

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

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 CMS National database. Please contact the iQIES 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	<p>Formatting of Whole Number Items:</p> <p>Only whole number values and the special values (if any) that are listed in the Item Values list are accepted for this item. Leading zeroes may be included or omitted from the submitted value as long as the resulting length of the string does not exceed the allowed maximum length for the item. A decimal point and decimal values may not be included. A sign (+ for positive or - for negative) may not be included.</p> <p>The following examples are allowed if the value to be submitted is equal to [1] and the maximum length is equal to 2: [1], [01]. The following values are NOT allowed and will lead to a fatal error: [1.], [1.0], [01.], [01.0], [1.1], [01.1], [1.01], [-1], [+1], [+1.0].</p>
		Items:	<div>25A Height</div> <div>26A Weight</div> <div>O0401AA Physical Therapy - Individual Minutes Week 1</div> <div>O0401AB Physical Therapy - Concurrent Minutes Week 1</div> <div>O0401AC Physical Therapy - Group Minutes Week 1</div> <div>O0401AD Physical Therapy - Co-treatment Minutes Week 1</div> <div>O0401BA Occupational Therapy - Individual Minutes Week 1</div> <div>O0401BB Occupational Therapy - Concurrent Minutes Week 1</div> <div>O0401BC Occupational Therapy - Group Minutes Week 1</div> <div>O0401BD Occupational Therapy - Co-treatment Minutes Week 1</div> <div>O0401CA SLP Therapy - Individual Minutes Week 1</div> <div>O0401CB SLP Therapy - Concurrent Minutes Week 1</div> <div>O0401CC SLP Therapy - Group Minutes Week 1</div> <div>O0401CD SLP Therapy - Co-treatment Minutes Week 1</div> <div>O0402AA Physical Therapy - Individual Minutes Week 2</div> <div>O0402AB Physical Therapy - Concurrent Minutes Week 2</div> <div>O0402AC Physical Therapy - Group Minutes Week 2</div> <div>O0402AD Physical Therapy - Co-treatment Minutes Week 2</div> <div>O0402BA Occupational Therapy - Individual Minutes Week 2</div> <div>O0402BB Occupational Therapy - Concurrent Minutes Week 2</div> <div>O0402BC Occupational Therapy - Group Minutes Week 2</div>

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ID	Type	Severity	Text/Items
		Items:	<p>O0402BD Occupational Therapy - Co-treatment Minutes Week 2</p> <p>O0402CA SLP Therapy - Individual Minutes Week 2</p> <p>O0402CB SLP Therapy - Concurrent Minutes Week 2</p> <p>O0402CC SLP Therapy - Group Minutes Week 2</p> <p>O0402CD SLP Therapy - Co-treatment Minutes Week 2</p> <p>C0500 BIMS - Summary Score (Adm)</p> <p>C0500_2 BIMS - Summary Score (Dsch)</p> <p>M0300A1_1 Number of Stage 1 pressure injuries: Admission</p> <p>M0300A1_2 Number of Stage 1 pressure injuries: Discharge</p> <p>M0300B1_1 Number of Stage 2 pressure ulcers: Admission</p> <p>M0300B1_2 Number of Stage 2 pressure ulcers: Discharge</p> <p>M0300B2_2 Nbr Disch Stg 2 PU were Adm Stg 2 PU</p> <p>M0300C1_1 Number of Stage 3 pressure ulcers: Admission</p> <p>M0300C1_2 Number of Stage 3 pressure ulcers: Discharge</p> <p>M0300C2_2 Nbr Disch Stg 3 PU were Adm Stg 3 PU</p> <p>M0300D1_1 Number of Stage 4 pressure ulcers: Admission</p> <p>M0300D1_2 Number of Stage 4 pressure ulcers: Discharge</p> <p>M0300D2_2 Nbr Disch Stg 4 PU were Adm Stg 4 PU</p> <p>M0300E1_1 Nbr Unstg non-remov drsg prss ulcers/injrs: Adm</p> <p>M0300E1_2 Nbr Unstg non-remov drsg prss ulcers/injrs: Dschrg</p> <p>M0300E2_2 Nbr Unstg NRD Disch PU/Injrs present at Adm</p> <p>M0300F1_1 Nbr Unstg slough/eschar pressure ulcers: Adm</p> <p>M0300F1_2 Nbr Unstg slough/eschar pressure ulcers: Dschrg</p> <p>M0300F2_2 Nbr Unstg S/E Disch PU were Adm Unstg S/E PU</p> <p>M0300G1_1 Nbr Unstg DTI pressure injrs: Adm</p> <p>M0300G1_2 Nbr Unstg DTI pressure injrs: Dschrg</p> <p>M0300G2_2 Nbr Unstg DTI Disch PU/Injrs present at Adm</p>
-1006 Format		Fatal	<p>Formatting of Alphanumeric Text Items:</p> <p>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]</p>
		Items:	<p>1B CMS Certification Number (CCN)</p> <p>2 Patient Medicare Number</p> <p>3 Patient Medicaid Number</p>

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ID	Type	Severity	Text/Items
-1007	Format	Fatal	Formatting of Numeric Text Items: 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
-1008	Format	Fatal	7 Social Security Number (SSN)
			Formatting of Alphanumeric Text Items That Can Contain Dashes, Spaces, Ampersands, and Other Special Characters: 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
			A1110A Preferred language
-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
			10 Marital Status
			14 Admission Class
			15A Admit From
			16A Pre-hospital Living Setting

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ID	Type	Severity	Text/Items
		Items:	
		17	Pre-Hospital Living With
		21A	Impairment Group: Admission
		21D	Impairment Group: Discharge
		24A1	Arthritis Conditions Recorded
		25A	Height
		26A	Weight
		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
		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

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ID	Type	Severity	Text/Items
		Items:	
		O0402CD	SLP Therapy - Co-treatment Minutes Week 2
		A1005A	Ethnicity: No, not Hispanic, Latino/a, Spanish
		A1005B	Ethnicity: Yes, Mex, Mex Amer, Chicano/a
		A1005C	Ethnicity: Yes, Puerto Rican
		A1005D	Ethnicity: Yes, Cuban
		A1005E	Ethnicity: Yes, another Hispanic/Latino/Spanish
		A1005X	Ethnicity: Patient unable to respond
		A1005Y	Ethnicity: Patient declines to respond
		A1010A	Race: White
		A1010B	Race: Black or African American
		A1010C	Race: American Indian or Alaska Native
		A1010D	Race: Asian Indian
		A1010E	Race: Chinese
		A1010F	Race: Filipino
		A1010G	Race: Japanese
		A1010H	Race: Korean
		A1010I	Race: Vietnamese
		A1010J	Race: Other Asian
		A1010K	Race: Native Hawaiian
		A1010L	Race: Guamanian or Chamorro
		A1010M	Race: Samoan
		A1010N	Race: Other Pacific Islander
		A1010X	Race: Patient unable to respond
		A1010Y	Race: Patient declines to respond
		A1010Z	Race: None of the above
		A1110B	Does the patient need or want an interpreter
		A1250A_1	Transportation: Yes, medical (Adm)
		A1250A_2	Transportation: Yes, medical (Dschr)
		A1250B_1	Transportation: Yes, non-medical (Adm)
		A1250B_2	Transportation: Yes, non-medical (Dschr)
		A1250C_1	Transportation: No (Adm)
		A1250C_2	Transportation: No (Dschr)
		A1250X_1	Transportation: Patient unable to respond (Adm)
		A1250X_2	Transportation: Patient unable to respond (Dschr)

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ID	Type	Severity	Text/Items
		Items:	
		A1250Y_1	Transportation: Patient declines to respond (Adm)
		A1250Y_2	Transportation: Patient declines to respond (Dschr)
		A1400A	Payer: Medicare (FFS)
		A1400B	Payer: Medicare (managed care/Part C/Mcr Advant.)
		A1400C	Payer: Medicaid (FFS)
		A1400D	Payer: Medicaid (managed care)
		A1400E	Payer: Workers' compensation
		A1400F	Payer: Title programs
		A1400G	Payer: Other Government
		A1400H	Payer: Private insurance/Medigap
		A1400I	Payer: Private managed care
		A1400J	Payer: Self-pay
		A1400K	Payer: No payer source
		A1400X	Payer: Unknown
		A1400Y	Payer: Other
		A2121	Current Reconciled Medication List - Provider
		A2122A	Provider Trans - Electronic Health Record
		A2122B	Provider Trans - Health Info Exchange
		A2122C	Provider Trans - Verbal
		A2122D	Provider Trans - Paper-based
		A2122E	Provider Trans - Other Methods
		A2123	Current Reconciled Medication List - Ptnt/Fam/Care
		A2124A	Patient Trans - Electronic Health Record
		A2124B	Patient Trans - Health Info Exchange
		A2124C	Patient Trans - Verbal
		A2124D	Patient Trans - Paper-based
		A2124E	Patient Trans - Other Methods
		B0200	Hearing
		B1000	Vision
		B1300_1	Health Literacy (Adm)
		B1300_2	Health Literacy (Dschr)
		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) (Adm)

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		Items:	
		C0100_2	Brief Interview - Mental Status (BIMS) (Dsch)
		C0200	BIMS - Repetition of Three Words (Adm)
		C0200_2	BIMS - Repetition of Three Words (Dsch)
		C0300A	BIMS - Temporal Orientation - Year (Adm)
		C0300A_2	BIMS - Temporal Orientation - Year (Dsch)
		C0300B	BIMS - Temporal Orientation - Month (Adm)
		C0300B_2	BIMS - Temporal Orientation - Month (Dsch)
		C0300C	BIMS - Temporal Orientation - Day (Adm)
		C0300C_2	BIMS - Temporal Orientation - Day (Dsch)
		C0400A	BIMS - Recalls Sock (Adm)
		C0400A_2	BIMS - Recalls Sock (Dsch)
		C0400B	BIMS - Recalls Blue (Adm)
		C0400B_2	BIMS - Recalls Blue (Dsch)
		C0400C	BIMS - Recalls Bed (Adm)
		C0400C_2	BIMS - Recalls Bed (Dsch)
		C0500	BIMS - Summary Score (Adm)
		C0500_2	BIMS - Summary Score (Dsch)
		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)
		C1310A_1	Delirium: Acute Onset Mental Status Change (Adm)
		C1310A_2	Delirium: Acute Onset Mental Status Change (Dsch)
		C1310B_1	Delirium: Inattention (Adm)
		C1310B_2	Delirium: Inattention (Dsch)
		C1310C_1	Delirium: Disorganized thinking (Adm)
		C1310C_2	Delirium: Disorganized thinking (Dsch)
		C1310D_1	Delirium: Altered level of consciousness (Adm)
		C1310D_2	Delirium: Altered level of consciousness (Dsch)
		D0150A1_1	Mood: Little interest/pleasure doing things: P (A)
		D0150A1_2	Mood: Little interest/pleasure doing things: P (D)
		D0150A2_1	Mood: Little interest/pleasure doing things: F (A)

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ID	Type	Severity	Text/Items
		Items:	
		D0150A2_2	Mood: Little interest/pleasure doing things: F (D)
		D0150B1_1	Mood: Feeling down, depressed, or hopeless: P (A)
		D0150B1_2	Mood: Feeling down, depressed, or hopeless: P (D)
		D0150B2_1	Mood: Feeling down, depressed, or hopeless: F (A)
		D0150B2_2	Mood: Feeling down, depressed, or hopeless: F (D)
		D0150C1_1	Mood: Trouble falling or staying asleep: P (A)
		D0150C1_2	Mood: Trouble falling or staying asleep: P (D)
		D0150C2_1	Mood: Trouble falling or staying asleep: F (A)
		D0150C2_2	Mood: Trouble falling or staying asleep: F (D)
		D0150D1_1	Mood: Feeling tired or having little energy: P (A)
		D0150D1_2	Mood: Feeling tired or having little energy: P (D)
		D0150D2_1	Mood: Feeling tired or having little energy: F (A)
		D0150D2_2	Mood: Feeling tired or having little energy: F (D)
		D0150E1_1	Mood: Poor appetite or overeating: P (A)
		D0150E1_2	Mood: Poor appetite or overeating: P (D)
		D0150E2_1	Mood: Poor appetite or overeating: F (A)
		D0150E2_2	Mood: Poor appetite or overeating: F (D)
		D0150F1_1	Mood: Feeling bad about yourself: P (A)
		D0150F1_2	Mood: Feeling bad about yourself: P (D)
		D0150F2_1	Mood: Feeling bad about yourself: F (A)
		D0150F2_2	Mood: Feeling bad about yourself: F (D)
		D0150G1_1	Mood: Trouble concentrating on things: P (A)
		D0150G1_2	Mood: Trouble concentrating on things: P (D)
		D0150G2_1	Mood: Trouble concentrating on things: F (A)
		D0150G2_2	Mood: Trouble concentrating on things: F (D)
		D0150H1_1	Mood: Moving or speaking so slowly: P (A)
		D0150H1_2	Mood: Moving or speaking so slowly: P (D)
		D0150H2_1	Mood: Moving or speaking so slowly: F (A)
		D0150H2_2	Mood: Moving or speaking so slowly: F (D)
		D0150I1_1	Mood: Thoughts of better off dead: P (A)
		D0150I1_2	Mood: Thoughts of better off dead: P (D)
		D0150I2_1	Mood: Thoughts of better off dead: F (A)
		D0150I2_2	Mood: Thoughts of better off dead: F (D)
		D0160_1	Total Severity Score (Adm)

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ID	Type	Severity	Text/Items
		Items:	
		D0160_2	Total Severity Score (Dschr)
		D0700_1	Social Isolation (Adm)
		D0700_2	Social Isolation (Dschr)
		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
		GG0130A3	Self-Care (Dschr Perf) - Eating
		GG0130B1	Self-Care (Adm Perf) - Oral hygiene
		GG0130B3	Self-Care (Dschr Perf) - Oral hygiene
		GG0130C1	Self-Care (Adm Perf) - Toileting hygiene
		GG0130C3	Self-Care (Dschr Perf) - Toileting hygiene
		GG0130E1	Self-Care (Adm Perf) - Shower/bathe self
		GG0130E3	Self-Care (Dschr Perf) - Shower/bathe self
		GG0130F1	Self-Care (Adm Perf) - Upper Body Dressing
		GG0130F3	Self-Care (Dschr Perf) - Upper Body Dressing
		GG0130G1	Self-Care (Adm Perf) - Lower Body Dressing
		GG0130G3	Self-Care (Dschr Perf) - Lower Body Dressing
		GG0130H1	Self-Care (Adm Perf) - On/Off Footwear
		GG0130H3	Self-Care (Dschr Perf) - On/Off Footwear
		GG0170A1	Func Mobil (Adm Perf) - Roll left and right
		GG0170A3	Func Mobil (Dschr Perf) - Roll left and right
		GG0170B1	Func Mobil (Adm Perf) - Sit to lying
		GG0170B3	Func Mobil (Dschr Perf) - Sit to lying
		GG0170C1	Func Mobil (Adm Perf) - Lying to sit on side
		GG0170C3	Func Mobil (Dschr Perf) - Lying to sitting on side
		GG0170D1	Func Mobil (Adm Perf) - Sit to stand

