

Item ID: H0100A

Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Appliances: indwelling catheter	Asmt		Checklist	1	682-682

Item Subsets

Active: NC,NQ,NP,ND,SP,SD

Inactive: NT,NPE,IPA,ST,XX

State optional:

Item Values

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

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3506	None of above	Fatal	a) If H0100Z=[0], then at least one active item from H0100A through H0100D must equal [1]. b) If H0100Z=[1], then all active items from H0100A through H0100D must equal [0]. c) If H0100Z=[-], then at least one active item from H0100A through H0100D must equal [-] and all remaining active items must equal [0,-].

Version Changes

Type	ID	Description
Format	-3676	[V3.10.0]-Mappings were added to the following new items: O0390A-E, O0390Z, R0310, R0320A, R0320B, R0330, R0340. Mappings were removed from the following deleted items: A1250A-Y.

Item ID: H0100B

Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Appliances: external catheter	Asmt		Checklist	1	683-683

Item Subsets

Active: NC,NQ,NP,ND,SP,SD

Inactive: NT,NPE,IPA,ST,XX

State optional:

Item Values

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

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3506	None of above	Fatal	a) If H0100Z=[0], then at least one active item from H0100A through H0100D must equal [1]. b) If H0100Z=[1], then all active items from H0100A through H0100D must equal [0]. c) If H0100Z=[-], then at least one active item from H0100A through H0100D must equal [-] and all remaining active items must equal [0,-].

Version Changes

Type	ID	Description
Format	-3676	[V3.10.0]-Mappings were added to the following new items: O0390A-E, O0390Z, R0310, R0320A, R0320B, R0330, R0340. Mappings were removed from the following deleted items: A1250A-Y.

Item ID: H0100C

Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Appliances: ostomy	Asmt		Checklist	1	684-684

Item Subsets

Active: NC,NQ,NP,ND,IPA,SP,SD

Inactive: NT,NPE,ST,XX

State optional:

Item Values

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

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3506	None of above	Fatal	a) If H0100Z=[0], then at least one active item from H0100A through H0100D must equal [1]. b) If H0100Z=[1], then all active items from H0100A through H0100D must equal [0]. c) If H0100Z=[-], then at least one active item from H0100A through H0100D must equal [-] and all remaining active items must equal [0,-].

Version Changes

Type	ID	Description
Format	-3676	[V3.10.0]-Mappings were added to the following new items: O0390A-E, O0390Z, R0310, R0320A, R0320B, R0330, R0340. Mappings were removed from the following deleted items: A1250A-Y.

Item ID: H0100D

Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Appliances: intermittent catheterization	Asmt		Checklist	1	685-685

Item Subsets

Active: NC,NQ,NP,ND,IPA,SP,SD

Inactive: NT,NPE,ST,XX

State optional:

Item Values

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

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3506	None of above	Fatal	a) If H0100Z=[0], then at least one active item from H0100A through H0100D must equal [1]. b) If H0100Z=[1], then all active items from H0100A through H0100D must equal [0]. c) If H0100Z=[-], then at least one active item from H0100A through H0100D must equal [-] and all remaining active items must equal [0,-].

Version Changes

Type	ID	Description
Format	-3676	[V3.10.0]-Mappings were added to the following new items: O0390A-E, O0390Z, R0310, R0320A, R0320B, R0330, R0340. Mappings were removed from the following deleted items: A1250A-Y.

Item ID: H0100Z

Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Appliances: none of the above	Asmt		Checklist	1	686-686

Item Subsets

Active: NC,NQ,NP,ND,IPA,SP,SD

Inactive: NT,NPE,ST,XX

State optional:

Item Values

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

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3506	None of above	Fatal	a) If H0100Z=[0], then at least one active item from H0100A through H0100D must equal [1]. b) If H0100Z=[1], then all active items from H0100A through H0100D must equal [0]. c) If H0100Z=[-], then at least one active item from H0100A through H0100D must equal [-] and all remaining active items must equal [0,-].

Version Changes

Type	ID	Description
Format	-3676	[V3.10.0]-Mappings were added to the following new items: O0390A-E, O0390Z, R0310, R0320A, R0320B, R0330, R0340. Mappings were removed from the following deleted items: A1250A-Y.

Item ID: H0200A

Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Urinary toileting program: has been attempted	Asmt		Code	1	687-687

Item Subsets

Active: NC,NQ,NP,SP
Inactive: ND,NT,NPE,IPA,SD,ST,XX
State optional:

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
9		Unable to determine
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3536	Skip pattern	Fatal	a) If H0200A=[0,9], then if H0200B is active it must equal [^]. b) If H0200A=[1], then if H0200B is active it must not equal [^]. c) If H0200A=[-], then if H0200B is active it must equal [-].
-3537	Skip pattern	Fatal	a) If H0200A=[0], then if H0200C is active it must equal [^]. b) If H0200A=[1,9], then if H0200C is active it must not equal [^]. c) If H0200A=[-], then if H0200C is active it must equal [-].

