

Data Submission Specifications for the IRF-PAI (V4.00.0 DRAFT)
Unduplicated Edits Report by Edit ID

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-5027	Consistency Fatal	23
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-5044	Consistency Fatal	24
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-5048	Consistency Fatal	24
-5049	Consistency Fatal	25
-5050	Consistency Fatal	25
-5051	Consistency Fatal	25
-5052	Consistency Fatal	25
-5053	Consistency Fatal	25
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-5070	Consistency Fatal	29
-5071	Consistency Fatal	29
-5072	Consistency Fatal	29
-5073	Consistency Fatal	30
-5080	Consistency Fatal	30
-5081	Consistency Fatal	30
-5082	Consistency Fatal	31
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ID	Type	Severity	Text/Items																																																
-1001	Format	Fatal	<p>Invalid FAC_ID: The facility ID (FAC_ID) submitted in this record does not identify a valid provider in the QIES ASAP System. Please contact the QTSO Help Desk.</p> <p>Items: FAC_ID Facility ID</p>																																																
-1002	Consistency	Fatal	<p>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.</p> <p>Items: TRANS_TYPE_CD Transaction Type Code</p>																																																
-1004	Format	Fatal	<p>Formatting of Whole Number Items: Only whole number values and the special values (if any) that are listed in the Item Values list are accepted for this item. Leading zeroes may be included or omitted from the submitted value as long as the resulting length of the string does not exceed the allowed maximum length for the item. A decimal point and decimal values may not be included. A sign (+ for positive or - for negative) may not be included. The following examples are allowed if the value to be submitted is equal to [1] and the maximum length is equal to 2: [1], [01]. The following values are NOT allowed and will lead to a Fatalerror: [1.], [1.0], [01.], [01.0], [1.1], [01.1], [1.01], [-1], [+1], [+1.0].</p> <p>Items:</p> <table><tr><td>25A</td><td>Height</td></tr><tr><td>26A</td><td>Weight</td></tr><tr><td>O0401AA</td><td>Physical Therapy - Individual Minutes Week 1</td></tr><tr><td>O0401AB</td><td>Physical Therapy - Concurrent Minutes Week 1</td></tr><tr><td>O0401AC</td><td>Physical Therapy - Group Minutes Week 1</td></tr><tr><td>O0401AD</td><td>Physical Therapy - Co-treatment Minutes Week 1</td></tr><tr><td>O0401BA</td><td>Occupational Therapy - Individual Minutes Week 1</td></tr><tr><td>O0401BB</td><td>Occupational Therapy - Concurrent Minutes Week 1</td></tr><tr><td>O0401BC</td><td>Occupational Therapy - Group Minutes Week 1</td></tr><tr><td>O0401BD</td><td>Occupational Therapy - Co-treatment Minutes Week 1</td></tr><tr><td>O0401CA</td><td>SLP Therapy - Individual Minutes Week 1</td></tr><tr><td>O0401CB</td><td>SLP Therapy - Concurrent Minutes Week 1</td></tr><tr><td>O0401CC</td><td>SLP Therapy - Group Minutes Week 1</td></tr><tr><td>O0401CD</td><td>SLP Therapy - Co-treatment Minutes Week 1</td></tr><tr><td>O0402AA</td><td>Physical Therapy - Individual Minutes Week 2</td></tr><tr><td>O0402AB</td><td>Physical Therapy - Concurrent Minutes Week 2</td></tr><tr><td>O0402AC</td><td>Physical Therapy - Group Minutes Week 2</td></tr><tr><td>O0402AD</td><td>Physical Therapy - Co-treatment Minutes Week 2</td></tr><tr><td>O0402BA</td><td>Occupational Therapy - Individual Minutes Week 2</td></tr><tr><td>O0402BB</td><td>Occupational Therapy - Concurrent Minutes Week 2</td></tr><tr><td>O0402BC</td><td>Occupational Therapy - Group Minutes Week 2</td></tr><tr><td>O0402BD</td><td>Occupational Therapy - Co-treatment Minutes Week 2</td></tr><tr><td>O0402CA</td><td>SLP Therapy - Individual Minutes Week 2</td></tr><tr><td>O0402CB</td><td>SLP Therapy - Concurrent Minutes Week 2</td></tr></table>	25A	Height	26A	Weight	O0401AA	Physical Therapy - Individual Minutes Week 1	O0401AB	Physical Therapy - Concurrent Minutes Week 1	O0401AC	Physical Therapy - Group Minutes Week 1	O0401AD	Physical Therapy - Co-treatment Minutes Week 1	O0401BA	Occupational Therapy - Individual Minutes Week 1	O0401BB	Occupational Therapy - Concurrent Minutes Week 1	O0401BC	Occupational Therapy - Group Minutes Week 1	O0401BD	Occupational Therapy - Co-treatment Minutes Week 1	O0401CA	SLP Therapy - Individual Minutes Week 1	O0401CB	SLP Therapy - Concurrent Minutes Week 1	O0401CC	SLP Therapy - Group Minutes Week 1	O0401CD	SLP Therapy - Co-treatment Minutes Week 1	O0402AA	Physical Therapy - Individual Minutes Week 2	O0402AB	Physical Therapy - Concurrent Minutes Week 2	O0402AC	Physical Therapy - Group Minutes Week 2	O0402AD	Physical Therapy - Co-treatment Minutes Week 2	O0402BA	Occupational Therapy - Individual Minutes Week 2	O0402BB	Occupational Therapy - Concurrent Minutes Week 2	O0402BC	Occupational Therapy - Group Minutes Week 2	O0402BD	Occupational Therapy - Co-treatment Minutes Week 2	O0402CA	SLP Therapy - Individual Minutes Week 2	O0402CB	SLP Therapy - Concurrent Minutes Week 2
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ID	Type	Severity	Text/Items
			Items: O0402CC SLP Therapy - Group Minutes Week 2 O0402CD SLP Therapy - Co-treatment Minutes Week 2 C0500 BIMS - Summary Score M0300A1_1 Number of Stage 1 pressure injuries: Admission M0300A1_2 Number of Stage 1 pressure injuries: Discharge M0300B1_1 Number of Stage 2 pressure ulcers: Admission M0300B1_2 Number of Stage 2 pressure ulcers: Discharge M0300B2_2 Nbr Disch Stg 2 PU were Adm Stg 2 PU M0300C1_1 Number of Stage 3 pressure ulcers: Admission M0300C1_2 Number of Stage 3 pressure ulcers: Discharge M0300C2_2 Nbr Disch Stg 3 PU were Adm Stg 3 PU M0300D1_1 Number of Stage 4 pressure ulcers: Admission M0300D1_2 Number of Stage 4 pressure ulcers: Discharge M0300D2_2 Nbr Disch Stg 4 PU were Adm Stg 4 PU M0300E1_1 Nbr Unstg non-remov drsg prss ulcers/injrs: Adm M0300E1_2 Nbr Unstg non-remov drsg prss ulcers/injrs: Dschrg M0300E2_2 Nbr Unstg NRD Disch PU/Injrs present at Adm M0300F1_1 Nbr Unstg slough/eschar pressure ulcers: Adm M0300F1_2 Nbr Unstg slough/eschar pressure ulcers: Dschrg M0300F2_2 Nbr Unstg S/E Disch PU were Adm Unstg S/E PU M0300G1_1 Nbr Unstg DTI pressure injrs: Adm M0300G1_2 Nbr Unstg DTI pressure injrs: Dschrg M0300G2_2 Nbr Unstg DTI Disch PU/Injrs present at Adm
-1006	Format	Fatal	Invalid Format: If the value submitted is not equal to one of the values listed in the Item Values, then the value must only contain the following alphanumeric characters: [0] - [9], [A] - [Z], [a] - [z]. Items: 1B CMS Certification Number (CCN) 2 Patient Medicare Number 3 Patient Medicaid Number
-1007	Format	Fatal	Invalid format: If the value submitted is not equal to one of the values listed in the Item Values, then the value must only contain the following numeric characters: [0] through [9]. Items: FAC_ZIP Facility ZIP Code FAC_PHONE Facility Contact Person Phone FAC_EXTEN Facility Contact Person Phone Extension SFTWR_VNDR_ID Software Vendor EIN 7 Social Security Number (SSN)