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ID	Type	Severity	Text/Items
		Items:	
		GG0170D3	Func Mobil (Dschg Perf) - Sit to stand
		GG0170E1	Func Mobil (Adm Perf) - Chair/bed-to-chair trans
		GG0170E3	Func Mobil (Dschg Perf) - Chair/bed-to-chair trans
		GG0170F1	Func Mobil (Adm Perf) - Toilet transfer
		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)
		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)
		H0350	Bladder Continence

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ID	Type	Severity	Text/Items
		Items:	
		H0400	Bowel Continence
		I0900	Diagnoses: Peripheral vascular disease (PVD)/PAD
		I2900	Diagnoses: Diabetes mellitus (DM)
		I7900	Diagnoses: None of the Above
		J0510_1	Pain effect on sleep (Adm)
		J0510_2	Pain effect on sleep (Dsch)
		J0520_1	Pain interference with therapy activities (Adm)
		J0520_2	Pain interference with therapy activities (Dsch)
		J0530_1	Pain interference with DTD activities (Adm)
		J0530_2	Pain interference with DTD activities (Dsch)
		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
		K0520A1	Nutritional Approaches (Admission): Parenteral
		K0520A4	Nutritional Approaches (7 days): Parenteral
		K0520A5	Nutritional Approaches (Discharge): Parenteral
		K0520B1	Nutritional Approaches (Admission): Feeding tube
		K0520B4	Nutritional Approaches (7 days): Feeding tube
		K0520B5	Nutritional Approaches (Discharge): Feeding Tube
		K0520C1	Nutritional Approaches (Admission) : Mech Alt Diet
		K0520C4	Nutritional Approaches (7 days): Mech Alt Diet
		K0520C5	Nutritional Approaches (Discharge): Mech Alt Diet
		K0520D1	Nutritional Approaches (Admission) : Therapeutic
		K0520D4	Nutritional Approaches (7 day): Therapeutic
		K0520D5	Nutritional Approaches (Discharge): Therapeutic
		K0520Z1	Nutritional Approaches (Admission) : None
		K0520Z4	Nutritional Approaches (7 days): None
		K0520Z5	Nutritional Approaches (Discharge): None
		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

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
		Items:	
		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
		N0415A1_1	High-Risk Drug (Is Taking): Antipsychotic (Adm)
		N0415A1_2	High-Risk Drug (Is Taking): Antipsychotic (Dsch)
		N0415A2_1	High-Risk Drug (Indication) : Antipsychotic (Adm)
		N0415A2_2	High-Risk Drug (Indication) : Antipsychotic (Dsch)
		N0415E1_1	High-Risk Drug (Is taking): Anticoagulant (Adm)
		N0415E1_2	High-Risk Drug (Is taking): Anticoagulant (Dsch)
		N0415E2_1	High-Risk Drug (Indication): Anticoagulant (Adm)
		N0415E2_2	High-Risk Drug (Indication): Anticoagulant (Dsch)
		N0415F1_1	High-Risk Drug (Is taking): Antibiotic (Adm)
		N0415F1_2	High-Risk Drug (Is taking): Antibiotic (Dsch)
		N0415F2_1	High-Risk Drug (Indication): Antibiotic (Adm)
		N0415F2_2	High-Risk Drug (Indication): Antibiotic (Dsch)
		N0415H1_1	High-Risk Drug (Is taking): Opioid (Adm)
		N0415H1_2	High-Risk Drug (Is taking): Opioid (Dsch)
		N0415H2_1	High-Drug Risk (Indication): Opioid (Adm)

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
		Items:	
		N0415H2_2	High-Drug Risk (Indication): Opioid (Dsch)
		N0415I1_1	High-Risk Drug (Is taking): Antiplatelet (Adm)
		N0415I1_2	High-Risk Drug (Is taking): Antiplatelet (Dsch)
		N0415I2_1	High-Risk Drug (Indication): Antiplatelet (Adm)
		N0415I2_2	High-Risk Drug (Indication): Antiplatelet (Dsch)
		N0415J1_1	High-Risk Drug (Is taking): Hypoglycemic (Adm)
		N0415J1_2	High-Risk Drug (Is taking): Hypoglycemic (Dsch)
		N0415J2_1	High-Risk Drug (Indication): Hypoglycemic (Adm)
		N0415J2_2	High-Risk Drug (Indication): Hypoglycemic (Dsch)
		N0415Z1_1	High-Risk Drug (Is taking): None of above (Adm)
		N0415Z1_2	High-Risk Drug (Is taking): None of above (Dsch)
		N2001	Drug Regimen Review
		N2003	Medication Follow-up
		N2005	Medication Intervention
		O0110A1A	Treatment: Chemotherapy (Admission)
		O0110A1C	Treatment: Chemotherapy (Discharge)
		O0110A2A	Treatment: Chemo - IV (Admission)
		O0110A2C	Treatment: Chemo - IV (Discharge)
		O0110A3A	Treatment: Chemo - Oral (Admission)
		O0110A3C	Treatment: Chemo - Oral (Discharge)
		O0110A10A	Treatment: Chemo - Other (Admission)
		O0110A10C	Treatment: Chemo - Other (Discharge)
		O0110B1A	Treatment: Radiation (Admission)
		O0110B1C	Treatment: Radiation (Discharge)
		O0110C1A	Therapies: Oxygen Therapy (Admission)
		O0110C1C	Therapies: Oxygen Therapy (Discharge)
		O0110C2A	Therapies: Oxygen - Continuous (Admission)
		O0110C2C	Therapies: Oxygen - Continuous (Discharge)
		O0110C3A	Therapies: Oxygen - Intermittent (Admission)
		O0110C3C	Therapies: Oxygen - Intermittent (Discharge)
		O0110C4A	Therapies: Oxygen - High-concentration (Admission)
		O0110C4C	Therapies: Oxygen - High-concentration (Discharge)
		O0110D1A	Therapies: Suctioning (Admission)
		O0110D1C	Therapies: Suctioning (Discharge)

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
		Items:	
		O0110D2A	Therapies: Suctioning - Scheduled (Admission)
		O0110D2C	Therapies: Suctioning - Scheduled (Discharge)
		O0110D3A	Therapies: Suctioning - As Needed (Admission)
		O0110D3C	Therapies: Suctioning - As Needed (Discharge)
		O0110E1A	Therapies: Tracheostomy Care (Admission)
		O0110E1C	Therapies: Tracheostomy Care (Discharge)
		O0110F1A	Therapies: Invasive Mechanical Ventilator (Admis)
		O0110F1C	Therapies: Invasive Mechanical Ventilator (Disch)
		O0110G1A	Therapies: Non-Invas Mechanical Ventilator (Admis)
		O0110G1C	Therapies: Non-Invas Mechanical Ventilator (Disch)
		O0110G2A	Therapies: BiPAP (Admission)
		O0110G2C	Therapies: BiPAP (Discharge)
		O0110G3A	Therapies: CPAP (Admission)
		O0110G3C	Therapies: CPAP (Discharge)
		O0110H1A	Other: IV Medications (Admission)
		O0110H1C	Other: IV Medications (Discharge)
		O0110H2A	Other: IV - Vasoactive medications (Admission)
		O0110H2C	Other: IV - Vasoactive medications (Discharge)
		O0110H3A	Other: IV - Antibiotics (Admission)
		O0110H3C	Other: IV - Antibiotics (Discharge)
		O0110H4A	Other: IV - Anticoagulation (Admission)
		O0110H4C	Other: IV - Anticoagulation (Discharge)
		O0110H10A	Other: IV - Other (Admission)
		O0110H10C	Other: IV - Other (Discharge)
		O0110I1A	Other: Transfusions (Admission)
		O0110I1C	Other: Transfusions (Discharge)
		O0110J1A	Other: Dialysis (Admission)
		O0110J1C	Other: Dialysis (Discharge)
		O0110J2A	Other: Hemodialysis (Admission)
		O0110J2C	Other: Hemodialysis (Discharge)
		O0110J3A	Other: Peritoneal dialysis (Admission)
		O0110J3C	Other: Peritoneal dialysis (Discharge)
		O0110O1A	Other: IV Access (Admission)
		O0110O1C	Other: IV Access (Discharge)

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items	
		Items:	O011002A	Other: IV Access - Peripheral (Admission)
			O011002C	Other: IV Access - Peripheral (Discharge)
			O011003A	Other: IV Access - Midline (Admission)
			O011003C	Other: IV Access - Midline (Discharge)
			O011004A	Other: IV Access - Central (Admission)
			O011004C	Other: IV Access - Central (Discharge)
			O0110Z1A	Other: None of the above (Admission)
			O0110Z1C	Other: None of the above (Discharge)
			O0350	COVID-19 Vaccination Up To Date
-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.	
-1012	Format	Items:	CORRECTION_NUM	Correction Number
		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".	
-1014	Consistency		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
		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

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
		Items:	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 CMS National database for the facility. Please contact the IQIES help desk.
		Items:	1B CMS Certification Number (CCN)
-1016	Format	Fatal	Formatting of email 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
		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 CMS National database. The database has NOT 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 CMS National database. The database has been updated. Note that the Death Date in the CMS National database will be updated with the value in Item 40 (Discharge Date) when item 44C (Was the patient discharged alive) is equal to
		Items:	FAC_ID Facility ID
			2 Patient Medicare Number
			3 Patient Medicaid Number
			4 Patient First Name
			5A Patient Last Name

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
		Items:	6 Birth Date
			7 Social Security Number (SSN)
			8 Gender
			40 Discharge Date
-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 of Impairment
			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
-1046	Consistency	Fatal	Date Too Old: This date is more than 140 years in the past. This date cannot be more than 140 years in the past.
		Items:	6 Birth Date
-1047	Consistency	Fatal	Dates Out of Order: The submitted dates are out of order or in the future. These dates must occur chronologically as follows: Birth Date (6) <= Date of Onset (23) <= Admission Date (12) <= Assessment Reference Date (13) <= Discharge Date (40) <= Submission Date (SUBMISSION_DATE)
		Items:	6 Birth Date
			12 Admission Date
			13 Assessment Reference Date
			23 Date of Onset of Impairment
			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

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-1055	Consistency	Fatal	Failed CMG Calculation: CMG calculation could not be performed due to a system error. Please contact the iQIES 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_VERSION must match the corresponding calculated values.
		Items:	SBMTD_CMG_TXT Submitted CMG Code SBMTD_CMG_VRSN_TXT Submitted CMG Version Code
-1057	Consistency	Warning	CMG not recalculated: The CMG for this assessment was not recalculated as the discharge date is more than 27 months prior to the submission date.
		Items:	SBMTD_CMG_TXT Submitted CMG Code
-1060	Consistency	Warning	Inconsistent 12/13: The Assessment Reference Date (13) usually must be two days later than the Admission Date (12).
		Items:	12 Admission Date 13 Assessment Reference Date
-1071	Consistency	Fatal	Unauthorized Submitter: The submitter's User ID is not authorized to submit data on behalf of the provider identified by the FAC_ID in this record.
		Items:	FAC_ID Facility ID
-1100	Format	Fatal	<p>Formatting of ICD Items:</p> <p>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 ^.</p> <p>Other formatting rules are as follows:</p> <ul style="list-style-type: none"> 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)

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

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

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-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:	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 skipped [^]. If Pre-hospital Living Setting (16A) is not equal to [01], then Pre_Hospital Living With (17) must be skipped [^].
		Items:	44C Patient Discharged Alive
			44D Discharge to Living Setting
-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.
		Items:	45 Discharge to Living With
-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:	16A Pre-hospital Living Setting
			17 Pre-Hospital Living With
-1109	Consistency	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:	FAC_ZIP Facility ZIP Code
			SFTWR_VNDR_ID Software Vendor EIN
-1110	Consistency	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)
			THIS EDIT WAS DELETED IN V5.02.0
-1112	Consistency	Fatal	Inconsistent Comorbid Condition ICD codes. For the items 24A through 24Y, if a comorbid condition item is "No information" [^], then the next comorbid item in the list must be "No information" [^].
		Items:	2 Patient Medicare Number
-1112	Consistency	Fatal	Inconsistent Comorbid Condition ICD codes. For the items 24A through 24Y, if a comorbid condition item is "No information" [^], then the next comorbid item in the list must be "No information" [^].
		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)

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
		Items:	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)
-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) <=

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
		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 equal to [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
		Items:	42 Program Interruption(s) Indicator
			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

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-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)
-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
-1131	Format	Fatal	Incorrect Medicare Beneficiary Identifier (MBI): This item must conform to the format defined below: 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
			Items: 2 Patient Medicare Number
-5004	Consistency	Warning	A dash (-) submitted in this item may result in a payment reduction for your facility of two percentage points for the applicable FY annual increase factor.
			Items: 25A Height

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items	
		Items:	26A	Weight
			A1110A	Preferred language
			B0200	Hearing
			B1000	Vision
			C0100	Brief Interview - Mental Status (BIMS) (Adm)
			C0100_2	Brief Interview - Mental Status (BIMS) (Dsch)
			C0200	BIMS - Repetition of Three Words (Adm)
			C0200_2	BIMS - Repetition of Three Words (Dsch)
			C0300A	BIMS - Temporal Orientation - Year (Adm)
			C0300A_2	BIMS - Temporal Orientation - Year (Dsch)
			C0300B	BIMS - Temporal Orientation - Month (Adm)
			C0300B_2	BIMS - Temporal Orientation - Month (Dsch)
			C0300C	BIMS - Temporal Orientation - Day (Adm)
			C0300C_2	BIMS - Temporal Orientation - Day (Dsch)
			C0500	BIMS - Summary Score (Adm)
			C0500_2	BIMS - Summary Score (Dsch)
			C1310A_1	Delirium: Acute Onset Mental Status Change (Adm)
			C1310A_2	Delirium: Acute Onset Mental Status Change (Dsch)
			C1310B_1	Delirium: Inattention (Adm)
			C1310B_2	Delirium: Inattention (Dsch)
			C1310C_1	Delirium: Disorganized thinking (Adm)
			C1310C_2	Delirium: Disorganized thinking (Dsch)
			C1310D_1	Delirium: Altered level of consciousness (Adm)
			C1310D_2	Delirium: Altered level of consciousness (Dsch)
			D0150A1_1	Mood: Little interest/pleasure doing things: P (A)
			D0150A1_2	Mood: Little interest/pleasure doing things: P (D)
			D0150B1_1	Mood: Feeling down, depressed, or hopeless: P (A)
			D0150B1_2	Mood: Feeling down, depressed, or hopeless: P (D)
			D0150C1_1	Mood: Trouble falling or staying asleep: P (A)
			D0150C1_2	Mood: Trouble falling or staying asleep: P (D)
			D0150D1_1	Mood: Feeling tired or having little energy: P (A)
			D0150D1_2	Mood: Feeling tired or having little energy: P (D)
			D0150E1_1	Mood: Poor appetite or overeating: P (A)
			D0150E1_2	Mood: Poor appetite or overeating: P (D)

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
		Items:	
		D0150F1_1	Mood: Feeling bad about yourself: P (A)
		D0150F1_2	Mood: Feeling bad about yourself: P (D)
		D0150G1_1	Mood: Trouble concentrating on things: P (A)
		D0150G1_2	Mood: Trouble concentrating on things: P (D)
		D0150H1_1	Mood: Moving or speaking so slowly: P (A)
		D0150H1_2	Mood: Moving or speaking so slowly: P (D)
		D0150I1_1	Mood: Thoughts of better off dead: P (A)
		D0150I1_2	Mood: Thoughts of better off dead: P (D)
		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

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
		Items:	
		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)
		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)
		H0400	Bowel Continence
		I0900	Diagnoses: Peripheral vascular disease (PVD)/PAD
		I2900	Diagnoses: Diabetes mellitus (DM)
		J1900C	Num Falls Since Admission - Major injury
		K0520A1	Nutritional Approaches (Admission): Parenteral
		K0520A4	Nutritional Approaches (7 days): Parenteral

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
		Items:	
		K0520A5	Nutritional Approaches (Discharge): Parenteral
		K0520B1	Nutritional Approaches (Admission): Feeding tube
		K0520B4	Nutritional Approaches (7 days): Feeding tube
		K0520B5	Nutritional Approaches (Discharge): Feeding Tube
		K0520C1	Nutritional Approaches (Admission) : Mech Alt Diet
		K0520C4	Nutritional Approaches (7 days): Mech Alt Diet
		K0520C5	Nutritional Approaches (Discharge): Mech Alt Diet
		K0520D1	Nutritional Approaches (Admission) : Therapeutic
		K0520D4	Nutritional Approaches (7 day): Therapeutic
		K0520D5	Nutritional Approaches (Discharge): Therapeutic
		K0520Z1	Nutritional Approaches (Admission) : None
		K0520Z4	Nutritional Approaches (7 days): None
		K0520Z5	Nutritional Approaches (Discharge): None
		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
		N0415A1_1	High-Risk Drug (Is Taking): Antipsychotic (Adm)
		N0415A1_2	High-Risk Drug (Is Taking): Antipsychotic (Dsch)
		N0415A2_1	High-Risk Drug (Indication) : Antipsychotic (Adm)

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
		Items:	
		N0415A2_2	High-Risk Drug (Indication) : Antipsychotic (Dsch)
		N0415E1_1	High-Risk Drug (Is taking): Anticoagulant (Adm)
		N0415E1_2	High-Risk Drug (Is taking): Anticoagulant (Dsch)
		N0415E2_1	High-Risk Drug (Indication): Anticoagulant (Adm)
		N0415E2_2	High-Risk Drug (Indication): Anticoagulant (Dsch)
		N0415F1_1	High-Risk Drug (Is taking): Antibiotic (Adm)
		N0415F1_2	High-Risk Drug (Is taking): Antibiotic (Dsch)
		N0415F2_1	High-Risk Drug (Indication): Antibiotic (Adm)
		N0415F2_2	High-Risk Drug (Indication): Antibiotic (Dsch)
		N0415H1_1	High-Risk Drug (Is taking): Opioid (Adm)
		N0415H1_2	High-Risk Drug (Is taking): Opioid (Dsch)
		N0415H2_1	High-Drug Risk (Indication): Opioid (Adm)
		N0415H2_2	High-Drug Risk (Indication): Opioid (Dsch)
		N0415I1_1	High-Risk Drug (Is taking): Antiplatelet (Adm)
		N0415I1_2	High-Risk Drug (Is taking): Antiplatelet (Dsch)
		N0415I2_1	High-Risk Drug (Indication): Antiplatelet (Adm)
		N0415I2_2	High-Risk Drug (Indication): Antiplatelet (Dsch)
		N0415J1_1	High-Risk Drug (Is taking): Hypoglycemic (Adm)
		N0415J1_2	High-Risk Drug (Is taking): Hypoglycemic (Dsch)
		N0415J2_1	High-Risk Drug (Indication): Hypoglycemic (Adm)
		N0415J2_2	High-Risk Drug (Indication): Hypoglycemic (Dsch)
		N0415Z1_1	High-Risk Drug (Is taking): None of above (Adm)
		N0415Z1_2	High-Risk Drug (Is taking): None of above (Dsch)
		N2001	Drug Regimen Review
		N2003	Medication Follow-up
		N2005	Medication Intervention
		O0110A1A	Treatment: Chemotherapy (Admission)
		O0110A1C	Treatment: Chemotherapy (Discharge)
		O0110A2A	Treatment: Chemo - IV (Admission)
		O0110A2C	Treatment: Chemo - IV (Discharge)
		O0110A3A	Treatment: Chemo - Oral (Admission)
		O0110A3C	Treatment: Chemo - Oral (Discharge)
		O0110A10A	Treatment: Chemo - Other (Admission)
		O0110A10C	Treatment: Chemo - Other (Discharge)

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
		Items:	
		O0110B1A	Treatment: Radiation (Admission)
		O0110B1C	Treatment: Radiation (Discharge)
		O0110C1A	Therapies: Oxygen Therapy (Admission)
		O0110C1C	Therapies: Oxygen Therapy (Discharge)
		O0110C2A	Therapies: Oxygen - Continuous (Admission)
		O0110C2C	Therapies: Oxygen - Continuous (Discharge)
		O0110C3A	Therapies: Oxygen - Intermittent (Admission)
		O0110C3C	Therapies: Oxygen - Intermittent (Discharge)
		O0110C4A	Therapies: Oxygen - High-concentration (Admission)
		O0110C4C	Therapies: Oxygen - High-concentration (Discharge)
		O0110D1A	Therapies: Suctioning (Admission)
		O0110D1C	Therapies: Suctioning (Discharge)
		O0110D2A	Therapies: Suctioning - Scheduled (Admission)
		O0110D2C	Therapies: Suctioning - Scheduled (Discharge)
		O0110D3A	Therapies: Suctioning - As Needed (Admission)
		O0110D3C	Therapies: Suctioning - As Needed (Discharge)
		O0110E1A	Therapies: Tracheostomy Care (Admission)
		O0110E1C	Therapies: Tracheostomy Care (Discharge)
		O0110F1A	Therapies: Invasive Mechanical Ventilator (Admis)
		O0110F1C	Therapies: Invasive Mechanical Ventilator (Disch)
		O0110G1A	Therapies: Non-Invas Mechanical Ventilator (Admis)
		O0110G1C	Therapies: Non-Invas Mechanical Ventilator (Disch)
		O0110G2A	Therapies: BiPAP (Admission)
		O0110G2C	Therapies: BiPAP (Discharge)
		O0110G3A	Therapies: CPAP (Admission)
		O0110G3C	Therapies: CPAP (Discharge)
		O0110H1A	Other: IV Medications (Admission)
		O0110H1C	Other: IV Medications (Discharge)
		O0110H2A	Other: IV - Vasoactive medications (Admission)
		O0110H2C	Other: IV - Vasoactive medications (Discharge)
		O0110H3A	Other: IV - Antibiotics (Admission)
		O0110H3C	Other: IV - Antibiotics (Discharge)
		O0110H4A	Other: IV - Anticoagulation (Admission)
		O0110H4C	Other: IV - Anticoagulation (Discharge)

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
		Items:	O0110H10A Other: IV - Other (Admission)
			O0110H10C Other: IV - Other (Discharge)
			O0110I1A Other: Transfusions (Admission)
			O0110I1C Other: Transfusions (Discharge)
			O0110J1A Other: Dialysis (Admission)
			O0110J1C Other: Dialysis (Discharge)
			O0110J2A Other: Hemodialysis (Admission)
			O0110J2C Other: Hemodialysis (Discharge)
			O0110J3A Other: Peritoneal dialysis (Admission)
			O0110J3C Other: Peritoneal dialysis (Discharge)
			O0110O1A Other: IV Access (Admission)
			O0110O1C Other: IV Access (Discharge)
			O0110O2A Other: IV Access - Peripheral (Admission)
			O0110O2C Other: IV Access - Peripheral (Discharge)
			O0110O3A Other: IV Access - Midline (Admission)
			O0110O3C Other: IV Access - Midline (Discharge)
			O0110O4A Other: IV Access - Central (Admission)
			O0110O4C Other: IV Access - Central (Discharge)
			O0110Z1A Other: None of the above (Admission)
			O0110Z1C Other: None of the above (Discharge)
			O0350 COVID-19 Vaccination Up To Date
-5006 Consistency		Fatal	Inconsistent M0210_1 value: If unhealed pressure ulcers/injuries 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, M0300B1_1, M0300C1_1, M0300D1_1, M0300E1_1, M0300F1_1, 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

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-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, M0300B1_1, M0300C1_1, M0300D1_1, M0300E1_1, M0300F1_1, 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
-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
-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

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-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
		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
		Items:	M0300G1_2 Nbr Unstg DTI pressure injrs: Dschrg
			M0300G2_2 Nbr Unstg DTI Disch PU/Injrs present at Adm

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-5043	Consistency	Fatal	If M0300G1_2=[1-9], then one of the following must be true: a) M0300G2_2 must be equal to [-] OR b) M0300G2_2 must be equal to [0-9] and must be less than or equal to 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, M0300B1_1, M0300C1_1, M0300D1_1, M0300E1_1, M0300F1_1, 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
-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, M0300B1_2, M0300B2_2, M0300C1_2, M0300C2_2, M0300D1_2, M0300D2_2, M0300E1_2, M0300E2_2, M0300F1_2, M0300F2_2, M0300G1_2, 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

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ID	Type	Severity	Text/Items
		Items:	M0300G2_2 Nbr Unstg DTI Disch PU/Injrs present at Adm
-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
		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
		Items:	M0300G1_2 Nbr Unstg DTI pressure injrs: Dschrg

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ID	Type	Severity	Text/Items																				
		Items:	M0300G2_2Nbr Unstg DTI Disch PU/Injrs present at Adm																				
-5055	Consistency	Fatal	<p>C0100-C0600 Consistency:</p> <p>(a) If C0100 = [0], then the following items must equal [^]: C0200, C0300A, C0300B, C0300C, C0400A, C0400B, C0400C, C0500, C0600.</p> <p>(b) If C0100 = [1], then the following items must not equal [^]: C0200, C0300A, C0300B, C0300C, C0400A, C0400B, C0400C, C0500, C0600.</p> <p>(c) If C0100 = [-], then the following items must equal [-]:C0200, C0300A, C0300B, C0300C, C0400A, C0400B, C0400C, C0500.</p>																				
		Items:	<table><tr><td>C0100</td><td>Brief Interview - Mental Status (BIMS) (Adm)</td></tr><tr><td>C0200</td><td>BIMS - Repetition of Three Words (Adm)</td></tr><tr><td>C0300A</td><td>BIMS - Temporal Orientation - Year (Adm)</td></tr><tr><td>C0300B</td><td>BIMS - Temporal Orientation - Month (Adm)</td></tr><tr><td>C0300C</td><td>BIMS - Temporal Orientation - Day (Adm)</td></tr><tr><td>C0400A</td><td>BIMS - Recalls Sock (Adm)</td></tr><tr><td>C0400B</td><td>BIMS - Recalls Blue (Adm)</td></tr><tr><td>C0400C</td><td>BIMS - Recalls Bed (Adm)</td></tr><tr><td>C0500</td><td>BIMS - Summary Score (Adm)</td></tr><tr><td>C0600</td><td>Conduct Staff Assessment - Mental Status</td></tr></table>	C0100	Brief Interview - Mental Status (BIMS) (Adm)	C0200	BIMS - Repetition of Three Words (Adm)	C0300A	BIMS - Temporal Orientation - Year (Adm)	C0300B	BIMS - Temporal Orientation - Month (Adm)	C0300C	BIMS - Temporal Orientation - Day (Adm)	C0400A	BIMS - Recalls Sock (Adm)	C0400B	BIMS - Recalls Blue (Adm)	C0400C	BIMS - Recalls Bed (Adm)	C0500	BIMS - Summary Score (Adm)	C0600	Conduct Staff Assessment - Mental Status
C0100	Brief Interview - Mental Status (BIMS) (Adm)																						
C0200	BIMS - Repetition of Three Words (Adm)																						
C0300A	BIMS - Temporal Orientation - Year (Adm)																						
C0300B	BIMS - Temporal Orientation - Month (Adm)																						
C0300C	BIMS - Temporal Orientation - Day (Adm)																						
C0400A	BIMS - Recalls Sock (Adm)																						
C0400B	BIMS - Recalls Blue (Adm)																						
C0400C	BIMS - Recalls Bed (Adm)																						
C0500	BIMS - Summary Score (Adm)																						
C0600	Conduct Staff Assessment - Mental Status																						
-5056	Consistency	Fatal	<p>The following rules refer to the "BIMS component items":</p> <p>(a) If all of the BIMS component items (C0200, C0300A, C0300B, C0300C, C0400A, C0400B, C0400C) are active and have numeric values (not dash) and if three or fewer of the BIMS component items are equal to [0], then C0500 must equal the sum of the values of the component items.</p> <p>(b) If all of the BIMS component items (C0200, C0300A, C0300B, C0300C, C0400A, C0400B, C0400C) are active and have numeric values (not dash) and if four or more of the BIMS component items are equal to [0] then C0500 must equal the sum of the values of the component items OR it must equal [99].</p> <p>(c) If some, but not all, of the BIMS component items (C0200, C0300A, C0300B, C0300C, C0400A, C0400B, C0400C) have a value of [-], then C0500 must equal [99]</p> <p>(d) If all of the BIMS component items (C0200, C0300A, C0300B, C0300C, C0400A, C0400B, C0400C) have a value of [-], then C0500 must equal [-]</p>																				
		Items:	<table><tr><td>C0200</td><td>BIMS - Repetition of Three Words (Adm)</td></tr><tr><td>C0300A</td><td>BIMS - Temporal Orientation - Year (Adm)</td></tr><tr><td>C0300B</td><td>BIMS - Temporal Orientation - Month (Adm)</td></tr><tr><td>C0300C</td><td>BIMS - Temporal Orientation - Day (Adm)</td></tr><tr><td>C0400A</td><td>BIMS - Recalls Sock (Adm)</td></tr><tr><td>C0400B</td><td>BIMS - Recalls Blue (Adm)</td></tr><tr><td>C0400C</td><td>BIMS - Recalls Bed (Adm)</td></tr></table>	C0200	BIMS - Repetition of Three Words (Adm)	C0300A	BIMS - Temporal Orientation - Year (Adm)	C0300B	BIMS - Temporal Orientation - Month (Adm)	C0300C	BIMS - Temporal Orientation - Day (Adm)	C0400A	BIMS - Recalls Sock (Adm)	C0400B	BIMS - Recalls Blue (Adm)	C0400C	BIMS - Recalls Bed (Adm)						
C0200	BIMS - Repetition of Three Words (Adm)																						
C0300A	BIMS - Temporal Orientation - Year (Adm)																						
C0300B	BIMS - Temporal Orientation - Month (Adm)																						
C0300C	BIMS - Temporal Orientation - Day (Adm)																						
C0400A	BIMS - Recalls Sock (Adm)																						
C0400B	BIMS - Recalls Blue (Adm)																						
C0400C	BIMS - Recalls Bed (Adm)																						

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ID	Type	Severity	Text/Items	
		Items:	C0500	BIMS - Summary Score (Adm)
-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 (Adm)
			C0600	Conduct Staff Assessment - Mental Status
-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)

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ID	Type	Severity	Text/Items																		
-5060	Consistency	Fatal	<p>GG0110 Consistency:</p> <p>a) If GG0110Z=[1], then all items from GG0110A through GG0110E must be equal to [0].</p> <p>b) If GG0110Z=[0], then at least one of the items GG0110A through GG0110E must be equal to [1].</p> <p>c) If GG0110Z=[-], then at least one item from GG0110A through GG0110E must equal [-], and all remaining items must equal [0,-].</p> <table><tr><td>Items:</td><td>GG0110A</td><td>Prior Device - Manual wheelchair</td></tr><tr><td></td><td>GG0110B</td><td>Prior Device - Motorized wheelchair and/or scooter</td></tr><tr><td></td><td>GG0110C</td><td>Prior Device - Mechanical lift</td></tr><tr><td></td><td>GG0110D</td><td>Prior Device - Walker</td></tr><tr><td></td><td>GG0110E</td><td>Prior Device - Orthotics/Prosthetics</td></tr><tr><td></td><td>GG0110Z</td><td>Prior Device - None of the above</td></tr></table>	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
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																			
-5065	Consistency	Fatal	<p>***THIS EDIT WAS DELETED IN V5.02.0***</p> <table><tr><td>Items:</td><td>GG0170Q1</td><td>Does patient use wheelchair and/or scooter (Adm)</td></tr><tr><td></td><td>GG0170R1</td><td>Func Mobil (Adm Perf) - Wheel 50 feet w/2 turns</td></tr><tr><td></td><td>GG0170RR1</td><td>Indicate type of wheelchair or scooter (Adm)</td></tr><tr><td></td><td>GG0170S1</td><td>Func Mobil (Adm Perf) - Wheel 150 feet</td></tr><tr><td></td><td>GG0170SS1</td><td>Indicate type of wheelchair or scooter (Adm)</td></tr></table>	Items:	GG0170Q1	Does patient use wheelchair and/or scooter (Adm)		GG0170R1	Func Mobil (Adm Perf) - Wheel 50 feet w/2 turns		GG0170RR1	Indicate type of wheelchair or scooter (Adm)		GG0170S1	Func Mobil (Adm Perf) - Wheel 150 feet		GG0170SS1	Indicate type of wheelchair or scooter (Adm)			
Items:	GG0170Q1	Does patient use wheelchair and/or scooter (Adm)																			
	GG0170R1	Func Mobil (Adm Perf) - Wheel 50 feet w/2 turns																			
	GG0170RR1	Indicate type of wheelchair or scooter (Adm)																			
	GG0170S1	Func Mobil (Adm Perf) - Wheel 150 feet																			
	GG0170SS1	Indicate type of wheelchair or scooter (Adm)																			
-5066	Consistency	Fatal	<p>a) If GG0170Q3=[0,^], then items GG0170R3, GG0170RR3, GG0170S3, and GG0170SS3 must be equal to [^].</p> <p>b) If GG0170Q3=[1], then items GG0170R3, GG0170RR3, GG0170S3, and GG0170SS3 must not be equal to [^].</p> <p>c) If GG0170Q3=[-], then items GG0170R3, GG0170RR3, GG0170S3, and GG0170SS3 must be equal to [-].</p> <table><tr><td>Items:</td><td>GG0170Q3</td><td>Does patient use wheelchair and/or scooter (Dschg)</td></tr><tr><td></td><td>GG0170R3</td><td>Func Mobil (Dschg Perf) - Wheel 50 feet w/2 turns</td></tr><tr><td></td><td>GG0170RR3</td><td>Indicate type of wheelchair or scooter (Dschg)</td></tr><tr><td></td><td>GG0170S3</td><td>Func Mobil (Dschg Perf) - Wheel 150 feet</td></tr><tr><td></td><td>GG0170SS3</td><td>Indicate type of wheelchair or scooter (Dschg)</td></tr></table>	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)			
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)																			

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ID	Type	Severity	Text/Items												
-5067	Consistency	Fatal	<p>a) If I7900=[1], then items I0900 and I2900 must be equal to [0].</p> <p>b) If I7900=[0], then at least one of items I0900 and I2900 must not be equal to [0].</p> <p>c) If I7900=[-], then at least one of items I0900 and I2900 must be equal to [-], and the other item must be equal to [0,-].</p> <table><tr><td>Items:</td><td>I0900</td><td>Diagnoses: Peripheral vascular disease (PVD)/PAD</td></tr><tr><td></td><td>I2900</td><td>Diagnoses: Diabetes mellitus (DM)</td></tr><tr><td></td><td>I7900</td><td>Diagnoses: None of the Above</td></tr></table>	Items:	I0900	Diagnoses: Peripheral vascular disease (PVD)/PAD		I2900	Diagnoses: Diabetes mellitus (DM)		I7900	Diagnoses: None of the Above			
Items:	I0900	Diagnoses: Peripheral vascular disease (PVD)/PAD													
	I2900	Diagnoses: Diabetes mellitus (DM)													
	I7900	Diagnoses: None of the Above													
-5068	Consistency	Fatal	<p>a) If J1800=[0], then all active items from J1900A through J1900C must be equal to [^].</p> <p>b) If J1800=[1], then all active items from J1900A through J1900C must not be equal to [^], and at least one of these items must equal [-,1,2].</p> <p>c) If J1800=[-], then all active items from J1900A through J1900C must be equal to [-].</p> <table><tr><td>Items:</td><td>J1800</td><td>Any Falls Since Admission</td></tr><tr><td></td><td>J1900A</td><td>Num Falls Since Admission - No injury</td></tr><tr><td></td><td>J1900B</td><td>Num Falls Since Admission - Injury (except major)</td></tr><tr><td></td><td>J1900C</td><td>Num Falls Since Admission - Major injury</td></tr></table>	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
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	<p>If M0300B1_2=[1-9], then one of the following must be true:</p> <p>a) M0300B2_2 must be equal to [-] OR</p> <p>b) M0300B2_2 must be equal to [0-9] and must be less than or equal to M0300B1_2.</p> <table><tr><td>Items:</td><td>M0300B1_2</td><td>Number of Stage 2 pressure ulcers: Discharge</td></tr><tr><td></td><td>M0300B2_2</td><td>Nbr Disch Stg 2 PU were Adm Stg 2 PU</td></tr></table>	Items:	M0300B1_2	Number of Stage 2 pressure ulcers: Discharge		M0300B2_2	Nbr Disch Stg 2 PU were Adm Stg 2 PU						
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	<p>If M0300C1_2=[1-9], then one of the following must be true:</p> <p>a) M0300C2_2 must be equal to [-] OR</p> <p>b) M0300C2_2 must be equal to [0-9] and must be less than or equal to M0300C1_2.</p> <table><tr><td>Items:</td><td>M0300C1_2</td><td>Number of Stage 3 pressure ulcers: Discharge</td></tr><tr><td></td><td>M0300C2_2</td><td>Nbr Disch Stg 3 PU were Adm Stg 3 PU</td></tr></table>	Items:	M0300C1_2	Number of Stage 3 pressure ulcers: Discharge		M0300C2_2	Nbr Disch Stg 3 PU were Adm Stg 3 PU						
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	<p>If M0300D1_2=[1-9], then one of the following must be true:</p> <p>a) M0300D2_2 must be equal to [-] OR</p> <p>b) M0300D2_2 must be equal to [0-9] and must be less than or equal to M0300D1_2.</p> <table><tr><td>Items:</td><td>M0300D1_2</td><td>Number of Stage 4 pressure ulcers: Discharge</td></tr><tr><td></td><td>M0300D2_2</td><td>Nbr Disch Stg 4 PU were Adm Stg 4 PU</td></tr></table>	Items:	M0300D1_2	Number of Stage 4 pressure ulcers: Discharge		M0300D2_2	Nbr Disch Stg 4 PU were Adm Stg 4 PU						
Items:	M0300D1_2	Number of Stage 4 pressure ulcers: Discharge													
	M0300D2_2	Nbr Disch Stg 4 PU were Adm Stg 4 PU													
-5072	Consistency	Fatal	<p>If M0300E1_2=[1-9], then one of the following must be true:</p> <p>a) M0300E2_2 must be equal to [-] OR</p> <p>b) M0300E2_2 must be equal to [0-9] and must be less than or equal to M0300E1_2.</p>												

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ID	Type	Severity	Text/Items
			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
-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, M0300B1_2, M0300B2_2, M0300C1_2, M0300C2_2, M0300D1_2, M0300D2_2, M0300E1_2, M0300E2_2, M0300F1_2, M0300F2_2, M0300G1_2, 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
-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

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ID	Type	Severity	Text/Items
		Items:	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:
			(a) 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.
			(b) IF (44D=[01, 03, 04, 06, 50, 51, 61, 62, 64, 99]) AND (41=[0]) AND (44C=[1]) AND (Discharge Date (40) minus Admission Date (12) >= 3 days), then the following items must not 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

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ID	Type	Severity	Text/Items
		Items:	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)
-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 [^].
		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

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ID	Type	Severity	Text/Items
-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
-5091	Consistency	Fatal	(a) If D0150A1_1=[0], then D0150A2_1 must equal [0]. (b) If D0150A1_1=[1], then D0150A2_1 must equal [0,1,2,3]. (c) If D0150A1_1=[9,-], then D0150A2_1 must equal [^].
		Items:	D0150A1_1 Mood: Little interest/pleasure doing things: P (A) D0150A2_1 Mood: Little interest/pleasure doing things: F (A)
-5092	Consistency	Fatal	(a) If D0150A1_2=[0], then D0150A2_2 must equal [0]. (b) If D0150A1_2=[1], then D0150A2_2 must equal [0,1,2,3]. (c) If D0150A1_2=[9,-,^], then D0150A2_2 must equal [^].
		Items:	D0150A1_2 Mood: Little interest/pleasure doing things: P (D) D0150A2_2 Mood: Little interest/pleasure doing things: F (D)
-5093	Consistency	Fatal	(a) If D0150B1_1=[0], then D0150B2_1 must equal [0]. (b) If D0150B1_1=[1], then D0150B2_1 must equal [0,1,2,3]. (c) If D0150B1_1=[9,-], then D0150B2_1 must equal [^].
		Items:	D0150B1_1 Mood: Feeling down, depressed, or hopeless: P (A) D0150B2_1 Mood: Feeling down, depressed, or hopeless: F (A)
-5094	Consistency	Fatal	(a) If D0150B1_2=[0], then D0150B2_2 must equal [0]. (b) If D0150B1_2=[1], then D0150B2_2 must equal [0,1,2,3]. (c) If D0150B1_2=[9,-,^], then D0150B2_2 must equal [^].
		Items:	D0150B1_2 Mood: Feeling down, depressed, or hopeless: P (D) D0150B2_2 Mood: Feeling down, depressed, or hopeless: F (D)
-5095	Consistency	Fatal	(a) If D0150C1_1=[0], then D0150C2_1 must equal [0]. (b) If D0150C1_1=[1], then D0150C2_1 must equal [0,1,2,3]. (c) If D0150C1_1=[9,^,-], then D0150C2_1 must equal [^].
		Items:	D0150C1_1 Mood: Trouble falling or staying asleep: P (A) D0150C2_1 Mood: Trouble falling or staying asleep: F (A)

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ID	Type	Severity	Text/Items
-5096	Consistency	Fatal	(a) If D0150D1_1=[0], then D0150D2_1 must equal [0]. (b) If D0150D1_1=[1], then D0150D2_1 must equal [0,1,2,3]. (c) If D0150D1_1=[9,^,-], then D0150D2_1 must equal [^].
		Items:	D0150D1_1 Mood: Feeling tired or having little energy: P (A) D0150D2_1 Mood: Feeling tired or having little energy: F (A)
-5097	Consistency	Fatal	(a) If D0150D1_2=[0], then D0150D2_2 must equal [0]. (b) If D0150D1_2=[1], then D0150D2_2 must equal [0,1,2,3]. (c) If D0150D1_2=[9,^,-], then D0150D2_2 must equal [^].
		Items:	D0150D1_2 Mood: Feeling tired or having little energy: P (D) D0150D2_2 Mood: Feeling tired or having little energy: F (D)
-5098	Consistency	Fatal	(a) If D0150E1_1=[0], then D0150E2_1 must equal [0]. (b) If D0150E1_1=[1], then D0150E2_1 must equal [0,1,2,3]. (c) If D0150E1_1=[9,^,-], then D0150E2_1 must equal [^].
		Items:	D0150E1_1 Mood: Poor appetite or overeating: P (A) D0150E2_1 Mood: Poor appetite or overeating: F (A)
-5099	Consistency	Fatal	(a) If D0150E1_2=[0], then D0150E2_2 must equal [0]. (b) If D0150E1_2=[1], then D0150E2_2 must equal [0,1,2,3]. (c) If D0150E1_2=[9,^,-], then D0150E2_2 must equal [^].
		Items:	D0150E1_2 Mood: Poor appetite or overeating: P (D) D0150E2_2 Mood: Poor appetite or overeating: F (D)
-5100	Consistency	Fatal	(a) If D0150F1_1=[0], then D0150F2_1 must equal [0]. (b) If D0150F1_1=[1], then D0150F2_1 must equal [0,1,2,3]. (c) If D0150F1_1=[9,^,-], then D0150F2_1 must equal [^].
		Items:	D0150F1_1 Mood: Feeling bad about yourself: P (A) D0150F2_1 Mood: Feeling bad about yourself: F (A)
-5101	Consistency	Fatal	(a) If D0150F1_2=[0], then D0150F2_2 must equal [0]. (b) If D0150F1_2=[1], then D0150F2_2 must equal [0,1,2,3]. (c) If D0150F1_2=[9,^,-], then D0150F2_2 must equal [^].
		Items:	D0150F1_2 Mood: Feeling bad about yourself: P (D) D0150F2_2 Mood: Feeling bad about yourself: F (D)
-5102	Consistency	Fatal	(a) If D0150G1_1=[0], then D0150G2_1 must equal [0]. (b) If D0150G1_1=[1], then D0150G2_1 must equal [0,1,2,3]. (c) If D0150G1_1=[9,^,-], then D0150G2_1 must equal [^].
		Items:	D0150G1_1 Mood: Trouble concentrating on things: P (A) D0150G2_1 Mood: Trouble concentrating on things: F (A)

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ID	Type	Severity	Text/Items
-5103	Consistency	Fatal	(a) If D0150G1_2=[0], then D0150G2_2 must equal [0]. (b) If D0150G1_2=[1], then D0150G2_2 must equal [0,1,2,3]. (c) If D0150G1_2=[9,^,-], then D0150G2_2 must equal [^].
			<div>Items:</div> <div>D0150G1_2 Mood: Trouble concentrating on things: P (D)</div> <div>D0150G2_2 Mood: Trouble concentrating on things: F (D)</div>
-5104	Consistency	Fatal	(a) If D0150H1_1=[0], then D0150H2_1 must equal [0]. (b) If D0150H1_1=[1], then D0150H2_1 must equal [0,1,2,3]. (c) If D0150H1_1=[9,^,-], then D0150H2_1 must equal [^].
			<div>Items:</div> <div>D0150H1_1 Mood: Moving or speaking so slowly: P (A)</div> <div>D0150H2_1 Mood: Moving or speaking so slowly: F (A)</div>
-5105	Consistency	Fatal	(a) If D0150H1_2=[0], then D0150H2_2 must equal [0]. (b) If D0150H1_2=[1], then D0150H2_2 must equal [0,1,2,3]. (c) If D0150H1_2=[9,^,-], then D0150H2_2 must equal [^].
			<div>Items:</div> <div>D0150H1_2 Mood: Moving or speaking so slowly: P (D)</div> <div>D0150H2_2 Mood: Moving or speaking so slowly: F (D)</div>
-5106	Consistency	Fatal	(a) If D0150I1_1=[0], then D0150I2_1 must equal [0]. (b) If D0150I1_1=[1], then D0150I2_1 must equal [0,1,2,3]. (c) If D0150I1_1=[9,^,-], then D0150I2_1 must equal [^].
			<div>Items:</div> <div>D0150I1_1 Mood: Thoughts of better off dead: P (A)</div> <div>D0150I2_1 Mood: Thoughts of better off dead: F (A)</div>
-5107	Consistency	Fatal	(a) If D0150I1_2=[0], then D0150I2_2 must equal [0]. (b) If D0150I1_2=[1], then D0150I2_2 must equal [0,1,2,3]. (c) If D0150I1_2=[9,^,-], then D0150I2_2 must equal [^].
			<div>Items:</div> <div>D0150I1_2 Mood: Thoughts of better off dead: P (D)</div> <div>D0150I2_2 Mood: Thoughts of better off dead: F (D)</div>
-5108	Consistency	Fatal	(a) If D0150A2_1 = [0,1] and D0150B2_1 = [0,1], then the following active items must equal [^]: D0150C1_1, D0150D1_1, D0150E1_1, D0150F1_1, D0150G1_1, D0150H1_1, D0150I1_1. (b) If D0150A1_1 = [-] or D0150B1_1 = [-], then the following active items must not equal [^]: D0150C1_1, D0150D1_1, D0150E1_1, D0150F1_1, D0150G1_1, D0150H1_1, D0150I1_1. (c) If D0150A1_1 = [9] and D0150B1_1 = [9], then the following active items must equal [^]: D0150C1_1, D0150D1_1, D0150E1_1, D0150F1_1, D0150G1_1, D0150H1_1, D0150I1_1. (d) If (D0150A2_1 = [^] and D0150B2_1 = [0,1]) OR (D0150A2_1 = [0,1] and D0150B2_1 = [^]), then the following active items must not equal [^]: D0150C1_1, D0150D1_1, D0150E1_1, D0150F1_1, D0150G1_1, D0150H1_1, D0150I1_1.
			<div>Items:</div> <div>D0150A1_1 Mood: Little interest/pleasure doing things: P (A)</div>

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ID	Type	Severity	Text/Items
		Items:	D0150A2_1 Mood: Little interest/pleasure doing things: F (A)
			D0150B1_1 Mood: Feeling down, depressed, or hopeless: P (A)
			D0150B2_1 Mood: Feeling down, depressed, or hopeless: F (A)
			D0150C1_1 Mood: Trouble falling or staying asleep: P (A)
			D0150D1_1 Mood: Feeling tired or having little energy: P (A)
			D0150E1_1 Mood: Poor appetite or overeating: P (A)
			D0150F1_1 Mood: Feeling bad about yourself: P (A)
			D0150G1_1 Mood: Trouble concentrating on things: P (A)
			D0150H1_1 Mood: Moving or speaking so slowly: P (A)
			D0150I1_1 Mood: Thoughts of better off dead: P (A)
-5109	Consistency	Fatal	<p>(a) If D0150A2_2 = [0,1] and D0150B2_2 = [0,1], then the following active items must equal [^]: D0150C1_2, D0150D1_2, D0150E1_2, D0150F1_2, D0150G1_2, D0150H1_2, D0150I1_2.</p> <p>(b) If D0150A1_2 = [-] or D0150B1_2 = [-], then the following active items must not equal [^]: D0150C1_2, D0150D1_2, D0150E1_2, D0150F1_2, D0150G1_2, D0150H1_2, D0150I1_2.</p> <p>(c) If D0150A1_2 = [9] and D0150B1_2 = [9], then the following active items must equal [^]: D0150C1_2, D0150D1_2, D0150E1_2, D0150F1_2, D0150G1_2, D0150H1_2, D0150I1_2.</p> <p>(d) If (D0150A2_2 = [^] and D0150B2_2 = [0,1]) OR (D0150A2_2 = [0,1] and D0150B2_2 = [^]), then the following active items must not equal [^]: D0150C1_2, D0150D1_2, D0150E1_2, D0150F1_2, D0150G1_2, D0150H1_2, D0150I1_2.</p> <p>(e) If D0150A2_2 = [2,3] or D0150B2_2 = [2,3], then the following active items must not equal [^]: D0150C1_2, D0150D1_2, D0150E1_2, D0150F1_2, D0150G1_2, D0150H1_2, D0150I1_2.</p>
			<p>Items: D0150A1_2 Mood: Little interest/pleasure doing things: P (D)</p> <p>D0150A2_2 Mood: Little interest/pleasure doing things: F (D)</p> <p>D0150B1_2 Mood: Feeling down, depressed, or hopeless: P (D)</p> <p>D0150B2_2 Mood: Feeling down, depressed, or hopeless: F (D)</p> <p>D0150C1_2 Mood: Trouble falling or staying asleep: P (D)</p> <p>D0150D1_2 Mood: Feeling tired or having little energy: P (D)</p> <p>D0150E1_2 Mood: Poor appetite or overeating: P (D)</p> <p>D0150F1_2 Mood: Feeling bad about yourself: P (D)</p> <p>D0150G1_2 Mood: Trouble concentrating on things: P (D)</p> <p>D0150H1_2 Mood: Moving or speaking so slowly: P (D)</p> <p>D0150I1_2 Mood: Thoughts of better off dead: P (D)</p>
-5110	Consistency	Fatal	<p>(a) If J0510_1=[0], then the following items must equal [^]: J0520_1, J0530_1.</p> <p>(b) If J0510_1=[1,2,3,4,8], then the following items must not equal [^]: J0520_1, J0530_1.</p>
			<p>Items: J0510_1 Pain effect on sleep (Adm)</p>

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ID	Type	Severity	Text/Items
		Items:	J0520_1 Pain interference with therapy activities (Adm)
			J0530_1 Pain interference with DTD activities (Adm)
-5111	Consistency	Fatal	(a) If J0510_2=[0,^], then the following items must equal [^]: J0520_2, J0530_2.
			(b) If J0510_2=[1,2,3,4,8], then the following items must not equal [^]: J0520_2, J0530_2.
		Items:	J0510_2 Pain effect on sleep (Dsch)
			J0520_2 Pain interference with therapy activities (Dsch)
			J0530_2 Pain interference with DTD activities (Dsch)
-5112	Consistency	Fatal	(a) If K0520Z1=[1], then the following items must equal [0]: K0520A1, K0520B1, K0520C1, K0520D1.
			(b) If K0520Z1=[0], then at least one of the following items must equal [1], and the remaining items must equal [0,1]: K0520A1, K0520B1, K0520C1, K0520D1.
			(c) If K0520Z1=[-], then at least one of the following items must equal [-], and the remaining items must equal [0,-]: K0520A1, K0520B1, K0520C1, K0520D1.
		Items:	K0520A1 Nutritional Approaches (Admission): Parenteral
			K0520B1 Nutritional Approaches (Admission): Feeding tube
			K0520C1 Nutritional Approaches (Admission) : Mech Alt Diet
			K0520D1 Nutritional Approaches (Admission) : Therapeutic
			K0520Z1 Nutritional Approaches (Admission) : None
-5113	Consistency	Fatal	(a) If N0415A1_1=[0], then N0415A2_1 must equal [^].
			(b) If N0415A1_1=[1], then N0415A2_1 must not equal [^].
			(c) If N0415A1_1=[-], then N0415A2_1 must equal [-].
		Items:	N0415A1_1 High-Risk Drug (Is Taking): Antipsychotic (Adm)
			N0415A2_1 High-Risk Drug (Indication) : Antipsychotic (Adm)
-5114	Consistency	Fatal	(a) If N0415A1_2=[0], then N0415A2_2 must equal [^].
			(b) If N0415A1_2=[1], then N0415A2_2 must not equal [^].
			(c) If N0415A1_2=[-], then N0415A2_2 must equal [-].
		Items:	N0415A1_2 High-Risk Drug (Is Taking): Antipsychotic (Dsch)
			N0415A2_2 High-Risk Drug (Indication) : Antipsychotic (Dsch)
-5115	Consistency	Fatal	(a) If N0415E1_1=[0], then N0415E2_1 must equal [^].
			(b) If N0415E1_1=[1], then N0415E2_1 must not equal [^].
			(c) If N0415E1_1=[-], then N0415E2_1 must equal [-].
		Items:	N0415E1_1 High-Risk Drug (Is taking): Anticoagulant (Adm)
			N0415E2_1 High-Risk Drug (Indication): Anticoagulant (Adm)

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ID	Type	Severity	Text/Items
-5116	Consistency	Fatal	(a) If N0415E1_2=[0], then N0415E2_2 must equal [^]. (b) If N0415E1_2=[1], then N0415E2_2 must not equal [^]. (c) If N0415E1_2=[-], then N0415E2_2 must equal [-].
		Items:	N0415E1_2 High-Risk Drug (Is taking): Anticoagulant (Dsch) N0415E2_2 High-Risk Drug (Indication): Anticoagulant (Dsch)
-5117	Consistency	Fatal	(a) If N0415F1_1=[0], then N0415F2_1 must equal [^]. (b) If N0415F1_1=[1], then N0415F2_1 must not equal [^]. (c) If N0415F1_1=[-], then N0415F2_1 must equal [-].
		Items:	N0415F1_1 High-Risk Drug (Is taking): Antibiotic (Adm) N0415F2_1 High-Risk Drug (Indication): Antibiotic (Adm)
-5118	Consistency	Fatal	(a) If N0415F1_2=[0], then N0415F2_2 must equal [^]. (b) If N0415F1_2=[1], then N0415F2_2 must not equal [^]. (c) If N0415F1_2=[-], then N0415F2_2 must equal [-].
		Items:	N0415F1_2 High-Risk Drug (Is taking): Antibiotic (Dsch) N0415F2_2 High-Risk Drug (Indication): Antibiotic (Dsch)
-5119	Consistency	Fatal	(a) If N0415H1_1=[0], then N0415H2_1 must equal [^]. (b) If N0415H1_1=[1], then N0415H2_1 must not equal [^]. (c) If N0415H1_1=[-], then N0415H2_1 must equal [-].
		Items:	N0415H1_1 High-Risk Drug (Is taking): Opioid (Adm) N0415H2_1 High-Drug Risk (Indication): Opioid (Adm)
-5120	Consistency	Fatal	(a) If N0415H1_2=[0], then N0415H2_2 must equal [^]. (b) If N0415H1_2=[1], then N0415H2_2 must not equal [^]. (c) If N0415H1_2=[-], then N0415H2_2 must equal [-].
		Items:	N0415H1_2 High-Risk Drug (Is taking): Opioid (Dsch) N0415H2_2 High-Drug Risk (Indication): Opioid (Dsch)
-5121	Consistency	Fatal	(a) If N0415I1_1=[0], then N0415I2_1 must equal [^]. (b) If N0415I1_1=[1], then N0415I2_1 must not equal [^]. (c) If N0415I1_1=[-], then N0415I2_1 must equal [-].
		Items:	N0415I1_1 High-Risk Drug (Is taking): Antiplatelet (Adm) N0415I2_1 High-Risk Drug (Indication): Antiplatelet (Adm)
-5122	Consistency	Fatal	(a) If N0415I1_2=[0], then N0415I2_2 must equal [^]. (b) If N0415I1_2=[1], then N0415I2_2 must not equal [^]. (c) If N0415I1_2=[-], then N0415I2_2 must equal [-].
		Items:	N0415I1_2 High-Risk Drug (Is taking): Antiplatelet (Dsch) N0415I2_2 High-Risk Drug (Indication): Antiplatelet (Dsch)

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ID	Type	Severity	Text/Items
-5123	Consistency	Fatal	<p>(a) If N0415J1_1=[0], then N0415J2_1 must equal [^].</p> <p>(b) If N0415J1_1=[1], then N0415J2_1 must not equal [^].</p> <p>(c) If N0415J1_1=[-], then N0415J2_1 must equal [-].</p>
		Items:	<p>N0415J1_1 High-Risk Drug (Is taking): Hypoglycemic (Adm)</p> <p>N0415J2_1 High-Risk Drug (Indication): Hypoglycemic (Adm)</p>
-5124	Consistency	Fatal	<p>(a) If N0415J1_2=[0], then N0415J2_2 must equal [^].</p> <p>(b) If N0415J1_2=[1], then N0415J2_2 must not equal [^].</p> <p>(c) If N0415J1_2=[-], then N0415J2_2 must equal [-].</p>
		Items:	<p>N0415J1_2 High-Risk Drug (Is taking): Hypoglycemic (Dsch)</p> <p>N0415J2_2 High-Risk Drug (Indication): Hypoglycemic (Dsch)</p>
-5125	Consistency	Fatal	<p>(a) If N0415Z1_1=[1], then the following items must equal [0]: N0415A1_1, N0415E1_1, N0415F1_1, N0415H1_1, N0415I1_1, N0415J1_1.</p> <p>(b) If N0415Z1_1=[0], then at least one of the following active items must equal [1]: N0415A1_1, N0415E1_1, N0415F1_1, N0415H1_1, N0415I1_1, N0415J1_1.</p> <p>(c) If N0415Z1_1=[-], then at least one of the following active items must equal [-] and the rest of the active items must be [0,-]: N0415A1_1, N0415E1_1, N0415F1_1, N0415H1_1, N0415I1_1, N0415J1_1.</p>
		Items:	<p>N0415A1_1 High-Risk Drug (Is Taking): Antipsychotic (Adm)</p> <p>N0415E1_1 High-Risk Drug (Is taking): Anticoagulant (Adm)</p> <p>N0415F1_1 High-Risk Drug (Is taking): Antibiotic (Adm)</p> <p>N0415H1_1 High-Risk Drug (Is taking): Opioid (Adm)</p> <p>N0415I1_1 High-Risk Drug (Is taking): Antiplatelet (Adm)</p> <p>N0415J1_1 High-Risk Drug (Is taking): Hypoglycemic (Adm)</p> <p>N0415Z1_1 High-Risk Drug (Is taking): None of above (Adm)</p>
-5126	Consistency	Fatal	<p>(a) If N0415Z1_2=[1], then the following items must equal [0]: N0415A1_2, N0415E1_2, N0415F1_2, N0415H1_2, N0415I1_2, N0415J1_2.</p> <p>(b) If N0415Z1_2=[0], then at least one of the following active items must equal [1]: N0415A1_2, N0415E1_2, N0415F1_2, N0415H1_2, N0415I1_2, N0415J1_2.</p> <p>(c) If N0415Z1_2=[-], then at least one of the following active items must equal [-] and the rest of the active items must be [0,-]: N0415A1_2, N0415E1_2, N0415F1_2, N0415H1_2, N0415I1_2, N0415J1_2.</p>
		Items:	<p>N0415A1_2 High-Risk Drug (Is Taking): Antipsychotic (Dsch)</p> <p>N0415E1_2 High-Risk Drug (Is taking): Anticoagulant (Dsch)</p> <p>N0415F1_2 High-Risk Drug (Is taking): Antibiotic (Dsch)</p> <p>N0415H1_2 High-Risk Drug (Is taking): Opioid (Dsch)</p>

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ID	Type	Severity	Text/Items
		Items:	N0415I1_2 High-Risk Drug (Is taking): Antiplatelet (Dsch)
			N0415J1_2 High-Risk Drug (Is taking): Hypoglycemic (Dsch)
			N0415Z1_2 High-Risk Drug (Is taking): None of above (Dsch)
-5127	Consistency	Fatal	(a) If O0110A1A=[0], then the following items must equal [0]: O0110A2A, O0110A3A, O0110A10A. (b) if O0110A1A=[1], then at least one of the following items must equal [1], and the remaining items must equal [0,1]: O0110A2A, O0110A3A, O0110A10A. (c) If O0110A1A=[-], then the following items must equal [-]: O0110A2A, O0110A3A, O0110A10A.
		Items:	O0110A1A Treatment: Chemotherapy (Admission)
			O0110A2A Treatment: Chemo - IV (Admission)
			O0110A3A Treatment: Chemo - Oral (Admission)
			O0110A10A Treatment: Chemo - Other (Admission)
-5128	Consistency	Fatal	(a) If O0110C1A=[0], then the following items must equal [0]: O0110C2A, O0110C3A, O0110C4A. (b) if O0110C1A=[1], then at least one active item must equal [1], and the remaining items must equal [0,1]: O0110C2A, O0110C3A, O0110C4A. (c) If O0110C1A=[-], then the following items must equal [-]: O0110C2A, O0110C3A, O0110C4A.
		Items:	O0110C1A Therapies: Oxygen Therapy (Admission)
			O0110C2A Therapies: Oxygen - Continuous (Admission)
			O0110C3A Therapies: Oxygen - Intermittent (Admission)
			O0110C4A Therapies: Oxygen - High-concentration (Admission)
-5129	Consistency	Fatal	(a) If O0110D1A=[0], then the following items must equal [0]: O0110D2A, O0110D3A. (b) If O0110D1A=[1], then at least one of the following items must equal [1], and the remaining item must equal [0,1]: O0110D2A, O0110D3A. (c) If O0110D1A=[-], then the following items must equal [-]: O0110D2A, O0110D3A.
		Items:	O0110D1A Therapies: Suctioning (Admission)
			O0110D2A Therapies: Suctioning - Scheduled (Admission)
			O0110D3A Therapies: Suctioning - As Needed (Admission)
-5130	Consistency	Fatal	(a) If O0110G1A=[0], then the following items must equal [0]: O0110G2A, O0110G3A. (b) If O0110G1A=[1], then at least one of the following items must equal [1], and the remaining item must equal [0,1]: O0110G2A, O0110G3A. (c) If O0110G1A=[-], then the following items must equal [-]: O0110G2A, O0110G3A.
		Items:	O0110G1A Therapies: Non-Invas Mechanical Ventilator (Admis)
			O0110G2A Therapies: BiPAP (Admission)
			O0110G3A Therapies: CPAP (Admission)

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ID	Type	Severity	Text/Items
-5131	Consistency	Fatal	(a) If O0110H1A=[0], then the following items must equal [0]: O0110H2A, O0110H3A, O0110H4A, O0110H10A. (b) If O0110H1A=[1], then at least one of the following items must equal [1], and the remaining items must equal [0,1]: O0110H2A, O0110H3A, O0110H4A, O0110H10A. (c) If O0110H1A=[-], then the following items must equal [-]: O0110H2A, O0110H3A, O0110H4A, O0110H10A.
			Items: O0110H1A Other: IV Medications (Admission)
			O0110H2A Other: IV - Vasoactive medications (Admission)
			O0110H3A Other: IV - Antibiotics (Admission)
			O0110H4A Other: IV - Anticoagulation (Admission)
			O0110H10A Other: IV - Other (Admission)
-5132	Consistency	Fatal	(a) if O0110J1A=[0], then the following items must equal [0]: O0110J2A, O0110J3A. (b) If O0110J1A=[1], then at least one of the following items must equal [1], and the remaining item must equal [0,1]: O0110J2A, O0110J3A. (c) If O0110J1A=[-], then the following items must equal [-]: O0110J2A, O0110J3A.
			Items: O0110J1A Other: Dialysis (Admission)
			O0110J2A Other: Hemodialysis (Admission)
			O0110J3A Other: Peritoneal dialysis (Admission)
-5133	Consistency	Fatal	(a) If O0110O1A=[0], then the following items must equal [0]: O0110O2A, O0110O3A, O0110O4A. (b) If O0110O1A=[1], then at least one of the following items must equal [1], and the remaining items must equal [0,1]: O0110O2A, O0110O3A, O0110O4A. (c) If O0110O1A=[-], then the following items must equal [-]: O0110O2A, O0110O3A, O0110O4A.
			Items: O0110O1A Other: IV Access (Admission)
			O0110O2A Other: IV Access - Peripheral (Admission)
			O0110O3A Other: IV Access - Midline (Admission)
			O0110O4A Other: IV Access - Central (Admission)
-5134	Consistency	Fatal	(a) If O0110Z1A=[1], then the following items must equal [0]: O0110A1A, O0110B1A, O0110C1A, O0110D1A, O0110E1A, O0110F1A, O0110G1A, O0110H1A, O0110I1A, O0110J1A, O0110O1A. (b) If O0110Z1A=[0], then at least one of the following items must equal [1]: O0110A1A, O0110B1A, O0110C1A, O0110D1A, O0110E1A, O0110F1A, O0110G1A, O0110H1A, O0110I1A, O0110J1A, O0110O1A. (c) If O0110Z1A=[-], then at least one of the following items must equal [-], and the remaining items must equal [0,-]: O0110A1A, O0110B1A, O0110C1A, O0110D1A, O0110E1A, O0110F1A, O0110G1A, O0110H1A, O0110I1A, O0110J1A, O0110O1A.
			Items: O0110A1A Treatment: Chemotherapy (Admission)
			O0110B1A Treatment: Radiation (Admission)
			O0110C1A Therapies: Oxygen Therapy (Admission)

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ID	Type	Severity	Text/Items
		Items:	O0110D1A Therapies: Suctioning (Admission)
			O0110E1A Therapies: Tracheostomy Care (Admission)
			O0110F1A Therapies: Invasive Mechanical Ventilator (Admis)
			O0110G1A Therapies: Non-Invas Mechanical Ventilator (Admis)
			O0110H1A Other: IV Medications (Admission)
			O0110I1A Other: Transfusions (Admission)
			O0110J1A Other: Dialysis (Admission)
			O0110O1A Other: IV Access (Admission)
			O0110Z1A Other: None of the above (Admission)
-5135 Consistency	Fatal	(a) If A2121=[0,^], then the following items must equal [^]: A2122A, A2122B, A2122C, A2122D, A2122E. (b) If A2121=[1], then at least one of the following items must equal [1], and the remaining items must equal [0,1]: A2122A, A2122B, A2122C, A2122D and A2122E	
		Items:	A2121 Current Reconciled Medication List - Provider A2122A Provider Trans - Electronic Health Record A2122B Provider Trans - Health Info Exchange A2122C Provider Trans - Verbal A2122D Provider Trans - Paper-based A2122E Provider Trans - Other Methods
-5136 Consistency	Fatal	(a) If A2123=[0,^], then the following items must equal [^]: A2124A, A2124B, A2124C, A2124D, A2124E. (b) If A2123=[1], then at least one of the following items must equal [1], and the remaining items must equal [0,1]: A2124A, A2124B, A2124C, A2124D, A2124E.	
		Items:	A2123 Current Reconciled Medication List - Ptnt/Fam/Care A2124A Patient Trans - Electronic Health Record A2124B Patient Trans - Health Info Exchange A2124C Patient Trans - Verbal A2124D Patient Trans - Paper-based A2124E Patient Trans - Other Methods
-5137 Consistency	Fatal	(a) If K0520Z4=[1], then the following items must equal [0]: K0520A4, K0520B4, K0520C4, K0520D4. (b) If K0520Z4=[0], then at least one of the following items must equal [1], and the remaining items must equal [0,1]: K0520A4, K0520B4, K0520C4, K0520D4. (c) If K0520Z4=[-], then at least one of the following items must equal [-] and all remaining items must equal [0,-]: K0520A4, K0520B4, K0520C4, K0520D4.	
		Items:	K0520A4 Nutritional Approaches (7 days): Parenteral K0520B4 Nutritional Approaches (7 days): Feeding tube

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ID	Type	Severity	Text/Items
		Items:	K0520C4 Nutritional Approaches (7 days): Mech Alt Diet
			K0520D4 Nutritional Approaches (7 day): Therapeutic
			K0520Z4 Nutritional Approaches (7 days): None
-5138 Consistency	Fatal	(a) If K0520Z5=[1], then the following items must equal [0]: K0520A5, K0520B5, K0520C5, K0520D5. (b) If K0520Z5=[0], then at least one of the following items must equal [1], and the remaining items must equal [0,1]: K0520A5, K0520B5, K0520C5, K0520D5. (c) If K0520Z5=[-], then at least one of the following items must equal [-], and all remaining items must equal [0,-]: K0520A5, K0520B5, K0520C5, K0520D5.	
		Items:	K0520A5 Nutritional Approaches (Discharge): Parenteral K0520B5 Nutritional Approaches (Discharge): Feeding Tube K0520C5 Nutritional Approaches (Discharge): Mech Alt Diet K0520D5 Nutritional Approaches (Discharge): Therapeutic K0520Z5 Nutritional Approaches (Discharge): None
-5139 Consistency	Fatal	(a) If O0110A1C=[0], then the following items must equal [0]: O0110A2C, O0110A3C, O0110A10C. (b) If O0110A1C=[1], then at least one of the following items must equal [1], and the remaining items must equal [0,1]: O0110A2C, O0110A3C, O0110A10C. (c) If O0110A1C=[-], then the following items must equal [-]: O0110A2C, O0110A3C, O0110A10C.	
		Items:	O0110A1C Treatment: Chemotherapy (Discharge) O0110A2C Treatment: Chemo - IV (Discharge) O0110A3C Treatment: Chemo - Oral (Discharge) O0110A10C Treatment: Chemo - Other (Discharge)
-5140 Consistency	Fatal	(a) If O0110C1C=[0], then the following items must equal [0]: O0110C2C, O0110C3C, O0110C4C. (b) If O0110C1C=[1], then at least one of the following items must equal [1], and the remaining items must equal [0,1]: O0110C2C, O0110C3C, O0110C4C. (c) If O0110C1C=[-], then the following items must equal [-]: O0110C2C, O0110C3C, O0110C4C.	
		Items:	O0110C1C Therapies: Oxygen Therapy (Discharge) O0110C2C Therapies: Oxygen - Continuous (Discharge) O0110C3C Therapies: Oxygen - Intermittent (Discharge) O0110C4C Therapies: Oxygen - High-concentration (Discharge)
-5141 Consistency	Fatal	(a) If O0110D1C=[0], then the following items must equal [0]: O0110D2C, O0110D3C. (b) If O0110D1C=[1], then at least one of the following items must equal [1], and the remaining item must equal [0,1]: O0110D2C, O0110D3C. (c) If O0110D1C=[-], then the following items must equal [-]: O0110D2C, O0110D3C.	
		Items:	O0110D1C Therapies: Suctioning (Discharge)

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ID	Type	Severity	Text/Items
			Items: O0110D2C Therapies: Suctioning - Scheduled (Discharge)
			O0110D3C Therapies: Suctioning - As Needed (Discharge)
-5142	Consistency	Fatal	<p>(a) If O0110G1C=[0], then the following items must equal [0]: O0110G2C, O0110G3C.</p> <p>(b) If O0110G1C=[1], then at least one of the following items must equal [1], and the remaining item must equal [0,1]: O0110G2C, O0110G3C.</p> <p>(c) If O0110G1C=[-], then then the following items must equal [-]: O0110G2C, O0110G3C.</p>
			Items: O0110G1C Therapies: Non-Invas Mechanical Ventilator (Disch)
			O0110G2C Therapies: BiPAP (Discharge)
			O0110G3C Therapies: CPAP (Discharge)
-5143	Consistency	Fatal	<p>(a) If O0110H1C=[0], then the following items must equal [0]: O0110H2C, O0110H3C, O0110H4C, O0110H10C.</p> <p>(b) If O0110H1C=[1], then at least one of the following items must equal [1], and the remaining items must equal [0,1]: O0110H2C, O0110H3C, O0110H4C, O0110H10C.</p> <p>(c) If O0110H1C=[-], then the following items must equal [-]: O0110H2C, O0110H3C, O0110H4C, O0110H10C.</p>
			Items: O0110H1C Other: IV Medications (Discharge)
			O0110H2C Other: IV - Vasoactive medications (Discharge)
			O0110H3C Other: IV - Antibiotics (Discharge)
			O0110H4C Other: IV - Anticoagulation (Discharge)
			O0110H10C Other: IV - Other (Discharge)
-5144	Consistency	Fatal	<p>(a) if O0110J1C=[0], then O0110J2C and O0110J3C must equal [0].</p> <p>(b) If O0110J1C=[1], then at least one of the following items must equal [1], and the remaining item must equal [0,1]: O0110J2C, O0110J3C.</p> <p>(c) If O0110J1C=[-], then O0110J2C and O0110J3C must equal [-].</p>
			Items: O0110J1C Other: Dialysis (Discharge)
			O0110J2C Other: Hemodialysis (Discharge)
			O0110J3C Other: Peritoneal dialysis (Discharge)
-5145	Consistency	Fatal	<p>(a) If O0110O1C=[0], then the following items must equal [0]: O0110O2C, O0110O3C, O0110O4C.</p> <p>(b) If O0110O1C=[1], then at least one of the following items must equal [1], and the remaining items must equal [0,1]: O0110O2C, O0110O3C, O0110O4C.</p> <p>(c) If O0110O1C=[-], then the following items must equal [-]: O0110O2C, O0110O3C, O0110O4C.</p>
			Items: O0110O1C Other: IV Access (Discharge)
			O0110O2C Other: IV Access - Peripheral (Discharge)
			O0110O3C Other: IV Access - Midline (Discharge)
			O0110O4C Other: IV Access - Central (Discharge)

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ID	Type	Severity	Text/Items																								
-5146	Consistency	Fatal	<p>(a) If O0110Z1C=[1], then the following items must equal [0]: O0110A1C, O0110B1C, O0110C1C, O0110D1C, O0110E1C, O0110F1C, O0110G1C, O0110H1C, O0110I1C, O0110J1C, O0110O1C.</p> <p>(b) If O0110Z1C=[0], then at least one item of the following items must equal [1]: O0110A1C, O0110B1C, O0110C1C, O0110D1C, O0110E1C, O0110F1C, O0110G1C, O0110H1C, O0110I1C, O0110J1C, O0110O1C.</p> <p>(c) If O0110Z1C=[-], then at least one of the following items must equal [-], and the remaining items must equal [0,-]: O0110A1C, O0110B1C, O0110C1C, O0110D1C, O0110E1C, O0110F1C, O0110G1C, O0110H1C, O0110I1C, O0110J1C, O0110O1C.</p>																								
		Items:	<table><tr><td>O0110A1C</td><td>Treatment: Chemotherapy (Discharge)</td></tr><tr><td>O0110B1C</td><td>Treatment: Radiation (Discharge)</td></tr><tr><td>O0110C1C</td><td>Therapies: Oxygen Therapy (Discharge)</td></tr><tr><td>O0110D1C</td><td>Therapies: Suctioning (Discharge)</td></tr><tr><td>O0110E1C</td><td>Therapies: Tracheostomy Care (Discharge)</td></tr><tr><td>O0110F1C</td><td>Therapies: Invasive Mechanical Ventilator (Disch)</td></tr><tr><td>O0110G1C</td><td>Therapies: Non-Invas Mechanical Ventilator (Disch)</td></tr><tr><td>O0110H1C</td><td>Other: IV Medications (Discharge)</td></tr><tr><td>O0110I1C</td><td>Other: Transfusions (Discharge)</td></tr><tr><td>O0110J1C</td><td>Other: Dialysis (Discharge)</td></tr><tr><td>O0110O1C</td><td>Other: IV Access (Discharge)</td></tr><tr><td>O0110Z1C</td><td>Other: None of the above (Discharge)</td></tr></table>	O0110A1C	Treatment: Chemotherapy (Discharge)	O0110B1C	Treatment: Radiation (Discharge)	O0110C1C	Therapies: Oxygen Therapy (Discharge)	O0110D1C	Therapies: Suctioning (Discharge)	O0110E1C	Therapies: Tracheostomy Care (Discharge)	O0110F1C	Therapies: Invasive Mechanical Ventilator (Disch)	O0110G1C	Therapies: Non-Invas Mechanical Ventilator (Disch)	O0110H1C	Other: IV Medications (Discharge)	O0110I1C	Other: Transfusions (Discharge)	O0110J1C	Other: Dialysis (Discharge)	O0110O1C	Other: IV Access (Discharge)	O0110Z1C	Other: None of the above (Discharge)
O0110A1C	Treatment: Chemotherapy (Discharge)																										
O0110B1C	Treatment: Radiation (Discharge)																										
O0110C1C	Therapies: Oxygen Therapy (Discharge)																										
O0110D1C	Therapies: Suctioning (Discharge)																										
O0110E1C	Therapies: Tracheostomy Care (Discharge)																										
O0110F1C	Therapies: Invasive Mechanical Ventilator (Disch)																										
O0110G1C	Therapies: Non-Invas Mechanical Ventilator (Disch)																										
O0110H1C	Other: IV Medications (Discharge)																										
O0110I1C	Other: Transfusions (Discharge)																										
O0110J1C	Other: Dialysis (Discharge)																										
O0110O1C	Other: IV Access (Discharge)																										
O0110Z1C	Other: None of the above (Discharge)																										
-5147	Consistency	Fatal	<p>(a) If C0100_2=[0,^], then the following items must equal [^]: C0200_2, C0300A_2, C0300B_2, C0300C_2, C0400A_2, C0400B_2, C0400C_2, C0500_2.</p> <p>(b) If C0100_2=[1], then the following items must not equal [^]: C0200_2, C0300A_2, C0300B_2, C0300C_2, C0400A_2, C0400B_2, C0400C_2, C0500_2.</p> <p>(c) If C0100_2=[-], then the following items must equal [-]:C0200_2, C0300A_2, C0300B_2, C0300C_2, C0400A_2, C0400B_2, C0400C_2, C0500_2.</p>																								
		Items:	<table><tr><td>C0100_2</td><td>Brief Interview - Mental Status (BIMS) (Dsch)</td></tr><tr><td>C0200_2</td><td>BIMS - Repetition of Three Words (Dsch)</td></tr><tr><td>C0300A_2</td><td>BIMS - Temporal Orientation - Year (Dsch)</td></tr><tr><td>C0300B_2</td><td>BIMS - Temporal Orientation - Month (Dsch)</td></tr><tr><td>C0300C_2</td><td>BIMS - Temporal Orientation - Day (Dsch)</td></tr><tr><td>C0400A_2</td><td>BIMS - Recalls Sock (Dsch)</td></tr><tr><td>C0400B_2</td><td>BIMS - Recalls Blue (Dsch)</td></tr><tr><td>C0400C_2</td><td>BIMS - Recalls Bed (Dsch)</td></tr><tr><td>C0500_2</td><td>BIMS - Summary Score (Dsch)</td></tr></table>	C0100_2	Brief Interview - Mental Status (BIMS) (Dsch)	C0200_2	BIMS - Repetition of Three Words (Dsch)	C0300A_2	BIMS - Temporal Orientation - Year (Dsch)	C0300B_2	BIMS - Temporal Orientation - Month (Dsch)	C0300C_2	BIMS - Temporal Orientation - Day (Dsch)	C0400A_2	BIMS - Recalls Sock (Dsch)	C0400B_2	BIMS - Recalls Blue (Dsch)	C0400C_2	BIMS - Recalls Bed (Dsch)	C0500_2	BIMS - Summary Score (Dsch)						
C0100_2	Brief Interview - Mental Status (BIMS) (Dsch)																										
C0200_2	BIMS - Repetition of Three Words (Dsch)																										
C0300A_2	BIMS - Temporal Orientation - Year (Dsch)																										
C0300B_2	BIMS - Temporal Orientation - Month (Dsch)																										
C0300C_2	BIMS - Temporal Orientation - Day (Dsch)																										
C0400A_2	BIMS - Recalls Sock (Dsch)																										
C0400B_2	BIMS - Recalls Blue (Dsch)																										
C0400C_2	BIMS - Recalls Bed (Dsch)																										
C0500_2	BIMS - Summary Score (Dsch)																										

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items																
-5148	Consistency	Fatal	<p>The following rules refer to the "BIMS component items":</p> <p>(a) If all of the BIMS component items (C0200_2, C0300A_2, C0300B_2, C0300C_2, C0400A_2, C0400B_2, C0400C_2) are active and have numeric values (not dash) and if three or fewer of the BIMS component items are equal to [0], then C0500_2 must equal the sum of the values of the component items.</p> <p>(b) If all of the BIMS component items (C0200_2, C0300A_2, C0300B_2, C0300C_2, C0400A_2, C0400B_2, C0400C_2) are active and have numeric values (not dash) and if four or more of the BIMS component items are equal to [0] then C0500_2 must equal the sum of the values of the component items OR it must equal [99].</p> <p>(c) If some, but not all, of the BIMS component items (C0200_2, C0300A_2, C0300B_2, C0300C_2, C0400A_2, C0400B_2, C0400C_2) have a value of [-], then C0500_2 must equal [99].</p> <p>(d) If all of the BIMS component items (C0200_2, C0300A_2, C0300B_2, C0300C_2, C0400A_2, C0400B_2, C0400C_2) have a value of [-], then C0500_2 must equal [-].</p> <p>Items:</p> <table><tr><td>C0200_2</td><td>BIMS - Repetition of Three Words (Dsch)</td></tr><tr><td>C0300A_2</td><td>BIMS - Temporal Orientation - Year (Dsch)</td></tr><tr><td>C0300B_2</td><td>BIMS - Temporal Orientation - Month (Dsch)</td></tr><tr><td>C0300C_2</td><td>BIMS - Temporal Orientation - Day (Dsch)</td></tr><tr><td>C0400A_2</td><td>BIMS - Recalls Sock (Dsch)</td></tr><tr><td>C0400B_2</td><td>BIMS - Recalls Blue (Dsch)</td></tr><tr><td>C0400C_2</td><td>BIMS - Recalls Bed (Dsch)</td></tr><tr><td>C0500_2</td><td>BIMS - Summary Score (Dsch)</td></tr></table>	C0200_2	BIMS - Repetition of Three Words (Dsch)	C0300A_2	BIMS - Temporal Orientation - Year (Dsch)	C0300B_2	BIMS - Temporal Orientation - Month (Dsch)	C0300C_2	BIMS - Temporal Orientation - Day (Dsch)	C0400A_2	BIMS - Recalls Sock (Dsch)	C0400B_2	BIMS - Recalls Blue (Dsch)	C0400C_2	BIMS - Recalls Bed (Dsch)	C0500_2	BIMS - Summary Score (Dsch)
C0200_2	BIMS - Repetition of Three Words (Dsch)																		
C0300A_2	BIMS - Temporal Orientation - Year (Dsch)																		
C0300B_2	BIMS - Temporal Orientation - Month (Dsch)																		
C0300C_2	BIMS - Temporal Orientation - Day (Dsch)																		
C0400A_2	BIMS - Recalls Sock (Dsch)																		
C0400B_2	BIMS - Recalls Blue (Dsch)																		
C0400C_2	BIMS - Recalls Bed (Dsch)																		
C0500_2	BIMS - Summary Score (Dsch)																		
-5149	Consistency	Fatal	<p>(a) At least one active item from A1005A to A1005Y must equal [1].</p> <p>(b) If A1005A=[1], then all active items from A1005B through A1005E must equal [0], and A1005Y must equal [0].</p> <p>(c) If A1005B=[1] or A1005C=[1] or A1005D=[1] or A1005E=[1], then A1005A must equal [0] and A1005Y must equal [0].</p> <p>(d) If A1005X=[1], then A1005Y must equal [0].</p> <p>(e) If A1005Y=[1], then all active items from A1005A to A1005X must equal [0].</p> <p>Items:</p> <table><tr><td>A1005A</td><td>Ethnicity: No, not Hispanic, Latino/a, Spanish</td></tr><tr><td>A1005B</td><td>Ethnicity: Yes, Mex, Mex Amer, Chicano/a</td></tr><tr><td>A1005C</td><td>Ethnicity: Yes, Puerto Rican</td></tr><tr><td>A1005D</td><td>Ethnicity: Yes, Cuban</td></tr><tr><td>A1005E</td><td>Ethnicity: Yes, another Hispanic/Latino/Spanish</td></tr><tr><td>A1005X</td><td>Ethnicity: Patient unable to respond</td></tr><tr><td>A1005Y</td><td>Ethnicity: Patient declines to respond</td></tr></table>	A1005A	Ethnicity: No, not Hispanic, Latino/a, Spanish	A1005B	Ethnicity: Yes, Mex, Mex Amer, Chicano/a	A1005C	Ethnicity: Yes, Puerto Rican	A1005D	Ethnicity: Yes, Cuban	A1005E	Ethnicity: Yes, another Hispanic/Latino/Spanish	A1005X	Ethnicity: Patient unable to respond	A1005Y	Ethnicity: Patient declines to respond		
A1005A	Ethnicity: No, not Hispanic, Latino/a, Spanish																		
A1005B	Ethnicity: Yes, Mex, Mex Amer, Chicano/a																		
A1005C	Ethnicity: Yes, Puerto Rican																		
A1005D	Ethnicity: Yes, Cuban																		
A1005E	Ethnicity: Yes, another Hispanic/Latino/Spanish																		
A1005X	Ethnicity: Patient unable to respond																		
A1005Y	Ethnicity: Patient declines to respond																		

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-5150	Consistency	Fatal	(a) At least one active item from A1010A through A1010Z must equal [1]. (b) If any item from A1010A through A1010N=[1], then A1010Y must equal [0] and A1010Z must equal [0]. (c) If A1010X=[1], then A1010Y must equal [0]. (d) If A1010Y=[1], then all active items from A1010A to A1010X must equal [0], and A1010Z must equal [0]. (e) If A1010Z=[1], then all active items from A1010A to A1010N must equal [0], and A1010Y must equal [0].
			Items: A1010A Race: White
			A1010B Race: Black or African American
			A1010C Race: American Indian or Alaska Native
			A1010D Race: Asian Indian
			A1010E Race: Chinese
			A1010F Race: Filipino
			A1010G Race: Japanese
			A1010H Race: Korean
			A1010I Race: Vietnamese
			A1010J Race: Other Asian
			A1010K Race: Native Hawaiian
			A1010L Race: Guamanian or Chamorro
			A1010M Race: Samoan
			A1010N Race: Other Pacific Islander
			A1010X Race: Patient unable to respond
			A1010Y Race: Patient declines to respond
			A1010Z Race: None of the above
-5151	Consistency	Fatal	(a) At least one active item of A1250A_1, A1250B_1, A1250C_1, A1250X_1, A1250Y_1 must equal [1]. (b) If A1250A_1=[1] or A1250B_1=[1], then A1250C_1 and A1250Y_1 must equal [0]. (c) If A1250C_1=[1], then A1250A_1 and A1250B_1 must equal [0]. (d) If A1250X_1=[1], then A1250Y_1 must equal [0]. (e) If A1250Y_1=[1], then the following items must equal [0]: A1250A_1, A1250B_1, A1250C_1, A1250X_1.
			Items: A1250A_1 Transportation: Yes, medical (Adm)
			A1250B_1 Transportation: Yes, non-medical (Adm)
			A1250C_1 Transportation: No (Adm)
			A1250X_1 Transportation: Patient unable to respond (Adm)
			A1250Y_1 Transportation: Patient declines to respond (Adm)

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items																						
-5152	Consistency	Fatal	<p>(a) At least one active item of A1250A_2, A1250B_2, A1250C_2, A1250X_2, A1250Y_2 must equal [1].</p> <p>(b) If A1250A_2=[1] or A1250B_2=[1], then A1250C_2 and A1250Y_2 must equal [0].</p> <p>(c) If A1250C_2=[1], then A1250A_2 and A1250B_2 must equal [0].</p> <p>(d) If A1250X_2=[1], then A1250Y_2 must equal [0].</p> <p>(e) If A1250Y_2=[1], then the following items must equal [0]: A1250A_2, A1250B_2, A1250C_2, A1250X_2.</p>																						
		Items:	<table><tr><td>A1250A_2</td><td>Transportation: Yes, medical (Dsch)</td></tr><tr><td>A1250B_2</td><td>Transportation: Yes, non-medical (Dsch)</td></tr><tr><td>A1250C_2</td><td>Transportation: No (Dsch)</td></tr><tr><td>A1250X_2</td><td>Transportation: Patient unable to respond (Dsch)</td></tr><tr><td>A1250Y_2</td><td>Transportation: Patient declines to respond (Dsch)</td></tr></table>	A1250A_2	Transportation: Yes, medical (Dsch)	A1250B_2	Transportation: Yes, non-medical (Dsch)	A1250C_2	Transportation: No (Dsch)	A1250X_2	Transportation: Patient unable to respond (Dsch)	A1250Y_2	Transportation: Patient declines to respond (Dsch)												
A1250A_2	Transportation: Yes, medical (Dsch)																								
A1250B_2	Transportation: Yes, non-medical (Dsch)																								
A1250C_2	Transportation: No (Dsch)																								
A1250X_2	Transportation: Patient unable to respond (Dsch)																								
A1250Y_2	Transportation: Patient declines to respond (Dsch)																								
-5153	Consistency	Fatal	<p>Total Severity Score Calculation:</p> <p>(a) If D0150A1_1 = [9] and D0150B1_1 = [9], then D0160_1 must equal [^].</p> <p>(b) If D0150A2_1 = [0,1] and D0150B2_1 = [0,1], then D0160_1 must equal the sum of the values from D0150A2_1 and D0150B2_1.</p> <p>Otherwise, the PHQ-9 must be completed, and D0160_1 must equal the sum of the values of the following nine items: D0150A2_1, D0150B2_1, D0150C2_1, D0150D2_1, D0150E2_1, D0150F2_1, D0150G2_1, D0150H2_1, D0150I_1. Format integer Items to nearest integer.</p> <p>The following rules explain how to compute the score that is placed in item D0160_1.</p> <p>(c) If the following items equal [0,1,2,3], then D0160_1 must equal the sum of these items: D0150A2_1, D0150B2_1, D0150C2_1, D0150D2_1, D0150E2_1, D0150F2_1, D0150G2_1, D0150H2_1, D0150I_1.</p> <p>(d) If one of the following items = [^], then D0160_1 must equal the sum of the remaining items times 9/8(1.125), rounded to the nearest integer: D0150A2_1, D0150B2_1, D0150C2_1, D0150D2_1, D0150E2_1, D0150F2_1, D0150G2_1, D0150H2_1, D0150I_1.</p> <p>(e) If two of the following items = [^], then D0160_1 must equal the sum of the remaining items times 9/7(1.286), rounded to the nearest integer: D0150A2_1, D0150B2_1, D0150C2_1, D0150D2_1, D0150E2_1, D0150F2_1, D0150G2_1, D0150H2_1, D0150I_1.</p>																						
		Items:	<table><tr><td>D0150A1_1</td><td>Mood: Little interest/pleasure doing things: P (A)</td></tr><tr><td>D0150A2_1</td><td>Mood: Little interest/pleasure doing things: F (A)</td></tr><tr><td>D0150B1_1</td><td>Mood: Feeling down, depressed, or hopeless: P (A)</td></tr><tr><td>D0150B2_1</td><td>Mood: Feeling down, depressed, or hopeless: F (A)</td></tr><tr><td>D0150C2_1</td><td>Mood: Trouble falling or staying asleep: F (A)</td></tr><tr><td>D0150D2_1</td><td>Mood: Feeling tired or having little energy: F (A)</td></tr><tr><td>D0150E2_1</td><td>Mood: Poor appetite or overeating: F (A)</td></tr><tr><td>D0150F2_1</td><td>Mood: Feeling bad about yourself: F (A)</td></tr><tr><td>D0150G2_1</td><td>Mood: Trouble concentrating on things: F (A)</td></tr><tr><td>D0150H2_1</td><td>Mood: Moving or speaking so slowly: F (A)</td></tr><tr><td>D0150I2_1</td><td>Mood: Thoughts of better off dead: F (A)</td></tr></table>	D0150A1_1	Mood: Little interest/pleasure doing things: P (A)	D0150A2_1	Mood: Little interest/pleasure doing things: F (A)	D0150B1_1	Mood: Feeling down, depressed, or hopeless: P (A)	D0150B2_1	Mood: Feeling down, depressed, or hopeless: F (A)	D0150C2_1	Mood: Trouble falling or staying asleep: F (A)	D0150D2_1	Mood: Feeling tired or having little energy: F (A)	D0150E2_1	Mood: Poor appetite or overeating: F (A)	D0150F2_1	Mood: Feeling bad about yourself: F (A)	D0150G2_1	Mood: Trouble concentrating on things: F (A)	D0150H2_1	Mood: Moving or speaking so slowly: F (A)	D0150I2_1	Mood: Thoughts of better off dead: F (A)
D0150A1_1	Mood: Little interest/pleasure doing things: P (A)																								
D0150A2_1	Mood: Little interest/pleasure doing things: F (A)																								
D0150B1_1	Mood: Feeling down, depressed, or hopeless: P (A)																								
D0150B2_1	Mood: Feeling down, depressed, or hopeless: F (A)																								
D0150C2_1	Mood: Trouble falling or staying asleep: F (A)																								
D0150D2_1	Mood: Feeling tired or having little energy: F (A)																								
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D0150G2_1	Mood: Trouble concentrating on things: F (A)																								
D0150H2_1	Mood: Moving or speaking so slowly: F (A)																								
D0150I2_1	Mood: Thoughts of better off dead: F (A)																								

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
		Items:	D0160_1 Total Severity Score (Adm)
-5154	Consistency	Fatal	<p>Total Severity Score Calculation:</p> <p>(a) If (D0150A1_2 = [9] and D0150B1_2 = [9]) OR (D0150A1_2 = [^] and D0150B1_2 = [^]), then D0160_2 must equal [^].</p> <p>(b) If D0150A2_2 = [0,1] and D0150B2_2 = [0,1], then D0160_2 must equal the sum of the values from D0150A2_2 and D0150B2_2.</p> <p>Otherwise, the PHQ-9 must be completed, and D0160_2 must equal the sum of the values of the following nine items: D0150A2_2, D0150B2_2, D0150C2_2, D0150D2_2, D0150E2_2, D0150F2_2, D0150G2_2, D0150H2_2, D0150I_2. Format integer Items to nearest integer.</p> <p>The following rules explain how to compute the score that is placed in item D0160_2.</p> <p>(c) If the following items equal [0,1,2,3], then D0160_2 must equal the sum of these items: D0150A2_2, D0150B2_2, D0150C2_2, D0150D2_2, D0150E2_2, D0150F2_2, D0150G2_2, D0150H2_2, D0150I_2.</p> <p>(d) If one of the following items = [^], then D0160_2 must equal the sum of the remaining items times 9/8(1.125), rounded to the nearest integer: D0150A2_2, D0150B2_2, D0150C2_2, D0150D2_2, D0150E2_2, D0150F2_2, D0150G2_2, D0150H2_2, D0150I_2.</p> <p>(e) If two of the following items = [^], then D0160_2 must equal the sum of the remaining items times 9/7(1.286), rounded to the nearest integer: D0150A2_2, D0150B2_2, D0150C2_2, D0150D2_2, D0150E2_2, D0150F2_2, D0150G2_2, D0150H2_2, D0150I_2.</p>
		Items:	<p>D0150A1_2 Mood: Little interest/pleasure doing things: P (D)</p> <p>D0150A2_2 Mood: Little interest/pleasure doing things: F (D)</p> <p>D0150B1_2 Mood: Feeling down, depressed, or hopeless: P (D)</p> <p>D0150B2_2 Mood: Feeling down, depressed, or hopeless: F (D)</p> <p>D0150C2_2 Mood: Trouble falling or staying asleep: F (D)</p> <p>D0150D2_2 Mood: Feeling tired or having little energy: F (D)</p> <p>D0150E2_2 Mood: Poor appetite or overeating: F (D)</p> <p>D0150F2_2 Mood: Feeling bad about yourself: F (D)</p> <p>D0150G2_2 Mood: Trouble concentrating on things: F (D)</p> <p>D0150H2_2 Mood: Moving or speaking so slowly: F (D)</p> <p>D0150I2_2 Mood: Thoughts of better off dead: F (D)</p> <p>D0160_2 Total Severity Score (DsCh)</p>
-5155	Consistency	Fatal	<p>(a) If D0150C1_2=[0], then D0150C2_2 must equal [0].</p> <p>(b) If D0150C1_2=[1], then D0150C2_2 must equal [0,1,2,3].</p> <p>(c) If D0150C1_2=[9,^,-], then D0150C2_2 must equal [^].</p>
		Items:	<p>D0150C1_2 Mood: Trouble falling or staying asleep: P (D)</p> <p>D0150C2_2 Mood: Trouble falling or staying asleep: F (D)</p>
-5156	Format	Fatal	The length of the text submitted for a free-form text item must not exceed the maximum length specified for that item.

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
		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
			FAC_PHONE Facility Contact Person Phone
			FAC_EXTEN Facility Contact Person Phone Extension
			FAC_DOC_CD Facility Document ID
			SFTWR_VNDR_EMAIL_ADR Software Vendor Email Address
			SFTWR_PROD_NAME Software Product Name
			SFTWR_PROD_VRSN_CD Software Product Version Code
			SBMTD_CMG_TXT Submitted CMG Code
			SBMTD_CMG_VRSN_TXT Submitted CMG Version Code
			1A Facility Name
			4 Patient First Name
			5A Patient Last Name
			11 ZIP Code of Patient's Pre-hospital Residence
			A1110A Preferred language
-5157	Consistency	Warning	The height value submitted in 25A is less than 10 inches. Please confirm that the submitted value of 25A is correct.
		Items:	25A Height
-5158	Consistency	Warning	The weight value submitted in 26A is less than 10 pounds. Please confirm that the submitted value of 26A is correct.
		Items:	26A Weight
-5163	Consistency	Fatal	(a) If 44C=[0], then the following items must equal [^]: A2121, A2123.
		Items:	44C Patient Discharged Alive
			A2121 Current Reconciled Medication List - Provider
			A2123 Current Reconciled Medication List - Ptnt/Fam/Care
-5164	Consistency	Fatal	(a) IF 44D = [01,99], then A2121 must equal [^] and A2123 must not equal [^]. (b) IF 44D = [02,03,04,06,50,51,61,62,63,64,65,66], then A2121 must not equal [^] and A2123 must equal [^].
		Items:	44D Discharge to Living Setting
			A2121 Current Reconciled Medication List - Provider
			A2123 Current Reconciled Medication List - Ptnt/Fam/Care

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-5165	Consistency	Fatal	(a) IF (44D=[02,63,65,66]) OR (14=[04]) OR (41=[1]) OR (44C=[0]), then the following items must equal [^]: B1300_2, C0100_2, D0150A1_2, D0150B1_2, D0700_2, J0510_2. (b) IF (44D=[01,03,04,06,50,51,61,62,64,99]) AND (14=[01,03,05,^]) AND (41=[0]) AND (44C=[1]), then the following items must not equal [^]: B1300_2, C0100_2, D0150A1_2, D0150B1_2, D0700_2, J0510_2.
			Items: 14 Admission Class
			41 Patient Discharged Against Medical Advice
			44C Patient Discharged Alive
			44D Discharge to Living Setting
			B1300_2 Health Literacy (Dsch)
			C0100_2 Brief Interview - Mental Status (BIMS) (Dsch)
			D0150A1_2 Mood: Little interest/pleasure doing things: P (D)
			D0150B1_2 Mood: Feeling down, depressed, or hopeless: P (D)
			D0700_2 Social Isolation (Dsch)
			J0510_2 Pain effect on sleep (Dsch)
-5166	Consistency	Fatal	(a) If GG0170Q1=[0], then items GG0170R1, GG0170RR1, GG0170S1, and GG0170SS1 must be equal to [^]. (b) If GG0170Q1=[1], then items GG0170R1, GG0170RR1, GG0170S1, and GG0170SS1 must not be equal to [^]. (c) If GG0170Q1=[-], then items GG0170R1, GG0170RR1, GG0170S1, and GG0170SS1 must be equal to [-].
			Items: GG0170Q1 Does patient use wheelchair and/or scooter (Adm)
			GG0170R1 Func Mobil (Adm Perf) - Wheel 50 feet w/2 turns
			GG0170RR1 Indicate type of wheelchair or scooter (Adm)
			GG0170S1 Func Mobil (Adm Perf) - Wheel 150 feet
			GG0170SS1 Indicate type of wheelchair or scooter (Adm)
-5167	Consistency	Fatal	(a) If A1400K=[1], then A1400A through A1400J must equal [0]. (b) If A1400K=[1], then A1400X must equal [0]. (c) If A1400K=[1], then A1400Y must equal [0].
			Items: A1400A Payer: Medicare (FFS)
			A1400B Payer: Medicare (managed care/Part C/Mcr Advant.)
			A1400C Payer: Medicaid (FFS)
			A1400D Payer: Medicaid (managed care)
			A1400E Payer: Workers' compensation
			A1400F Payer: Title programs

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
		Items:	A1400G Payer: Other Government
			A1400H Payer: Private insurance/Medigap
			A1400I Payer: Private managed care
			A1400J Payer: Self-pay
			A1400K Payer: No payer source
			A1400X Payer: Unknown
			A1400Y Payer: Other
-5168	Consistency	Fatal	At least one active item from A1400A through A1400Y must equal [1].
		Items:	A1400A Payer: Medicare (FFS)
			A1400B Payer: Medicare (managed care/Part C/Mcr Advant.)
			A1400C Payer: Medicaid (FFS)
			A1400D Payer: Medicaid (managed care)
			A1400E Payer: Workers' compensation
			A1400F Payer: Title programs
			A1400G Payer: Other Government
			A1400H Payer: Private insurance/Medigap
			A1400I Payer: Private managed care
			A1400J Payer: Self-pay
			A1400K Payer: No payer source
			A1400X Payer: Unknown
			A1400Y Payer: Other
-5169	Consistency	Warning	(a) If A1400X=[1], then A1400A through A1400J should equal [0]. (b) If A1400X=[1], then A1400Y should equal [0].
		Items:	A1400A Payer: Medicare (FFS)
			A1400B Payer: Medicare (managed care/Part C/Mcr Advant.)
			A1400C Payer: Medicaid (FFS)
			A1400D Payer: Medicaid (managed care)
			A1400E Payer: Workers' compensation
			A1400F Payer: Title programs
			A1400G Payer: Other Government
			A1400H Payer: Private insurance/Medigap
			A1400I Payer: Private managed care
			A1400J Payer: Self-pay

Data Submission Specifications for the IRF-PAI (V5.02.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
		Items:	A1400X Payer: Unknown
			A1400Y Payer: Other
-5170	Consistency	Fatal	If A1400A=[1], then A1400B must equal [0].
		Items:	A1400A Payer: Medicare (FFS)
			A1400B Payer: Medicare (managed care/Part C/Mcr Advant.)
-5171	Consistency	Fatal	If A1400C=[1], then A1400D must equal [0].
		Items:	A1400C Payer: Medicaid (FFS)
			A1400D Payer: Medicaid (managed care)
-5172	Consistency	Warning	If A1400C=[1], then A1400H should equal [0].
		Items:	A1400C Payer: Medicaid (FFS)
			A1400H Payer: Private insurance/Medigap
-5173	Consistency	Warning	If A1400C=[1], then A1400I should equal [0].
		Items:	A1400C Payer: Medicaid (FFS)
			A1400I Payer: Private managed care
-5174	Consistency	Warning	If A1400D=[1], then A1400H should equal [0].
		Items:	A1400D Payer: Medicaid (managed care)
			A1400H Payer: Private insurance/Medigap
-5175	Consistency	Warning	If A1400D=[1], then A1400I should equal [0].
		Items:	A1400D Payer: Medicaid (managed care)
			A1400I Payer: Private managed care
-5176	Consistency	Warning	If A1400J=[1], then A1400Y should equal [0].
		Items:	A1400J Payer: Self-pay
			A1400Y Payer: Other