Version Changes

Type	ID	Description
Format	-3676	[V3.10.0]-Mappings were added to the following new items: O0390A-E, O0390Z, R0310, R0320A, R0320B, R0330, R0340. Mappings were removed from the following deleted items: A1250A-Y.

Item ID: H0200B

Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Urinary toileting program: response	Asmt		Code	1	688-688

Item Subsets

Active: NC
Inactive: ND,NT,NPE,IPA,SP,SD,ST,XX
State optional: NQ,NP

Item Values

Value	LOINC Code	Value Text
0		No improvement
1		Decreased wetness
2		Completely dry (continent)
9		Unable to determine or trial in progress
-		Not assessed/no information
^		Blank (skip pattern)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3536	Skip pattern	Fatal	a) If H0200A=[0,9], then if H0200B is active it must equal [^]. b) If H0200A=[1], then if H0200B is active it must not equal [^]. c) If H0200A=[-], then if H0200B is active it must equal [-].

Version Changes

Type	ID	Description
Format	-3676	[V3.10.0]-Mappings were added to the following new items: O0390A-E, O0390Z, R0310, R0320A, R0320B, R0330, R0340. Mappings were removed from the following deleted items: A1250A-Y.

Item ID: H0200C

Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Urinary toileting program: current program/trial	Asmt		Code	1	689-689

Item Subsets

Active: NC,NQ,NP,IPA,SP
Inactive: ND,NT,NPE,SD,ST,XX
State optional:

Item Values

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

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3537	Skip pattern	Fatal	a) If H0200A=[0], then if H0200C is active it must equal [^]. b) If H0200A=[1,9], then if H0200C is active it must not equal [^]. c) If H0200A=[-], then if H0200C is active it must equal [-].

Version Changes

Type	ID	Description
Format	-3676	[V3.10.0]-Mappings were added to the following new items: O0390A-E, O0390Z, R0310, R0320A, R0320B, R0330, R0340. Mappings were removed from the following deleted items: A1250A-Y.

Item ID: H0300

Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Urinary continence	Asmt		Code	1	690-690

Item Subsets

Active: NC,NQ,NP,ND,SP,SD

Inactive: NT,NPE,IPA,ST,XX

State optional:

Item Values

Value	LOINC Code	Value Text
0		Always continent
1		Occasionally incontinent (less than 7 episodes of incontinence)
2		Frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of continent voiding)
3		Always incontinent (no episodes of continent voiding)
9		Not rated, resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for entire 7 days
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.

Version Changes

Type	ID	Description
Format	-3676	[V3.10.0]-Mappings were added to the following new items: O0390A-E, O0390Z, R0310, R0320A, R0320B, R0330, R0340. Mappings were removed from the following deleted items: A1250A-Y.

Item ID: H0400

Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Bowel continence	Asmt		Code	1	691-691

Item Subsets

Active: NC,NQ,NP,ND,SP,SD

Inactive: NT,NPE,IPA,ST,XX

State optional:

Item Values

Value	LOINC Code	Value Text
0		Always continent
1		Occasionally incontinent (one episode of bowel incontinence)
2		Frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel movement)
3		Always incontinent (no episodes of continent bowel movements)
9		Not rated, resident had an ostomy or did not have a bowel movement for the entire 7 days
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3897	Consistency	Warning	If A0310B=[01], then the following warning message will apply if a dash is submitted for this item: Payment Reduction Warning: A dash (-) submitted in this quality measure assessment item may result in a payment reduction for your facility of two percentage points for the affected payment determination.

Version Changes

Type	ID	Description
Format	-3676	[V3.10.0]-Mappings were added to the following new items: O0390A-E, O0390Z, R0310, R0320A, R0320B, R0330, R0340. Mappings were removed from the following deleted items: A1250A-Y.
Consistency	-3897	[V3.10.0]-Mappings were removed from the following deleted items: A1250A-Y. Mappings were added to the following items: D0150A2, D0150B2, D0150C2, D0150D2, D0150E2, D0150F2, D0150G2, D0150H2, D0150I2, D0160, R0310, R0320A, R0320B, R0330, R0340

Item ID: H0500

Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Bowel toileting program being used	Asmt		Code	1	692-692

Item Subsets

Active: NC,NQ,NP,IPA,SP
Inactive: ND,NT,NPE,SD,ST,XX
State optional:

Item Values

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

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.

Version Changes

Type	ID	Description
Format	-3676	[V3.10.0]-Mappings were added to the following new items: O0390A-E, O0390Z, R0310, R0320A, R0320B, R0330, R0340. Mappings were removed from the following deleted items: A1250A-Y.

Item ID: H0600

Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Constipation	Asmt		Code	1	693-693

Item Subsets

Active: NC
Inactive: ND,NT,NPE,IPA,SP,SD,ST,XX
State optional: NQ,NP

Item Values

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

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.

Version Changes

Type	ID	Description
Format	-3676	[V3.10.0]-Mappings were added to the following new items: O0390A-E, O0390Z, R0310, R0320A, R0320B, R0330, R0340. Mappings were removed from the following deleted items: A1250A-Y.