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ID	Type	Severity	Text/Items																																																																		
-1008	Format	Fatal	<p>Invalid Format:</p> <p>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)).</p> <p>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.</p> <table><tr><td>Items:</td><td>FAC_ADDR_1</td><td>Facility Address Line 1</td></tr><tr><td></td><td>FAC_ADDR_2</td><td>Facility Address Line 2</td></tr><tr><td></td><td>FAC_CITY</td><td>Facility City</td></tr><tr><td></td><td>FAC_CNTCT</td><td>Facility Contact Person Name</td></tr><tr><td></td><td>SFTWR_VNDR_NAME</td><td>Software Vendor Name</td></tr><tr><td></td><td>SFTWR_PROD_NAME</td><td>Software Product Name</td></tr><tr><td></td><td>SFTWR_PROD_VRSN_CD</td><td>Software Product Version Code</td></tr><tr><td></td><td>1A</td><td>Facility Name</td></tr><tr><td></td><td>4</td><td>Patient First Name</td></tr><tr><td></td><td>5A</td><td>Patient Last Name</td></tr></table>	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																																				
Items:	FAC_ADDR_1	Facility Address Line 1																																																																			
	FAC_ADDR_2	Facility Address Line 2																																																																			
	FAC_CITY	Facility City																																																																			
	FAC_CNTCT	Facility Contact Person Name																																																																			
	SFTWR_VNDR_NAME	Software Vendor Name																																																																			
	SFTWR_PROD_NAME	Software Product Name																																																																			
	SFTWR_PROD_VRSN_CD	Software Product Version Code																																																																			
	1A	Facility Name																																																																			
	4	Patient First Name																																																																			
	5A	Patient Last Name																																																																			
-1010	Format	Fatal	<p>Invalid Data Value:</p> <p>The submitted value for this item is not in the valid range of acceptable values.</p> <table><tr><td>Items:</td><td>ASMT_SYS_CD</td><td>Assessment System Code</td></tr><tr><td></td><td>STATE_CD</td><td>State Code</td></tr><tr><td></td><td>CORRECTION_NUM</td><td>Correction Number</td></tr><tr><td></td><td>8</td><td>Gender</td></tr><tr><td></td><td>9A</td><td>Race: American Indian/Alaskan Native</td></tr><tr><td></td><td>9B</td><td>Race: Asian</td></tr><tr><td></td><td>9C</td><td>Race: Black or African American</td></tr><tr><td></td><td>9D</td><td>Ethnicity: Hispanic or Latino</td></tr><tr><td></td><td>9E</td><td>Race: Native Hawaiian or other Pacific Islander</td></tr><tr><td></td><td>9F</td><td>Race: White</td></tr><tr><td></td><td>10</td><td>Marital Status</td></tr><tr><td></td><td>14</td><td>Admission Class</td></tr><tr><td></td><td>15A</td><td>Admit From</td></tr><tr><td></td><td>16A</td><td>Pre-hospital Living Setting</td></tr><tr><td></td><td>17</td><td>Pre-Hospital Living With</td></tr><tr><td></td><td>20A</td><td>Primary Payment Source</td></tr><tr><td></td><td>20B</td><td>Secondary Payment Source</td></tr><tr><td></td><td>21A</td><td>Impairment Group: Admission</td></tr><tr><td></td><td>21D</td><td>Impairment Group: Discharge</td></tr><tr><td></td><td>24A1</td><td>Arthritis Conditions Recorded</td></tr><tr><td></td><td>25A</td><td>Height</td></tr><tr><td></td><td>26A</td><td>Weight</td></tr></table>	Items:	ASMT_SYS_CD	Assessment System Code		STATE_CD	State Code		CORRECTION_NUM	Correction Number		8	Gender		9A	Race: American Indian/Alaskan Native		9B	Race: Asian		9C	Race: Black or African American		9D	Ethnicity: Hispanic or Latino		9E	Race: Native Hawaiian or other Pacific Islander		9F	Race: White		10	Marital Status		14	Admission Class		15A	Admit From		16A	Pre-hospital Living Setting		17	Pre-Hospital Living With		20A	Primary Payment Source		20B	Secondary Payment Source		21A	Impairment Group: Admission		21D	Impairment Group: Discharge		24A1	Arthritis Conditions Recorded		25A	Height		26A	Weight
Items:	ASMT_SYS_CD	Assessment System Code																																																																			
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ID	Type	Severity	Text/Items
			Items:
			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
			O0402CD SLP Therapy - Co-treatment Minutes Week 2
			BB0700 Expression of Ideas and Wants (3-day asmt period)
			BB0800 Undrstnd Vrbl/Non-Vrbl Content (3-day asmt period)
			C0100 Brief Interview - Mental Status (BIMS)
			C0200 BIMS - Repetition of Three Words
			C0300A BIMS - Temporal Orientation - Year
			C0300B BIMS - Temporal Orientation - Month
			C0300C BIMS - Temporal Orientation - Day
			C0400A BIMS - Recalls Sock
			C0400B BIMS - Recalls Blue
			C0400C BIMS - Recalls Bed
			C0500 BIMS - Summary Score
			C0600 Conduct Staff Assessment - Mental Status
			C0900A Memory/Recall - Current Season (3-day Asmt Prd)

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ID	Type	Severity	Text/Items
			Items:
			C0900B Memory/Recall - Loc Of Own Room (3-day Asmt Prd)
			C0900C Memory/Recall - Staff Names/Faces (3-day Asmt Prd)
			C0900E Memory/Recall - In Hospital Unit (3-day Asmt Prd)
			C0900Z Memory/Recall - None Of The Above (3-day Asmt Prd)
			GG0100A Prior Function - Self Care
			GG0100B Prior Function - Indoor Mobility (Ambulation)
			GG0100C Prior Function - Stairs
			GG0100D Prior Function - Functional Cognition
			GG0110A Prior Device - Manual wheelchair
			GG0110B Prior Device - Motorized wheelchair and/or scooter
			GG0110C Prior Device - Mechanical lift
			GG0110D Prior Device - Walker
			GG0110E Prior Device - Orthotics/Prosthetics
			GG0110Z Prior Device - None of the above
			GG0130A1 Self-Care (Adm Perf) - Eating
			GG0130A2 Self-Care (Dschg Goal) - Eating
			GG0130A3 Self-Care (Dschg Perf) - Eating
			GG0130B1 Self-Care (Adm Perf) - Oral hygiene
			GG0130B2 Self-Care (Dschg Goal) - Oral hygiene
			GG0130B3 Self-Care (Dschg Perf) - Oral hygiene
			GG0130C1 Self-Care (Adm Perf) - Toileting hygiene
			GG0130C2 Self-Care (Dschg Goal) - Toileting hygiene
			GG0130C3 Self-Care (Dschg Perf) - Toileting hygiene
			GG0130E1 Self-Care (Adm Perf) - Shower/bathe self
			GG0130E2 Self-Care (Dschg Goal) - Shower/bathe self
			GG0130E3 Self-Care (Dschg Perf) - Shower/bathe self
			GG0130F1 Self-Care (Adm Perf) - Upper Body Dressing
			GG0130F2 Self-Care (Dschg Goal) - Upper Body Dressing
			GG0130F3 Self-Care (Dschg Perf) - Upper Body Dressing
			GG0130G1 Self-Care (Adm Perf) - Lower Body Dressing
			GG0130G2 Self-Care (Dschg Goal) - Lower Body Dressing
			GG0130G3 Self-Care (Dschg Perf) - Lower Body Dressing
			GG0130H1 Self-Care (Adm Perf) - On/Off Footwear
			GG0130H2 Self-Care (Dschg Goal) - On/Off Footwear
			GG0130H3 Self-Care (Dschg Perf) - On/Off Footwear
			GG0170A1 Func Mobil (Adm Perf) - Roll left and right
			GG0170A2 Func Mobil (Dschg Goal) - Roll left and right
			GG0170A3 Func Mobil (Dschg Perf) - Roll left and right
			GG0170B1 Func Mobil (Adm Perf) - Sit to lying
			GG0170B2 Func Mobil (Dschg Goal) - Sit to lying
			GG0170B3 Func Mobil (Dschg Perf) - Sit to lying
			GG0170C1 Func Mobil (Adm Perf) - Lying to sit on side

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ID	Type	Severity	Text/Items
			Items:
			GG0170C2 Func Mobil (Dschg Goal) - Lying to sitting on side
			GG0170C3 Func Mobil (Dschg Perf) - Lying to sitting on side
			GG0170D1 Func Mobil (Adm Perf) - Sit to stand
			GG0170D2 Func Mobil (Dschg Goal) - Sit to stand
			GG0170D3 Func Mobil (Dschg Perf) - Sit to stand
			GG0170E1 Func Mobil (Adm Perf) - Chair/bed-to-chair trans
			GG0170E2 Func Mobil (Dschg Goal) - Chair/bed-to-chair trans
			GG0170E3 Func Mobil (Dschg Perf) - Chair/bed-to-chair trans
			GG0170F1 Func Mobil (Adm Perf) - Toilet transfer
			GG0170F2 Func Mobil (Dschg Goal) - Toilet transfer
			GG0170F3 Func Mobil (Dschg Perf) - Toilet transfer
			GG0170G1 Func Mobil (Adm Perf) - Car Transfer
			GG0170G2 Func Mobil (Dschg Goal) - Car Transfer
			GG0170G3 Func Mobil (Dschg Perf) - Car Transfer
			GG0170I1 Func Mobil (Adm Perf) - Walk 10 feet
			GG0170I2 Func Mobil (Dschg Goal) - Walk 10 feet
			GG0170I3 Func Mobil (Dschg Perf) - Walk 10 feet
			GG0170J1 Func Mobil (Adm Perf) - Walk 50 feet w/2 turns
			GG0170J2 Func Mobil (Dschg Goal) - Walk 50 feet w/2 turns
			GG0170J3 Func Mobil (Dschg Perf) - Walk 50 feet w/2 turns
			GG0170K1 Func Mobil (Adm Perf) - Walk 150 feet
			GG0170K2 Func Mobil (Dschg Goal) - Walk 150 feet
			GG0170K3 Func Mobil (Dschg Perf) - Walk 150 feet
			GG0170L1 Func Mobil (Adm Perf) - Walk 10 Ft Uneven Surf
			GG0170L2 Func Mobil (Dschg Goal) - Walk 10 Ft Uneven Surf
			GG0170L3 Func Mobil (Dschg Perf) - Walk 10 Ft Uneven Surf
			GG0170M1 Func Mobil (Adm Perf) - 1 Step (Curb)
			GG0170M2 Func Mobil (Dschg Goal) - 1 Step (Curb)
			GG0170M3 Func Mobil (Dschg Perf) - 1 Step (Curb)
			GG0170N1 Func Mobil (Adm Perf) - 4 Steps
			GG0170N2 Func Mobil (Dschg Goal) - 4 Steps
			GG0170N3 Func Mobil (Dschg Perf) - 4 Steps
			GG0170O1 Func Mobil (Adm Perf) - 12 Steps
			GG0170O2 Func Mobil (Dschg Goal) - 12 Steps
			GG0170O3 Func Mobil (Dschg Perf) - 12 Steps
			GG0170P1 Func Mobil (Adm Perf) - Picking Up Object
			GG0170P2 Func Mobil (Dschg Goal) - Picking Up Object
			GG0170P3 Func Mobil (Dschg Perf) - Picking Up Object
			GG0170Q1 Does patient use wheelchair and/or scooter (Adm)
			GG0170Q3 Does patient use wheelchair and/or scooter (Dschg)
			GG0170R1 Func Mobil (Adm Perf) - Wheel 50 feet w/2 turns
			GG0170R2 Func Mobil (Dschg Goal) - Wheel 50 feet w/2 turns

Data Submission Specifications for the IRF-PAI (V4.00.0 DRAFT)
Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			Items:
			GG0170R3 Func Mobil (Dschg Perf) - Wheel 50 feet w/2 turns
			GG0170RR1 Indicate type of wheelchair or scooter (Adm)
			GG0170RR3 Indicate type of wheelchair or scooter (Dschg)
			GG0170S1 Func Mobil (Adm Perf) - Wheel 150 feet
			GG0170S2 Func Mobil (Dschg Goal) - Wheel 150 feet
			GG0170S3 Func Mobil (Dschg Perf) - Wheel 150 feet
			GG0170SS1 Indicate type of wheelchair or scooter (Adm)
			GG0170SS3 Indicate type of wheelchair or scooter (Dschg)
			H0350 Bladder continence
			H0400 Bowel continence
			I0900 Diagnoses: Peripheral vascular disease (PVD)/PAD
			I2900 Diagnoses: Diabetes mellitus (DM)
			I7900 Diagnoses: None of the Above
			J1750 History Of Falls
			J1800 Any Falls Since Admission
			J1900A Num Falls Since Admission - No injury
			J1900B Num Falls Since Admission - Injury (except major)
			J1900C Num Falls Since Admission - Major injury
			J2000 Prior Surgery
			K0110A Swallow/Nutrit - Regular Food
			K0110B Swallow/Nutrit - Modified Food
			K0110C Swallow/Nutrit - Tube/Parenteral Feeding
			M0210_1 Pressure Ulcers/Injuries Present on Admission
			M0210_2 Pressure Ulcers/Injuries Present on Discharge
			M0300A1_1 Number of Stage 1 pressure injuries: Admission
			M0300A1_2 Number of Stage 1 pressure injuries: Discharge
			M0300B1_1 Number of Stage 2 pressure ulcers: Admission
			M0300B1_2 Number of Stage 2 pressure ulcers: Discharge
			M0300B2_2 Nbr Disch Stg 2 PU were Adm Stg 2 PU
			M0300C1_1 Number of Stage 3 pressure ulcers: Admission
			M0300C1_2 Number of Stage 3 pressure ulcers: Discharge
			M0300C2_2 Nbr Disch Stg 3 PU were Adm Stg 3 PU
			M0300D1_1 Number of Stage 4 pressure ulcers: Admission
			M0300D1_2 Number of Stage 4 pressure ulcers: Discharge
			M0300D2_2 Nbr Disch Stg 4 PU were Adm Stg 4 PU
			M0300E1_1 Nbr Unstg non-remov drsg prss ulcers/injrs: Adm
			M0300E1_2 Nbr Unstg non-remov drsg prss ulcers/injrs: Dschrg
			M0300E2_2 Nbr Unstg NRD Disch PU/Injrs present at Adm
			M0300F1_1 Nbr Unstg slough/eschar pressure ulcers: Adm
			M0300F1_2 Nbr Unstg slough/eschar pressure ulcers: Dschrg
			M0300F2_2 Nbr Unstg S/E Disch PU were Adm Unstg S/E PU
			M0300G1_1 Nbr Unstg DTI pressure injrs: Adm

Data Submission Specifications for the IRF-PAI (V4.00.0 DRAFT)
Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			Items: M0300G1_2 Nbr Unstg DTI pressure injrs: Dschrg M0300G2_2 Nbr Unstg DTI Disch PU/Injrs present at Adm N2001 Drug Regimen Review N2003 Medication Follow-up N2005 Medication Intervention O0100N Total Parenteral Nutrition
-1011	Consistency	Fatal	Invalid Correction Number: The Correction Number value is invalid for this record. This number must be one number greater than the number on the original or previously corrected assessment. Items: CORRECTION_NUM Correction Number
-1012	Format	Fatal	Formatting of Birthdate: This item must contain a valid date in YYYYMMDD, YYYYMM, or YYYY format. Note that if a date in YYYYMMDD format is submitted, it must be 8 characters in length and each of the 8 characters must contain the digits 0 (zero) through 9. YYYY, MM, and DD must be zero filled, where necessary. For example, January 1, 1909 must be submitted as "19090101". If a date is submitted in YYYYMM format, it must be 6 characters in length and each of the 6 characters must contain the digits 0 (zero) through 9. YYYY and MM must be zero filled, where necessary. For example, January, 1909 must be submitted as "190901". If a date is submitted in YYYY format, it must be 4 characters in length and each of the 4 characters must contain the digits 0 (zero) through 9. YYYY and must be zero filled, where necessary. For example, 1909 must be submitted as "1909" and 1900 must be submitted as "1900". Items: 6 Birth Date
-1014	Consistency	Fatal	Required Item Is blank: The value for this item is blank. Update the value in your IRF-PAI encoding software and resubmit the record. Items: FAC_ADDR_1 Facility Address Line 1 FAC_CITY Facility City FAC_CNTCT Facility Contact Person Name SFTWR_VNDR_ID Software Vendor EIN SFTWR_VNDR_NAME Software Vendor Name SFTWR_VNDR_EMAIL_ADR Software Vendor Email Address 1A Facility Name 1B CMS Certification Number (CCN) 4 Patient First Name 5A Patient Last Name 22A Etiologic Diagnosis Code A (ICD Code)
-1015	Consistency	Warning	CCN Mismatch: The CCN submitted (1B) on the assessment does not match the CCN stored in the QIES ASAP database for the facility. Please contact the help desk.

Data Submission Specifications for the IRF-PAI (V4.00.0 DRAFT)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			Items: 1B CMS Certification Number (CCN)
-1016	Format	Fatal	Invalid e-mail address: An e-mail address may contain any printable character except single quote ['] and double quote ["]. Items: SFTWR_VNDR_EMAIL_ADR Software Vendor Email Address
-1023	Format	Fatal	Invalid CCN length: The CMS Certification Number (CCN) (1B) must be exactly 6 characters. Items: 1B CMS Certification Number (CCN)
-1024	Consistency	Warning	Facility information updated: Submitted values for the item(s) listed are not the same as the values in the QIES database. The database has been updated. Items: FAC_ADDR_1 Facility Address Line 1 FAC_ADDR_2 Facility Address Line 2 FAC_CITY Facility City FAC_ZIP Facility ZIP Code FAC_PHONE Facility Contact Person Phone 1A Facility Name
-1030	Consistency	Warning	Patient Provider Updated: Our records indicated that a different provider previously cared for this resident. The provider associated with this resident has been updated. Items: 5A Patient Last Name
-1031	Consistency	Warning	Patient Information Updated: Submitted value(s) for the item(s) listed are not the same as the values in the QIES ASAP database. The database has been updated. Note that the Death Date in the QIES ASAP database will be updated with the value in Item 40 (Discharge Date) when item 44C (Was the patient discharged alive) is equal to No (0). Items: FAC_ID Facility ID 2 Patient Medicare Number 3 Patient Medicaid Number 4 Patient First Name 5A Patient Last Name 6 Birth Date 7 Social Security Number (SSN) 8 Gender 9A Race: American Indian/Alaskan Native 9B Race: Asian 9C Race: Black or African American 9D Ethnicity: Hispanic or Latino

Data Submission Specifications for the IRF-PAI (V4.00.0 DRAFT)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			Items: 9E Race: Native Hawaiian or other Pacific Islander 9F Race: White 40 Discharge Date
-1038	Consistency	Fatal	Inconsistent 20A/20B values: The Primary Payment Source (20A) cannot be equal to [02, 51] if Secondary Payment Source (20B) is equal to [02, 51]. Items: 20A Primary Payment Source 20B Secondary Payment Source
-1044	Consistency	Fatal	Non-Medicare Record: If Medicare is not a payor (20A is not = [02, 51] and 20B is not = [02, 51]), then the record will be rejected by the ASAP system. Items: 20A Primary Payment Source 20B Secondary Payment Source
-1045	Format	Fatal	Invalid date: The date listed must be a valid date in YYYYMMDD format or one of the special allowed values. Items: 12 Admission Date 13 Assessment Reference Date 23 Date of Onset 40 Discharge Date 43A 1st Interruption Date 43B 1st Return Date 43C 2nd Interruption Date 43D 2nd Return Date 43E 3rd Interruption Date 43F 3rd Return Date
-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)

Data Submission Specifications for the IRF-PAI (V4.00.0 DRAFT)
Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			Items: 6 Birth Date 12 Admission Date 13 Assessment Reference Date 23 Date of Onset 40 Discharge Date SUBMISSION_DATE Submission Date
-1053	Consistency	Fatal	Inconsistent Admission date: Admission Date (12) should be later than 1980. Items: 12 Admission Date
-1055	Consistency	Fatal	Failed CMG Calculation: CMG calculation could not be performed due to a system error. Please contact the QTSO Help Desk. Please resubmit this record when the system has been corrected. Items: SBMTD_CMG_TXT Submitted CMG Code
-1056	Consistency	Warning	Inconsistent CMG_CODE/CMG_VERSION: The submitted CMG_CODE/CMG_VERISON must match the corresponding calculated values. Items: SBMTD_CMG_TXT Submitted CMG Code SBMTD_CMG_VRSN_TXT Submitted CMG Version Code
-1057	Consistency	Warning	CMG not recalculated: The CMG for this assessment was not recalculated as the discharge date is more than 27 months prior to the submission date. Items: SBMTD_CMG_TXT Submitted CMG Code
-1060	Consistency	Warning	Inconsistent 12/13: The Assessment Reference Date (13) usually must be two days later than the Admission Date (12). Items: 12 Admission Date 13 Assessment Reference Date
-1071	Consistency	Fatal	Unauthorized Submitter: The submitter's User ID is not authorized to submit data on behalf of the provider identified by the FAC_ID in this record. Items: FAC_ID Facility ID
-1100	Format	Fatal	Formatting of ICD Items: If the ICD-10 item is active, it must be submitted so it can be formatted in an 8 character, fixed-format string as follows with the decimal point as the 4th character. An entirely blank ICD-10 item must be submitted as a single ^.

Data Submission Specifications for the IRF-PAI (V4.00.0 DRAFT)
Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			Other formatting rules are as follows:
			a) Character 1 must be alphabetic.
			b) Character 2 must be numeric [0-9].
			c) Character 3 must be numeric [0-9] or alphabetic [A-Z,a-z].
			d) Character 4 must be a decimal point.
			e) Characters 5 through 8 must be numeric [0-9], alphabetic [A-Z,a-z], or caret [^].
			F) If any character 5 through 8 is equal to [^], all subsequent characters must equal [^].
			Items:
			22A Etiologic Diagnosis Code A (ICD Code)
			22B Etiologic Diagnosis Code B (ICD Code)
			22C Etiologic Diagnosis Code C (ICD Code)
			24A Comorbid Condition 1 (ICD Code)
			24B Comorbid Condition 2 (ICD Code)
			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)

Data Submission Specifications for the IRF-PAI (V4.00.0 DRAFT)
Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-1101	Consistency	Fatal	<p>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" [^].</p> <p>Items: 44D Discharge to Living Setting 45 Discharge to Living With</p>
-1102	Consistency	Fatal	<p>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" [^].</p> <p>Items: 44C Patient Discharged Alive 44D Discharge to Living Setting 45 Discharge to Living With</p>
-1105	Consistency	Fatal	<p>Inconsistent 16A/17: If Pre-Hospital Living Setting (16A) is equal to [01], then Pre_Hospital Living With (17) cannot be be skipped [^]. If Pre-Hospital Living Setting (16A) is not equal to [01], then Pre_Hospital Living With (17) must be skipped [^].</p> <p>Items: 16A Pre-Hospital Living Setting 17 Pre-Hospital Living With</p>
-1106	Format	Fatal	<p>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.</p> <p>Items: FAC_ZIP Facility ZIP Code SFTWR_VNDR_ID Software Vendor EIN</p>
-1107	Consistency	Fatal	<p>Inconsistent Race/Ethnicity Items: If any race/ethnicity (items 9A-9F) value equals a dash (-), then all race/ethnicity items must equal dash (-).</p> <p>Items: 9A Race: American Indian/Alaskan Native 9B Race: Asian 9C Race: Black or African American 9D Ethnicity: Hispanic or Latino 9E Race: Native Hawaiian or other Pacific Islander 9F Race: White</p>

Data Submission Specifications for the IRF-PAI (V4.00.0 DRAFT)
Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-1108	Format	Fatal	<p>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].</p> <p>Items: 7 Social Security Number (SSN)</p>
-1109	Consistency	Fatal	<p>Inconsistent 2/20A/20B values: If Medicare is a payor (20A = [02, 51] or 20B = [02, 51]), then the Patient Medicare number (2) cannot be skipped with value of "No information" [^] .</p> <p>Items: 2 Patient Medicare Number 20A Primary Payment Source 20B Secondary Payment Source</p>
-1112	Consistency	Fatal	<p>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" [^].</p> <p>Items: 24A Comorbid Condition 1 (ICD Code) 24B Comorbid Condition 2 (ICD Code) 24C Comorbid Condition 3 (ICD Code) 24D Comorbid Condition 4 (ICD Code) 24E Comorbid Condition 5 (ICD Code) 24F Comorbid Condition 6 (ICD Code) 24G Comorbid Condition 7 (ICD Code) 24H Comorbid Condition 8 (ICD Code) 24I Comorbid Condition 9 (ICD Code) 24J Comorbid Condition 10 (ICD Code) 24K Comorbid Condition 11 (ICD Code) 24L Comorbid Condition 12 (ICD Code) 24M Comorbid Condition 13 (ICD Code) 24N Comorbid Condition 14 (ICD Code) 24O Comorbid Condition 15 (ICD Code) 24P Comorbid Condition 16 (ICD Code) 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)</p>

Data Submission Specifications for the IRF-PAI (V4.00.0 DRAFT)
Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			Items: 24Y Comorbid Condition 25 (ICD Code)
-1113	Consistency	Fatal	<p>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" [^].</p> 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	<p>Program Interruption Date Out of Order: For the following dates, each date must precede or be the same as the subsequent date, ignoring dates with "No information" [^]. Admission Date (12) <= 1st Interruption Date (43A) <= 1st Return Date (43B) <= 2nd Interruption Date (43C) <= 2nd Return Date (43D) <= 3rd Interruption Date (43E) <= 3rd Return Date (43F) <= Discharge Date (40)</p> 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	<p>Inconsistent Skip Pattern: If Program Interruption(s) (42) is 0 (No), then the Program Interruption Dates (43A - 43F) must all be "No information" [^].</p> 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

Data Submission Specifications for the IRF-PAI (V4.00.0 DRAFT)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-1116	Consistency	Fatal	<p>Inconsistent 42/43A values: The Program Interruption(s) (42) value is not consistent with the 1st Interruption Date (43A) value. If Program Interruption(s) (42) is equal to 1 (Yes), then 1st Interruption Date (43A) must not be skipped with a value of "No information" [^].</p> <p>Items: 42 Program Interruption(s) Indicator 43A 1st Interruption Date</p>
-1117	Consistency	Fatal	<p>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" [^].</p> <p>1st Interruption Date (43A) 1st Return Date (43B) 2nd Interruption Date (43C) 2nd Return Date (43D) 3rd Interruption Date (43E) 3rd Return Date (43F)</p> <p>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</p>
-1118	Consistency	Fatal	<p>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" [^].</p> <p>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)</p> <p>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</p>
-1127	Consistency	Fatal	<p>ICD-10-CM Codes Not Allowed: This item cannot contain the following ICD-10-CM codes: V00.01 through Y99.9</p> <p>Items: 22A Etiologic Diagnosis Code A (ICD Code) 22B Etiologic Diagnosis Code B (ICD Code) 22C Etiologic Diagnosis Code C (ICD Code)</p>

Data Submission Specifications for the IRF-PAI (V4.00.0 DRAFT)
Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-1128	Consistency	Fatal	<p>Inconsistent Etiologic Diagnosis ICD codes: If Item 22B is "No information" [^], then Item 22C must be "No information" [^].</p> <p>Items: 22B Etiologic Diagnosis Code B (ICD Code) 22C Etiologic Diagnosis Code C (ICD Code)</p>
-1129	Format	Warning	<p>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.</p> <p>Items: ITM_SET_VRSN_CD IRF-PAI item Set Version SPEC_VRSN_CD Specifications version code</p>
-1130	Format	Fatal	<p>Incorrect Medicare Number or Medicare Beneficiary Identifier (MBI): This item must conform to one of two possible formats, as defined below: 1) MBI format: The MBI shall be eleven characters in length. The first character must be numeric, excluding zero (0). The second, fifth, eighth and ninth characters must be alphabetic, excluding the following letters: S, L, O, I, B, and Z. The fourth, seventh, tenth and eleventh characters must be numeric. The third and sixth characters must be alphabetic (excluding S, L, O, I, B, and Z) or numeric. 2) Medicare Number format: If the first character is numeric [0 through 9] (SSN), then the first 9 characters must be digits [0 through 9]. If the first character is alphabetic (RR insurance number), then there must be 1, 2, or 3 alphabetic characters followed by 6 or 9 numbers.</p> <p>Items: 2 Patient Medicare Number</p>
-1131	Format	Fatal	<p>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 numeric.</p> <p>Items: 2 Patient Medicare Number</p>
-5004	Consistency	Warning	<p>Entering a dash as a response to any Quality Measure item may result in a payment reduction of two percentage points for the applicable FY annual increase factor.</p> <p>Items: 25A Height 26A Weight 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</p>

Data Submission Specifications for the IRF-PAI (V4.00.0 DRAFT)
Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			Items:
			GG0130E3 Self-Care (Dschg Perf) - Shower/bathe self
			GG0130F1 Self-Care (Adm Perf) - Upper Body Dressing
			GG0130F3 Self-Care (Dschg Perf) - Upper Body Dressing
			GG0130G1 Self-Care (Adm Perf) - Lower Body Dressing
			GG0130G3 Self-Care (Dschg Perf) - Lower Body Dressing
			GG0130H1 Self-Care (Adm Perf) - On/Off Footwear
			GG0130H3 Self-Care (Dschg Perf) - On/Off Footwear
			GG0170A1 Func Mobil (Adm Perf) - Roll left and right
			GG0170A3 Func Mobil (Dschg Perf) - Roll left and right
			GG0170B1 Func Mobil (Adm Perf) - Sit to lying
			GG0170B3 Func Mobil (Dschg Perf) - Sit to lying
			GG0170C1 Func Mobil (Adm Perf) - Lying to sit on side
			GG0170C3 Func Mobil (Dschg Perf) - Lying to sitting on side
			GG0170D1 Func Mobil (Adm Perf) - Sit to stand
			GG0170D3 Func Mobil (Dschg Perf) - Sit to stand
			GG0170E1 Func Mobil (Adm Perf) - Chair/bed-to-chair trans
			GG0170E3 Func Mobil (Dschg Perf) - Chair/bed-to-chair trans
			GG0170F1 Func Mobil (Adm Perf) - Toilet transfer
			GG0170F3 Func Mobil (Dschg Perf) - Toilet transfer
			GG0170G1 Func Mobil (Adm Perf) - Car Transfer
			GG0170G3 Func Mobil (Dschg Perf) - Car Transfer
			GG0170I1 Func Mobil (Adm Perf) - Walk 10 feet
			GG0170I3 Func Mobil (Dschg Perf) - Walk 10 feet
			GG0170J1 Func Mobil (Adm Perf) - Walk 50 feet w/2 turns
			GG0170J3 Func Mobil (Dschg Perf) - Walk 50 feet w/2 turns
			GG0170K1 Func Mobil (Adm Perf) - Walk 150 feet
			GG0170K3 Func Mobil (Dschg Perf) - Walk 150 feet
			GG0170L1 Func Mobil (Adm Perf) - Walk 10 Ft Uneven Surf
			GG0170L3 Func Mobil (Dschg Perf) - Walk 10 Ft Uneven Surf
			GG0170M1 Func Mobil (Adm Perf) - 1 Step (Curb)
			GG0170M3 Func Mobil (Dschg Perf) - 1 Step (Curb)
			GG0170N1 Func Mobil (Adm Perf) - 4 Steps
			GG0170N3 Func Mobil (Dschg Perf) - 4 Steps
			GG0170O1 Func Mobil (Adm Perf) - 12 Steps
			GG0170O3 Func Mobil (Dschg Perf) - 12 Steps
			GG0170P1 Func Mobil (Adm Perf) - Picking Up Object
			GG0170P3 Func Mobil (Dschg Perf) - Picking Up Object
			GG0170Q1 Does patient use wheelchair and/or scooter (Adm)
			GG0170Q3 Does patient use wheelchair and/or scooter (Dschg)
			GG0170R1 Func Mobil (Adm Perf) - Wheel 50 feet w/2 turns
			GG0170R3 Func Mobil (Dschg Perf) - Wheel 50 feet w/2 turns
			GG0170RR1 Indicate type of wheelchair or scooter (Adm)

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ID	Type	Severity	Text/Items
			Items: GG0170RR3 Indicate type of wheelchair or scooter (Dschg) GG0170S1 Func Mobil (Adm Perf) - Wheel 150 feet GG0170S3 Func Mobil (Dschg Perf) - Wheel 150 feet GG0170SS1 Indicate type of wheelchair or scooter (Adm) GG0170SS3 Indicate type of wheelchair or scooter (Dschg) H0400 Bowel continence I0900 Diagnoses: Peripheral vascular disease (PVD)/PAD I2900 Diagnoses: Diabetes mellitus (DM) J1900C Num Falls Since Admission - Major injury M0300B1_2 Number of Stage 2 pressure ulcers: Discharge M0300B2_2 Nbr Disch Stg 2 PU were Adm Stg 2 PU M0300C1_2 Number of Stage 3 pressure ulcers: Discharge M0300C2_2 Nbr Disch Stg 3 PU were Adm Stg 3 PU M0300D1_2 Number of Stage 4 pressure ulcers: Discharge M0300D2_2 Nbr Disch Stg 4 PU were Adm Stg 4 PU M0300E1_2 Nbr Unstg non-remov drsg prss ulcers/injrs: Dschrg M0300E2_2 Nbr Unstg NRD Disch PU/Injrs present at Adm M0300F1_2 Nbr Unstg slough/eschar pressure ulcers: Dschrg M0300F2_2 Nbr Unstg S/E Disch PU were Adm Unstg S/E PU M0300G1_2 Nbr Unstg DTI pressure injrs: Dschrg M0300G2_2 Nbr Unstg DTI Disch PU/Injrs present at Adm N2001 Drug Regimen Review N2003 Medication Follow-up N2005 Medication Intervention
-5006	Consistency	Fatal	<p>Inconsistent M0210_1 value: If unhealed pressure ulcers/injured present on admission (M0210_1) is equal to [0] (No), then the number of unhealed pressure ulcers/injuries at each Stage at admission (M0300A1_1 through M0300G1_1) must all be skipped with value of "Skipped" [^].</p> 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
-5010	Consistency	Fatal	<p>Inconsistent M0210_1 value: If unhealed pressure ulcers/injuries present on admission (M0210_1) is equal to [1] (Yes), then the number of unhealed pressure ulcers/injuries at each Stage at admission (M0300A1_1 through M0300G1_1) must not be "Skipped" [^].</p>

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ID	Type	Severity	Text/Items
			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	<p>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" [^].</p> 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	<p>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" [^].</p> 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	<p>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" [^].</p> 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	<p>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" [^].</p> 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	<p>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" [^].</p> Items: M0300D1_2 Number of Stage 4 pressure ulcers: Discharge M0300D2_2 Nbr Disch Stg 4 PU were Adm Stg 4 PU
-5021	Consistency	Fatal	<p>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" [^].</p> Items: M0300D1_2 Number of Stage 4 pressure ulcers: Discharge M0300D2_2 Nbr Disch Stg 4 PU were Adm Stg 4 PU

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ID	Type	Severity	Text/Items
-5022	Consistency	Fatal	<p>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" [^].</p> <p>Items: M0300E1_2 Nbr Unstg non-remov drsg prss ulcers/injrs: Dschrg M0300E2_2 Nbr Unstg NRD Disch PU/Injrs present at Adm</p>
-5023	Consistency	Fatal	<p>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" [^].</p> <p>Items: M0300E1_2 Nbr Unstg non-remov drsg prss ulcers/injrs: Dschrg M0300E2_2 Nbr Unstg NRD Disch PU/Injrs present at Adm</p>
-5024	Consistency	Fatal	<p>Inconsistent M0300F1_2 value: If total unstageable pressures ulcers due to slough/eschar present on discharge (M0300F1_2) is equal to [0], then M0300F2_2 must be "Skipped" [^].</p> <p>Items: M0300F1_2 Nbr Unstg slough/eschar pressure ulcers: Dschrg M0300F2_2 Nbr Unstg S/E Disch PU were Adm Unstg S/E PU</p>
-5025	Consistency	Fatal	<p>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" [^].</p> <p>Items: M0300F1_2 Nbr Unstg slough/eschar pressure ulcers: Dschrg M0300F2_2 Nbr Unstg S/E Disch PU were Adm Unstg S/E PU</p>
-5026	Consistency	Fatal	<p>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" [^].</p> <p>Items: M0300G1_2 Nbr Unstg DTI pressure injrs: Dschrg M0300G2_2 Nbr Unstg DTI Disch PU/Injrs present at Adm</p>
-5027	Consistency	Fatal	<p>Inconsistent M0300G1_2 value: If total unstageable pressures ulcers with suspected DTI on discharge (M0300G1_2) is equal to [1] thru [9], then M0300G2_2 must not be "Skipped" [^].</p> <p>Items: M0300G1_2 Nbr Unstg DTI pressure injrs: Dschrg M0300G2_2 Nbr Unstg DTI Disch PU/Injrs present at Adm</p>

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ID	Type	Severity	Text/Items
-5043	Consistency	Fatal	<p>If the following Unstageable ulcers due to deep tissue injury (DTI) present on discharge item (M0300G2_2) is a numeric value ([0]-[9]) and M0300G1_2 is a numeric value ([0]-[9]) THEN</p> <p>The item (M0300G2_2) must be equal to or less than the total count of Unstageable ulcers due to DTI present on discharge (M0300G1_2).</p> <p>Items: M0300G1_2 Nbr Unstg DTI pressure injrs: Dschrg M0300G2_2 Nbr Unstg DTI Disch PU/Injrs present at Adm</p>
-5044	Consistency	Fatal	<p>Inconsistent M0210_1 value:</p> <p>If unhealed pressure ulcers/injuries present on admission (M0210_1) is equal to "Not assessed/no information" [-], then the number of unhealed pressure ulcers/injuries at each stage at admission (M0300A1_1 through M0300G1_1) must be equal to "Not assessed/no information" [-].</p> <p>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</p>
-5046	Consistency	Fatal	<p>Inconsistent M0210_2 value:</p> <p>If unhealed pressure ulcers/injuries present on discharge (M0210_2) is equal to "Not assessed/no information" [-], then the number of unhealed pressure ulcers/injuries at each stage at discharge (M0300A1_2 through M0300G2_2) must be equal to "Not assessed/no information" [-].</p> <p>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</p>
-5048	Consistency	Fatal	<p>Inconsistent M0300B1_2 value:</p> <p>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" [-].</p>

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ID	Type	Severity	Text/Items
			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	<p>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" [-].</p> 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	<p>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" [-].</p> 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	<p>Inconsistent M0300E1_2 value: If the number of unhealed pressure ulcers/injuries unstageable due to a non-removable dressing or device at discharge (M0300E1_2) is equal to "Not assessed/no information" [-], then the subsequent item for unhealed pressure ulcers/injuries unstageable due to a non-removable dressing or device pressure ulcers at discharge (M0300E2_2) must be equal to "Not assessed/no information" [-].</p> 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	<p>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" [-].</p> 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	<p>Inconsistent M0300G1_2 value: If the number of unhealed pressure injuries with suspected deep tissue injury at discharge (M0300G1_2) is equal to "Not assessed/no information" [-], then the subsequent item that was unstageable with suspected deep tissue injury at discharge (M0300G2_2) must be equal to "Not assessed/no information" [-].</p> Items: M0300G1_2 Nbr Unstg DTI pressure injrs: Dschrg M0300G2_2 Nbr Unstg DTI Disch PU/Injrs present at Adm

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ID	Type	Severity	Text/Items																														
-5055	Consistency	Fatal	<p>C0100-C0600 Consistency:</p> <p>a) If C0100=[0], then all items from C0200 through C0600 must be equal to [^].</p> <p>b) If C0100=[1], then all items from C0200 through C0600 must not be equal to [^].</p> <p>c) If C0100=[-], then all items from C0200 through C0500 must be equal to [-] and C0600 must equal [1,-].</p> <table><tr><td>Items:</td><td>C0100</td><td>Brief Interview - Mental Status (BIMS)</td></tr><tr><td></td><td>C0200</td><td>BIMS - Repetition of Three Words</td></tr><tr><td></td><td>C0300A</td><td>BIMS - Temporal Orientation - Year</td></tr><tr><td></td><td>C0300B</td><td>BIMS - Temporal Orientation - Month</td></tr><tr><td></td><td>C0300C</td><td>BIMS - Temporal Orientation - Day</td></tr><tr><td></td><td>C0400A</td><td>BIMS - Recalls Sock</td></tr><tr><td></td><td>C0400B</td><td>BIMS - Recalls Blue</td></tr><tr><td></td><td>C0400C</td><td>BIMS - Recalls Bed</td></tr><tr><td></td><td>C0500</td><td>BIMS - Summary Score</td></tr><tr><td></td><td>C0600</td><td>Conduct Staff Assessment - Mental Status</td></tr></table>	Items:	C0100	Brief Interview - Mental Status (BIMS)		C0200	BIMS - Repetition of Three Words		C0300A	BIMS - Temporal Orientation - Year		C0300B	BIMS - Temporal Orientation - Month		C0300C	BIMS - Temporal Orientation - Day		C0400A	BIMS - Recalls Sock		C0400B	BIMS - Recalls Blue		C0400C	BIMS - Recalls Bed		C0500	BIMS - Summary Score		C0600	Conduct Staff Assessment - Mental Status
Items:	C0100	Brief Interview - Mental Status (BIMS)																															
	C0200	BIMS - Repetition of Three Words																															
	C0300A	BIMS - Temporal Orientation - Year																															
	C0300B	BIMS - Temporal Orientation - Month																															
	C0300C	BIMS - Temporal Orientation - Day																															
	C0400A	BIMS - Recalls Sock																															
	C0400B	BIMS - Recalls Blue																															
	C0400C	BIMS - Recalls Bed																															
	C0500	BIMS - Summary Score																															
	C0600	Conduct Staff Assessment - Mental Status																															
-5056	Consistency	Fatal	<p>BIMS Summary Score:</p> <p>a) If all of the BIMS component items have numeric values (not dash) and if three or fewer of the BIMS component items are equal to [0], then C0500 must equal the sum of the values of the component items.</p> <p>b) If all of the BIMS component items have numeric values (not dash) and if four or more of the BIMS component items are equal to [0], then C0500 must equal the sum of the values of the component items OR it must equal [99].</p> <p>c) If some, but not all, of the BIMS component items have a value of [-], then C0500 must equal [99].</p> <p>d) If all of the BIMS component items have a value of [-], then C0500 must equal [-].</p> <table><tr><td>Items:</td><td>C0200</td><td>BIMS - Repetition of Three Words</td></tr><tr><td></td><td>C0300A</td><td>BIMS - Temporal Orientation - Year</td></tr><tr><td></td><td>C0300B</td><td>BIMS - Temporal Orientation - Month</td></tr><tr><td></td><td>C0300C</td><td>BIMS - Temporal Orientation - Day</td></tr><tr><td></td><td>C0400A</td><td>BIMS - Recalls Sock</td></tr><tr><td></td><td>C0400B</td><td>BIMS - Recalls Blue</td></tr><tr><td></td><td>C0400C</td><td>BIMS - Recalls Bed</td></tr><tr><td></td><td>C0500</td><td>BIMS - Summary Score</td></tr></table>	Items:	C0200	BIMS - Repetition of Three Words		C0300A	BIMS - Temporal Orientation - Year		C0300B	BIMS - Temporal Orientation - Month		C0300C	BIMS - Temporal Orientation - Day		C0400A	BIMS - Recalls Sock		C0400B	BIMS - Recalls Blue		C0400C	BIMS - Recalls Bed		C0500	BIMS - Summary Score						
Items:	C0200	BIMS - Repetition of Three Words																															
	C0300A	BIMS - Temporal Orientation - Year																															
	C0300B	BIMS - Temporal Orientation - Month																															
	C0300C	BIMS - Temporal Orientation - Day																															
	C0400A	BIMS - Recalls Sock																															
	C0400B	BIMS - Recalls Blue																															
	C0400C	BIMS - Recalls Bed																															
	C0500	BIMS - Summary Score																															
-5057	Consistency	Fatal	<p>C0600-C0900Z Consistency:</p> <p>a) If C0600=[0], then all items from C0900A through C0900Z must be equal to [^].</p> <p>b) If C0600=[^,1], then all items from C0900A through C0900Z must not be equal to [^].</p> <p>c) If C0600=[-], then all items from C0900A through C0900Z must be equal to [-].</p> <table><tr><td>Items:</td><td>C0600</td><td>Conduct Staff Assessment - Mental Status</td></tr><tr><td></td><td>C0900A</td><td>Memory/Recall - Current Season (3-day Asmt Prd)</td></tr><tr><td></td><td>C0900B</td><td>Memory/Recall - Loc Of Own Room (3-day Asmt Prd)</td></tr><tr><td></td><td>C0900C</td><td>Memory/Recall - Staff Names/Faces (3-day Asmt Prd)</td></tr></table>	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)																		
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)																															

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ID	Type	Severity	Text/Items
			Items: C0900E Memory/Recall - In Hospital Unit (3-day Asmt Prd) C0900Z Memory/Recall - None Of The Above (3-day Asmt Prd)
-5058	Consistency	Fatal	C0500/C0600 Consistency: a) If C0500=[99,-], then C0600 must be equal to [1,-]. b) If C0500=[00-15], then C0600 must be equal to [0]. Items: C0500 BIMS - Summary Score C0600 Conduct Staff Assessment - Mental Status
-5059	Consistency	Fatal	C0900 Consistency: a) If C0900Z=[1], then all items from C0900A through C0900E must be equal to [0]. b) If C0900Z=[0], then at least one of the items C0900A through C0900E must be equal to [1]. c) If C0900Z=[-], then at least one item from C0900A through C0900E must equal [-] and all remaining items must equal [0,-]. Items: C0900A Memory/Recall - Current Season (3-day Asmt Prd) C0900B Memory/Recall - Loc Of Own Room (3-day Asmt Prd) C0900C Memory/Recall - Staff Names/Faces (3-day Asmt Prd) C0900E Memory/Recall - In Hospital Unit (3-day Asmt Prd) C0900Z Memory/Recall - None Of The Above (3-day Asmt Prd)
-5060	Consistency	Fatal	GG0110 Consistency: a) If GG0110Z=[1], then all items from GG0110A through GG0110E must be equal to [0]. b) If GG0110Z=[0], then at least one of the items GG0110A through GG0110E must be equal to [1]. c) If GG0110Z=[-], then at least one item from GG0110A through GG0110E must equal [-], and all remaining items must equal [0,-]. Items: GG0110A Prior Device - Manual wheelchair GG0110B Prior Device - Motorized wheelchair and/or scooter GG0110C Prior Device - Mechanical lift GG0110D Prior Device - Walker GG0110E Prior Device - Orthotics/Prosthetics GG0110Z Prior Device - None of the above
-5061	Consistency	Warning	Self-Care and Mobility Discharge Goals: At least one of the Discharge Goal items (GG0130A2, GG0130B2, GG0130C2, GG0130E2, GG0130F2, GG0130G2, GG0130H2, GG0170A2, GG0170B2, GG0170C2, GG0170D2, GG0170E2, GG0170F2, GG0170G2, GG0170I2, GG0170J2, GG0170K2, GG0170L2, GG0170M2, GG0170N2, GG0170O2, GG0170P2, GG0170R2, GG0170S2) should be equal to [01,02,03,04,05,06,07,09,10,88]. Entering the dash [-] as the response to all of the Discharge Goal items may result in a payment reduction of two percentage points for the applicable FY annual increase factor. Items: GG0130A2 Self-Care (Dschg Goal) - Eating GG0130B2 Self-Care (Dschg Goal) - Oral hygiene GG0130C2 Self-Care (Dschg Goal) - Toileting hygiene

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ID	Type	Severity	Text/Items
			Items: GG0130E2 Self-Care (Dschg Goal) - Shower/bathe self GG0130F2 Self-Care (Dschg Goal) - Upper Body Dressing GG0130G2 Self-Care (Dschg Goal) - Lower Body Dressing GG0130H2 Self-Care (Dschg Goal) - On/Off Footwear GG0170A2 Func Mobil (Dschg Goal) - Roll left and right GG0170B2 Func Mobil (Dschg Goal) - Sit to lying GG0170C2 Func Mobil (Dschg Goal) - Lying to sitting on side GG0170D2 Func Mobil (Dschg Goal) - Sit to stand GG0170E2 Func Mobil (Dschg Goal) - Chair/bed-to-chair trans GG0170F2 Func Mobil (Dschg Goal) - Toilet transfer GG0170G2 Func Mobil (Dschg Goal) - Car Transfer GG0170I2 Func Mobil (Dschg Goal) - Walk 10 feet GG0170J2 Func Mobil (Dschg Goal) - Walk 50 feet w/2 turns GG0170K2 Func Mobil (Dschg Goal) - Walk 150 feet GG0170L2 Func Mobil (Dschg Goal) - Walk 10 Ft Uneven Surf GG0170M2 Func Mobil (Dschg Goal) - 1 Step (Curb) GG0170N2 Func Mobil (Dschg Goal) - 4 Steps GG0170O2 Func Mobil (Dschg Goal) - 12 Steps GG0170P2 Func Mobil (Dschg Goal) - Picking Up Object GG0170R2 Func Mobil (Dschg Goal) - Wheel 50 feet w/2 turns GG0170S2 Func Mobil (Dschg Goal) - Wheel 150 feet
-5065	Consistency	Fatal	<p>a) If GG0170Q1=[0], then items GG0170R1, GG0170R2, G0170RR1, GG0170S1, GG0170S2, and GG0170SS1 must be equal to [^].</p> <p>b) If GG0170Q1=[1], then items GG0170R1, GG0170R2, G0170RR1, GG0170S1, GG0170S2, and GG0170SS1 must not be equal to [^].</p> <p>c) If GG0170Q1=[-], then items GG0170R1, GG0170R2, G0170RR1, GG0170S1, GG0170S2, and GG0170SS1 must be equal to [-].</p> Items: GG0170Q1 Does patient use wheelchair and/or scooter (Adm) GG0170R1 Func Mobil (Adm Perf) - Wheel 50 feet w/2 turns GG0170R2 Func Mobil (Dschg Goal) - Wheel 50 feet w/2 turns GG0170RR1 Indicate type of wheelchair or scooter (Adm) GG0170S1 Func Mobil (Adm Perf) - Wheel 150 feet GG0170S2 Func Mobil (Dschg Goal) - Wheel 150 feet GG0170SS1 Indicate type of wheelchair or scooter (Adm)
-5066	Consistency	Fatal	<p>a) If GG0170Q3=[0,^], then items GG0170R3, G0170RR3, GG0170S3, and GG0170SS3 must be equal to [^].</p> <p>b) If GG0170Q3=[1], then items GG0170R3, G0170RR3, GG0170S3, and GG0170SS3 must not be equal to [^].</p> <p>c) If GG0170Q3=[-], then items GG0170R3, G0170RR3, GG0170S3, and GG0170SS3 must be equal to [-].</p> 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

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ID	Type	Severity	Text/Items
			Items: GG0170SS3 Indicate type of wheelchair or scooter (Dschg)
-5067	Consistency	Fatal	<p>a) If I7900=[1], then items I0900 and I2900 must be equal to [0]. b) If I7900=[0], then at least one of items I0900 and I2900 must not be equal to [0]. c) If I7900=[-], then at least one of items I0900 and I2900 must be equal to [-], and the other item must be equal to [0,-].</p> 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 [^]. b) If J1800=[1], then all active items from J1900A through J1900C must not be equal to [^], and at least one of these items must equal [-,1,2]. c) If J1800=[-], then all active items from J1900A through J1900C must be equal to [-].</p> 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: a) M0300B2_2 must be equal to [-] OR b) M0300B2_2 must be equal to [0-9] and must be less than or equal to M0300B1_2.</p> 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: a) M0300C2_2 must be equal to [-] OR b) M0300C2_2 must be equal to [0-9] and must be less than or equal to M0300C1_2.</p> 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: a) M0300D2_2 must be equal to [-] OR b) M0300D2_2 must be equal to [0-9] and must be less than or equal to M0300D1_2.</p> 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: a) M0300E2_2 must be equal to [-] OR</p>

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ID	Type	Severity	Text/Items
			<p>b) M0300E2_2 must be equal to [0-9] and must be less than or equal to M0300E1_2.</p> <p>Items: M0300E1_2 Nbr Unstg non-remov drsg prss ulcers/injrs: Dschrg M0300E2_2 Nbr Unstg NRD Disch PU/Injrs present at Adm</p>
-5073	Consistency	Fatal	<p>If M0300F1_2=[1-9], then one of the following must be true:</p> <p>a) M0300F2_2 must be equal to [-] OR</p> <p>b) M0300F2_2 must be equal to [0-9] and must be less than or equal to M0300F1_2.</p> <p>Items: M0300F1_2 Nbr Unstg slough/eschar pressure ulcers: Dschrg M0300F2_2 Nbr Unstg S/E Disch PU were Adm Unstg S/E PU</p>
-5080	Consistency	Fatal	<p>Inconsistent M0210_2 value:</p> <p>If unhealed pressure ulcers/injuries present on discharge (M0210_2) is equal to 0 (No), then the number of unhealed pressure ulcers/injuries at each Stage at discharge (M0300A1_2 through M0300G2_2) must all be skipped with value of "Skipped" [^] .</p> <p>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</p>
-5081	Consistency	Fatal	<p>Inconsistent M0210_2 value:</p> <p>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" [^].</p> <p>Items: M0210_2 Pressure Ulcers/Injuries Present on Discharge M0300A1_2 Number of Stage 1 pressure injuries: Discharge M0300B1_2 Number of Stage 2 pressure ulcers: Discharge M0300C1_2 Number of Stage 3 pressure ulcers: Discharge M0300D1_2 Number of Stage 4 pressure ulcers: Discharge M0300E1_2 Nbr Unstg non-remov drsg prss ulcers/injrs: Dschrg M0300F1_2 Nbr Unstg slough/eschar pressure ulcers: Dschrg M0300G1_2 Nbr Unstg DTI pressure injrs: Dschrg</p>

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ID	Type	Severity	Text/Items
-5082	Consistency	Fatal	<p>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 [-].</p> <p>Items: N2001 Drug Regimen Review N2003 Medication Follow-up</p>
-5083	Consistency	Fatal	<p>Incomplete Stay Skip Pattern: IF (44D=[02, 63, 65, 66]) OR (41=[1]) OR (44C=[0]) OR (Discharge Date (40) minus Admission Date (12) < 3 days), then the following items must equal [^]: GG0130A3, GG0130B3, GG0130C3, GG0130E3, GG0130F3, GG0130G3, GG0130H3, GG0170A3, GG0170B3, GG0170C3, GG0170D3, GG0170E3, GG0170F3, GG0170G3, GG0170I3, GG0170M3, GG0170P3, GG0170Q3.</p> <p>Items: 12 Admission Date 40 Discharge Date 41 Patient Discharged Against Medical Advice 44C Patient Discharged Alive 44D Discharge to Living Setting GG0130A3 Self-Care (Dschg Perf) - Eating GG0130B3 Self-Care (Dschg Perf) - Oral hygiene GG0130C3 Self-Care (Dschg Perf) - Toileting hygiene GG0130E3 Self-Care (Dschg Perf) - