present on Discharge
	M0300A1_2	Number of Stage 1 pressure injuries: Discharge
	M0300B1_2	Number of Stage 2 pressure ulcers: Discharge
	M0300B2_2	Nbr Disch Stg 2 PU were Adm Stg 2 PU
	M0300C1_2	Number of Stage 3 pressure ulcers: Discharge
	M0300C2_2	Nbr Disch Stg 3 PU were Adm Stg 3 PU
	M0300D1_2	Number of Stage 4 pressure ulcers: Discharge
	M0300D2_2	Nbr Disch Stg 4 PU were Adm Stg 4 PU
	M0300E1_2	Nbr Unstg non-remov drsg prss ulcers/injrs: Dschrg
	M0300E2_2	Nbr Unstg NRD Disch PU/Injrs present at Adm
	M0300F1_2	Nbr Unstg slough/eschar pressure ulcers: Dschrg
	M0300F2_2	Nbr Unstg S/E Disch PU were Adm Unstg S/E PU
	M0300G1_2	Nbr Unstg DTI pressure injrs: Dschrg
	M0300G2_2	Nbr Unstg DTI Disch PU/Injrs present at Adm

ID	Type	Severity	Text/Items

-5048 Consistency Fatal

Inconsistent M0300B1_2 value:
If the number of unhealed pressure ulcers at Stage 2 at discharge (M0300B1_2) is equal to "Not assessed/no information" [-], then the subsequent item for unhealed Stage 2 pressure ulcers at discharge (M0300B2_2) must be equal to "Not assessed/no information" [-].

Items:		
	M0300B1_2	Number of Stage 2 pressure ulcers: Discharge
	M0300B2_2	Nbr Disch Stg 2 PU were Adm Stg 2 PU

-5049 Consistency Fatal

Inconsistent M0300C1_2 value:
If the number of unhealed pressure ulcers at Stage 3 at discharge (M0300C1_2) is equal to "Not assessed/no information" [-], then the subsequent item for unhealed Stage 3 pressure ulcers at discharge (M0300C2_2) must be equal to "Not assessed/no information" [-].

Items:		
	M0300C1_2	Number of Stage 3 pressure ulcers: Discharge
	M0300C2_2	Nbr Disch Stg 3 PU were Adm Stg 3 PU

-5050 Consistency Fatal

Inconsistent M0300D1_2 value:
If the number of unhealed pressure ulcers at Stage 4 at discharge (M0300D1_2) is equal to "Not assessed/no information" [-], then the subsequent item for unhealed Stage 4 pressure ulcers at discharge (M0300D2_2) must be equal to "Not assessed/no information" [-].

Items:		
	M0300D1_2	Number of Stage 4 pressure ulcers: Discharge
	M0300D2_2	Nbr Disch Stg 4 PU were Adm Stg 4 PU

-5051 Consistency Fatal

Inconsistent M0300E1_2 value:
If the number of unhealed pressure ulcers/injuries unstageable due to a non-removable dressing or device at discharge (M0300E1_2) is equal to "Not assessed/no information" [-], then the subsequent item for unhealed pressure ulcers/injuries unstageable due to a non-removable dressing or device pressure ulcers at discharge (M0300E2_2) must be equal to "Not assessed/no information" [-].

Items:		
	M0300E1_2	Nbr Unstg non-remov drsg prss ulcers/injrs: Dschrg
	M0300E2_2	Nbr Unstg NRD Disch PU/Injrs present at Adm

-5052 Consistency Fatal

Inconsistent M0300F1_2 value:
If the number of unhealed pressure ulcers unstageable due to slough or eschar at discharge (M0300F1_2) is equal to "Not assessed/no information" [-], then the subsequent item for unhealed pressure ulcers unstageable due to slough or eschar pressure ulcers at discharge (M0300F2_2) must be equal to "Not assessed/no information" [-].

Items:		
	M0300F1_2	Nbr Unstg slough/eschar pressure ulcers: Dschrg
	M0300F2_2	Nbr Unstg S/E Disch PU were Adm Unstg S/E PU

-5053 Consistency Fatal

Inconsistent M0300G1_2 value:
If the number of unhealed pressure injuries with suspected deep tissue injury at discharge (M0300G1_2) is equal to "Not assessed/no information" [-], then the subsequent item that was unstageable with suspected deep tissue injury at discharge (M0300G2_2) must be equal to "Not assessed/no information" [-].

Items:		
	M0300G1_2	Nbr Unstg DTI pressure injrs: Dschrg
	M0300G2_2	Nbr Unstg DTI Disch PU/Injrs present at Adm

-5054 Consistency Warning

THIS EDIT WAS DELETED IN V3.00.1

Items:		
	O0250A	Was influenza vaccine received
	O0250C	If influenza vaccine not received, state reason

ID	Type	Severity	Text/Items

-5055 Consistency Fatal

C0100-C0600 Consistency:
a) If C0100=[0], then all items from C0200 through C0600 must be equal to [^].
b) If C0100=[1], then all items from C0200 through C0600 must not be equal to [^].
c) If C0100=[-], then all items from C0200 through C0500 must be equal to [-] and C0600 must equal [1,-].

Items:		
	C0100	Brief Interview - Mental Status (BIMS)
	C0200	BIMS - Repetition of Three Words
	C0300A	BIMS - Temporal Orientation - Year
	C0300B	BIMS - Temporal Orientation - Month
	C0300C	BIMS - Temporal Orientation - Day
	C0400A	BIMS - Recalls Sock
	C0400B	BIMS - Recalls Blue
	C0400C	BIMS - Recalls Bed
	C0500	BIMS - Summary Score
	C0600	Conduct Staff Assessment - Mental Status

-5056 Consistency Fatal

BIMS Summary Score:
a) If all of the BIMS component items have numeric values (not dash) and if three or fewer of the BIMS component items are equal to [0], then C0500 must equal the sum of the values of the component items.
b) If all of the BIMS component items have numeric values (not dash) and if four or more of the BIMS component items are equal to [0], then C0500 must equal the sum of the values of the component items OR it must equal [99].
c) If some, but not all, of the BIMS component items have a value of [-], then C0500 must equal [99].
d) If all of the BIMS component items have a value of [-], then C0500 must equal [-].

Items:		
	C0200	BIMS - Repetition of Three Words
	C0300A	BIMS - Temporal Orientation - Year
	C0300B	BIMS - Temporal Orientation - Month
	C0300C	BIMS - Temporal Orientation - Day
	C0400A	BIMS - Recalls Sock
	C0400B	BIMS - Recalls Blue
	C0400C	BIMS - Recalls Bed
	C0500	BIMS - Summary Score

-5057 Consistency Fatal

C0600-C0900Z Consistency:
a) If C0600=[0], then all items from C0900A through C0900Z must be equal to [^].
b) If C0600=[^,1], then all items from C0900A through C0900Z must not be equal to [^].
c) If C0600=[-], then all items from C0900A through C0900Z must be equal to [-].

Items:		
	C0600	Conduct Staff Assessment - Mental Status
	C0900A	Memory/Recall - Current Season (3-day Asmt Prd)
	C0900B	Memory/Recall - Loc Of Own Room (3-day Asmt Prd)
	C0900C	Memory/Recall - Staff Names/Faces (3-day Asmt Prd)
	C0900E	Memory/Recall - In Hospital Unit (3-day Asmt Prd)
	C0900Z	Memory/Recall - None Of The Above (3-day Asmt Prd)

-5058 Consistency Fatal

C0500/C0600 Consistency:
a) If C0500=[99,-], then C0600 must be equal to [1,-].
b) If C0500=[00-15], then C0600 must be equal to [0].

Items:		
	C0500	BIMS - Summary Score
	C0600	Conduct Staff Assessment - Mental Status

ID	Type	Severity	Text/Items

-5059 Consistency Fatal

C0900 Consistency:
a) If C0900Z=[1], then all items from C0900A through C0900E must be equal to [0].
b) If C0900Z=[0], then at least one of the items C0900A through C0900E must be equal to [1].
c) If C0900Z=[-], then at least one item from C0900A through C0900E must equal [-] and all remaining items must equal [0,-].

Items:		
	C0900A	Memory/Recall - Current Season (3-day Asmt Prd)
	C0900B	Memory/Recall - Loc Of Own Room (3-day Asmt Prd)
	C0900C	Memory/Recall - Staff Names/Faces (3-day Asmt Prd)
	C0900E	Memory/Recall - In Hospital Unit (3-day Asmt Prd)
	C0900Z	Memory/Recall - None Of The Above (3-day Asmt Prd)

-5060 Consistency Fatal

GG0110 Consistency:
a) If GG0110Z=[1], then all items from GG0110A through GG0110E must be equal to [0].
b) If GG0110Z=[0], then at least one of the items GG0110A through GG0110E must be equal to [1].
c) If GG0110Z=[-], then at least one item from GG0110A through GG0110E must equal [-], and all remaining items must equal [0,-].

Items:		
	GG0110A	Prior Device - Manual wheelchair
	GG0110B	Prior Device - Motorized wheelchair and/or scooter
	GG0110C	Prior Device - Mechanical lift
	GG0110D	Prior Device - Walker
	GG0110E	Prior Device - Orthotics/Prosthetics
	GG0110Z	Prior Device - None of the above

-5061 Consistency Warning

Self-Care and Mobility Discharge Goals:
At least one of the Discharge Goal items (GG0130A2, GG0130B2, GG0130C2, GG0130E2, GG0130F2, GG0130G2, GG0130H2, GG0170A2, GG0170B2, GG0170C2, GG0170D2, GG0170E2, GG0170F2,GG0170G2, GG0170I2, GG0170J2, GG0170K2, GG0170L2, GG0170M2, GG0170N2, GG0170O2, GG0170P2, GG0170R2, GG0170S2) should be equal to [01,02,03,04,05,06,07,09,10,88]. Entering the dash [-] as the response to all of the Discharge Goal items may result in a payment reduction of two percentage points for the applicable FY annual increase factor.

Items:		
	GG0130A2	Self-Care (Dschg Goal) - Eating
	GG0130B2	Self-Care (Dschg Goal) - Oral hygiene
	GG0130C2	Self-Care (Dschg Goal) - Toileting hygiene
	GG0130E2	Self-Care (Dschg Goal) - Shower/bathe self
	GG0130F2	Self-Care (Dschg Goal) - Upper Body Dressing
	GG0130G2	Self-Care (Dschg Goal) - Lower Body Dressing
	GG0130H2	Self-Care (Dschg Goal) - On/Off Footwear
	GG0170A2	Func Mobil (Dschg Goal) - Roll left and right
	GG0170B2	Func Mobil (Dschg Goal) - Sit to lying
	GG0170C2	Func Mobil (Dschg Goal) - Lying to sitting on side
	GG0170D2	Func Mobil (Dschg Goal) - Sit to stand
	GG0170E2	Func Mobil (Dschg Goal) - Chair/bed-to-chair trans
	GG0170F2	Func Mobil (Dschg Goal) - Toilet transfer
	GG0170G2	Func Mobil (Dschg Goal) - Car Transfer
	GG0170I2	Func Mobil (Dschg Goal) - Walk 10 feet
	GG0170J2	Func Mobil (Dschg Goal) - Walk 50 feet w/2 turns
	GG0170K2	Func Mobil (Dschg Goal) - Walk 150 feet
	GG0170L2	Func Mobil (Dschg Goal) - Walk 10 Ft Uneven Surf
	GG0170M2	Func Mobil (Dschg Goal) - 1 Step (Curb)
	GG0170N2	Func Mobil (Dschg Goal) - 4 Steps
	GG0170O2	Func Mobil (Dschg Goal) - 12 Steps
	GG0170P2	Func Mobil (Dschg Goal) - Picking Up Object
	GG0170R2	Func Mobil (Dschg Goal) - Wheel 50 feet w/2 turns
	GG0170S2	Func Mobil (Dschg Goal) - Wheel 150 feet

ID	Type	Severity	Text/Items

-5062 Consistency Fatal

THIS EDIT WAS DELETED IN V3.00.0

Items:		
	GG0170I1	Func Mobil (Adm Perf) - Walk 10 feet
	GG0170I2	Func Mobil (Dschg Goal) - Walk 10 feet
	GG0170J1	Func Mobil (Adm Perf) - Walk 50 feet w/2 turns
	GG0170J2	Func Mobil (Dschg Goal) - Walk 50 feet w/2 turns
	GG0170K1	Func Mobil (Adm Perf) - Walk 150 feet
	GG0170K2	Func Mobil (Dschg Goal) - Walk 150 feet
	GG0170L1	Func Mobil (Adm Perf) - Walk 10 Ft Uneven Surf
	GG0170L2	Func Mobil (Dschg Goal) - Walk 10 Ft Uneven Surf
	GG0170M1	Func Mobil (Adm Perf) - 1 Step (Curb)
	GG0170M2	Func Mobil (Dschg Goal) - 1 Step (Curb)
	GG0170N1	Func Mobil (Adm Perf) - 4 Steps
	GG0170N2	Func Mobil (Dschg Goal) - 4 Steps
	GG0170O1	Func Mobil (Adm Perf) - 12 Steps
	GG0170O2	Func Mobil (Dschg Goal) - 12 Steps
	GG0170P1	Func Mobil (Adm Perf) - Picking Up Object
	GG0170P2	Func Mobil (Dschg Goal) - Picking Up Object

-5063 Consistency Fatal

THIS EDIT WAS DELETED IN V3.00.0

Items:		
	GG0170I1	Func Mobil (Adm Perf) - Walk 10 feet
	GG0170I2	Func Mobil (Dschg Goal) - Walk 10 feet
	GG0170J1	Func Mobil (Adm Perf) - Walk 50 feet w/2 turns
	GG0170J2	Func Mobil (Dschg Goal) - Walk 50 feet w/2 turns
	GG0170K1	Func Mobil (Adm Perf) - Walk 150 feet
	GG0170K2	Func Mobil (Dschg Goal) - Walk 150 feet
	GG0170L1	Func Mobil (Adm Perf) - Walk 10 Ft Uneven Surf
	GG0170L2	Func Mobil (Dschg Goal) - Walk 10 Ft Uneven Surf
	GG0170M1	Func Mobil (Adm Perf) - 1 Step (Curb)
	GG0170M2	Func Mobil (Dschg Goal) - 1 Step (Curb)
	GG0170N1	Func Mobil (Adm Perf) - 4 Steps
	GG0170N2	Func Mobil (Dschg Goal) - 4 Steps
	GG0170O1	Func Mobil (Adm Perf) - 12 Steps
	GG0170O2	Func Mobil (Dschg Goal) - 12 Steps
	GG0170P1	Func Mobil (Adm Perf) - Picking Up Object
	GG0170P2	Func Mobil (Dschg Goal) - Picking Up Object

-5064 Consistency Fatal

THIS EDIT WAS DELETED IN V3.00.0

Items:		
	GG0170I3	Func Mobil (Dschg Perf) - Walk 10 feet
	GG0170J3	Func Mobil (Dschg Perf) - Walk 50 feet w/2 turns
	GG0170K3	Func Mobil (Dschg Perf) - Walk 150 feet
	GG0170L3	Func Mobil (Dschg Perf) - Walk 10 Ft Uneven Surf
	GG0170M3	Func Mobil (Dschg Perf) - 1 Step (Curb)
	GG0170N3	Func Mobil (Dschg Perf) - 4 Steps
	GG0170O3	Func Mobil (Dschg Perf) - 12 Steps
	GG0170P3	Func Mobil (Dschg Perf) - Picking Up Object

-5065 Consistency Fatal

a) If GG0170Q1=[0], then items GG0170R1, GG0170R2, G0170RR1, GG0170S1, GG0170S2, and GG0170SS1 must be equal to [^].
b) If GG0170Q1=[1], then items GG0170R1, GG0170R2, G0170RR1, GG0170S1, GG0170S2, and GG0170SS1 must not be equal to [^].
c) If GG0170Q1=[-], then items GG0170R1, GG0170R2, G0170RR1, GG0170S1, GG0170S2, and GG0170SS1 must be equal to [-].

Items:		
	GG0170Q1	Does patient use wheelchair and/or scooter (Adm)

ID	Type	Severity	Text/Items		
			Items:	GG0170R1	Func Mobil (Adm Perf) - Wheel 50 feet w/2 turns
				GG0170R2	Func Mobil (Dschg Goal) - Wheel 50 feet w/2 turns
				GG0170RR1	Indicate type of wheelchair or scooter (Adm)
				GG0170S1	Func Mobil (Adm Perf) - Wheel 150 feet
				GG0170S2	Func Mobil (Dschg Goal) - Wheel 150 feet
				GG0170SS1	Indicate type of wheelchair or scooter (Adm)
-5066	**Consistency**	**Fatal**	a) If GG0170Q3=[0,^], then items GG0170R3, G0170RR3, GG0170S3, and GG0170SS3 must be equal to [^]. b) If GG0170Q3=[1], then items GG0170R3, G0170RR3, GG0170S3, and GG0170SS3 must not be equal to [^]. c) If GG0170Q3=[-], then items GG0170R3, G0170RR3, GG0170S3, and GG0170SS3 must be equal to [-].		
			Items:	GG0170Q3	Does patient use wheelchair and/or scooter (Dschg)
				GG0170R3	Func Mobil (Dschg Perf) - Wheel 50 feet w/2 turns
				GG0170RR3	Indicate type of wheelchair or scooter (Dschg)
				GG0170S3	Func Mobil (Dschg Perf) - Wheel 150 feet
				GG0170SS3	Indicate type of wheelchair or scooter (Dschg)
-5067	**Consistency**	**Fatal**	a) If I7900=[1], then items I0900 and I2900 must be equal to [0]. b) If I7900=[0], then at least one of items I0900 and I2900 must not be equal to [0]. c) If I7900=[-], then at least one of items I0900 and I2900 must be equal to [-], and the other item must be equal to [0,-].		
			Items:	I0900	Diagnoses: Peripheral vascular disease (PVD)/PAD
				I2900	Diagnoses: Diabetes mellitus (DM)
				I7900	Diagnoses: None of the Above
-5068	**Consistency**	**Fatal**	a) If J1800=[0], then all active items from J1900A through J1900C must be equal to [^]. b) If J1800=[1], then all active items from J1900A through J1900C must not be equal to [^], and at least one of these items must equal [-,1,2]. c) If J1800=[-], then all active items from J1900A through J1900C must be equal to [-].		
			Items:	J1800	Any Falls Since Admission
				J1900A	Num Falls Since Admission - No injury
				J1900B	Num Falls Since Admission - Injury (except major)
				J1900C	Num Falls Since Admission - Major injury
-5069	**Consistency**	**Fatal**	If M0300B1_2=[1-9], then one of the following must be true: a) M0300B2_2 must be equal to [-] OR b) M0300B2_2 must be equal to [0-9] and must be less than or equal to M0300B1_2.		
			Items:	M0300B1_2	Number of Stage 2 pressure ulcers: Discharge
				M0300B2_2	Nbr Disch Stg 2 PU were Adm Stg 2 PU
-5070	**Consistency**	**Fatal**	If M0300C1_2=[1-9], then one of the following must be true: a) M0300C2_2 must be equal to [-] OR b) M0300C2_2 must be equal to [0-9] and must be less than or equal to M0300C1_2.		
			Items:	M0300C1_2	Number of Stage 3 pressure ulcers: Discharge
				M0300C2_2	Nbr Disch Stg 3 PU were Adm Stg 3 PU
-5071	**Consistency**	**Fatal**	If M0300D1_2=[1-9], then one of the following must be true: a) M0300D2_2 must be equal to [-] OR b) M0300D2_2 must be equal to [0-9] and must be less than or equal to M0300D1_2.		
			Items:	M0300D1_2	Number of Stage 4 pressure ulcers: Discharge

ID	Type	Severity	Text/Items		
			Items:	M0300D2_2	Nbr Disch Stg 4 PU were Adm Stg 4 PU
-5072	**Consistency**	**Fatal**			
			If M0300E1_2=[1-9], then one of the following must be true: a) M0300E2_2 must be equal to [-] OR b) M0300E2_2 must be equal to [0-9] and must be less than or equal to M0300E1_2.		
			Items:	M0300E1_2	Nbr Unstg non-remov drsg prss ulcers/injrs: Dschrg
				M0300E2_2	Nbr Unstg NRD Disch PU/Injrs present at Adm
-5073	**Consistency**	**Fatal**			
			If M0300F1_2=[1-9], then one of the following must be true: a) M0300F2_2 must be equal to [-] OR b) M0300F2_2 must be equal to [0-9] and must be less than or equal to M0300F1_2.		
			Items:	M0300F1_2	Nbr Unstg slough/eschar pressure ulcers: Dschrg
				M0300F2_2	Nbr Unstg S/E Disch PU were Adm Unstg S/E PU
-5074	**Consistency**	**Fatal**			
			THIS EDIT WAS DELETED IN V3.00.0		
			Items:	M0300B1_2	Number of Stage 2 pressure ulcers: Discharge
-5075	**Consistency**	**Fatal**			
			THIS EDIT WAS DELETED IN V3.00.0		
			Items:	M0300C1_2	Number of Stage 3 pressure ulcers: Discharge
-5076	**Consistency**	**Fatal**			
			THIS EDIT WAS DELETED IN V3.00.0		
			Items:	M0300D1_2	Number of Stage 4 pressure ulcers: Discharge
-5077	**Consistency**	**Fatal**			
			THIS EDIT WAS DELETED IN V3.00.0		
			Items:	M0300E1_2	Nbr Unstg non-remov drsg prss ulcers/injrs: Dschrg
-5078	**Consistency**	**Fatal**			
			THIS EDIT WAS DELETED IN V3.00.0		
			Items:	M0300F1_2	Nbr Unstg slough/eschar pressure ulcers: Dschrg
-5079	**Consistency**	**Fatal**			
			THIS EDIT WAS DELETED IN V3.00.0		
			Items:	M0300G1_2	Nbr Unstg DTI pressure injrs: Dschrg
-5080	**Consistency**	**Fatal**			
			Inconsistent M0210_2 value: If unhealed pressure ulcers/injuries present on discharge (M0210_2) is equal to 0 (No), then the number of unhealed pressure ulcers/injuries at each Stage at discharge (M0300A1_2 through M0300G2_2) must all be skipped with value of "Skipped" [^] .		
			Items:	M0210_2	Pressure Ulcers/Injuries Present on Discharge
				M0300A1_2	Number of Stage 1 pressure injuries: Discharge
				M0300B1_2	Number of Stage 2 pressure ulcers: Discharge
				M0300B2_2	Nbr Disch Stg 2 PU were Adm Stg 2 PU
				M0300C1_2	Number of Stage 3 pressure ulcers: Discharge
				M0300C2_2	Nbr Disch Stg 3 PU were Adm Stg 3 PU
				M0300D1_2	Number of Stage 4 pressure ulcers: Discharge
				M0300D2_2	Nbr Disch Stg 4 PU were Adm Stg 4 PU
				M0300E1_2	Nbr Unstg non-remov drsg prss ulcers/injrs: Dschrg
				M0300E2_2	Nbr Unstg NRD Disch PU/Injrs present at Adm
				M0300F1_2	Nbr Unstg slough/eschar pressure ulcers: Dschrg
				M0300F2_2	Nbr Unstg S/E Disch PU were Adm Unstg S/E PU
				M0300G1_2	Nbr Unstg DTI pressure injrs: Dschrg
				M0300G2_2	Nbr Unstg DTI Disch PU/Injrs present at Adm

ID	Type	Severity	Text/Items
-5081	**Consistency**	**Fatal**	

Inconsistent M0210_2 value:
If unhealed pressure ulcers/injuries present on discharge (M0210_2) is equal to 1 (Yes), then the number of unhealed pressure ulcers/injuries at each Stage at discharge (M0300A1_2, M0300B1_2, M0300C1_2, M0300D1_2, M0300E1_2, M0300F1_2, M0300G1_2) must not be "Skipped" [^].

Items:		
	M0210_2	Pressure Ulcers/Injuries Present on Discharge
	M0300A1_2	Number of Stage 1 pressure injuries: Discharge
	M0300B1_2	Number of Stage 2 pressure ulcers: Discharge
	M0300C1_2	Number of Stage 3 pressure ulcers: Discharge
	M0300D1_2	Number of Stage 4 pressure ulcers: Discharge
	M0300E1_2	Nbr Unstg non-remov drsg prss ulcers/injrs: Dschrg
	M0300F1_2	Nbr Unstg slough/eschar pressure ulcers: Dschrg
	M0300G1_2	Nbr Unstg DTI pressure injrs: Dschrg

-5082	**Consistency**	**Fatal**	

a) If N2001=[0,9], then N2003 must be equal to [^].
b) If N2001=[1], then N2003 must not be equal to [^].
c) If N2001=[-], then N2003 must equal [-].

Items:		
	N2001	Drug Regimen Review
	N2003	Medication Follow-up

-5083	**Consistency**	**Fatal**	

Incomplete Stay Skip Pattern:
IF (44D=[02, 63, 65, 66])
OR (41=[1])
OR (44C=[0])
OR (Discharge Date (40) minus Admission Date (12) < 3 days),
then the following items must equal [^]: GG0130A3, GG0130B3, GG0130C3, GG0130E3, GG0130F3, GG0130G3, GG0130H3, GG0170A3, GG0170B3, GG0170C3, GG0170D3, GG0170E3, GG0170F3, GG0170G3, GG0170I3, GG0170M3, GG0170P3, GG0170Q3.

Items:		
	12	Admission Date
	40	Discharge Date
	41	Patient Discharged Against Medical Advice
	44C	Patient Discharged Alive
	44D	Discharge to Living Setting
	GG0130A3	Self-Care (Dschg Perf) - Eating
	GG0130B3	Self-Care (Dschg Perf) - Oral hygiene
	GG0130C3	Self-Care (Dschg Perf) - Toileting hygiene
	GG0130E3	Self-Care (Dschg Perf) - Shower/bathe self
	GG0130F3	Self-Care (Dschg Perf) - Upper Body Dressing
	GG0130G3	Self-Care (Dschg Perf) - Lower Body Dressing
	GG0130H3	Self-Care (Dschg Perf) - On/Off Footwear
	GG0170A3	Func Mobil (Dschg Perf) - Roll left and right
	GG0170B3	Func Mobil (Dschg Perf) - Sit to lying
	GG0170C3	Func Mobil (Dschg Perf) - Lying to sitting on side
	GG0170D3	Func Mobil (Dschg Perf) - Sit to stand
	GG0170E3	Func Mobil (Dschg Perf) - Chair/bed-to-chair trans
	GG0170F3	Func Mobil (Dschg Perf) - Toilet transfer
	GG0170G3	Func Mobil (Dschg Perf) - Car Transfer
	GG0170I3	Func Mobil (Dschg Perf) - Walk 10 feet
	GG0170M3	Func Mobil (Dschg Perf) - 1 Step (Curb)
	GG0170P3	Func Mobil (Dschg Perf) - Picking Up Object
	GG0170Q3	Does patient use wheelchair and/or scooter (Dschg)

ID	Type	Severity	Text/Items

-5084 Consistency Fatal

(a) If GG0170I1=[07,09,10,88], then GG0170J1, GG0170K1 and GG0170L1 must equal [^].
(b) If GG0170I1=[06,05,04,03,02,01], then GG0170J1, GG0170K1 and GG0170L1 must not equal [^].
(c) If GG0170I1=[-], then GG0170J1, GG0170K1 and GG0170L1 must equal [-].

Items:		
	GG0170I1	Func Mobil (Adm Perf) - Walk 10 feet
	GG0170J1	Func Mobil (Adm Perf) - Walk 50 feet w/2 turns
	GG0170K1	Func Mobil (Adm Perf) - Walk 150 feet
	GG0170L1	Func Mobil (Adm Perf) - Walk 10 Ft Uneven Surf

-5085 Consistency Fatal

(a) If GG0170I3=[07,09,10,88,^], then GG0170J3, GG0170K3 and GG0170L3 must equal [^].
(b) If GG0170I3=[06,05,04,03,02,01], then GG0170J3, GG0170K3 and GG0170L3 must not equal [^].
(c) If GG0170I3=[-], then GG0170J3, GG0170K3 and GG0170L3 must equal [-].

Items:		
	GG0170I3	Func Mobil (Dschg Perf) - Walk 10 feet
	GG0170J3	Func Mobil (Dschg Perf) - Walk 50 feet w/2 turns
	GG0170K3	Func Mobil (Dschg Perf) - Walk 150 feet
	GG0170L3	Func Mobil (Dschg Perf) - Walk 10 Ft Uneven Surf

-5086 Consistency Fatal

(a) If GG0170M1=[07,09,10,88], then GG0170N1 must equal [^].
(b) If GG0170M1=[06,05,04,03,02,01], then GG0170N1 must not equal [^].
(c) If GG0170M1=[-], then GG0170N1 must equal [-].

Items:		
	GG0170M1	Func Mobil (Adm Perf) - 1 Step (Curb)
	GG0170N1	Func Mobil (Adm Perf) - 4 Steps

-5087 Consistency Fatal

(a) If GG0170M3=[07,09,10,88,^], then GG0170N3 must equal [^].
(b) If GG0170M3=[06,05,04,03,02,01], then GG0170N3 must not equal [^].
(c) If GG0170M3=[-], then GG0170N3 must equal [-].

Items:		
	GG0170M3	Func Mobil (Dschg Perf) - 1 Step (Curb)
	GG0170N3	Func Mobil (Dschg Perf) - 4 Steps

-5088 Consistency Fatal

(a) If GG0170N1=[07,09,10,88,^], then GG0170O1 must equal [^].
(b) If GG0170N1=[06,05,04,03,02,01], then GG0170O1 must not equal [^].
(c) If GG0170N1=[-], then GG0170O1 must equal [-].

Items:		
	GG0170N1	Func Mobil (Adm Perf) - 4 Steps
	GG0170O1	Func Mobil (Adm Perf) - 12 Steps

-5089 Consistency Fatal

(a) If GG0170N3=[07,09,10,88,^], then GG0170O3 must equal [^].
(b) If GG0170N3=[06,05,04,03,02,01], then GG0170O3 must not equal [^].
(c) If GG0170N3=[-], then GG0170O3 must equal [-].

Items:		
	GG0170N3	Func Mobil (Dschg Perf) - 4 Steps
	GG0170O3	Func Mobil (Dschg Perf) - 12 Steps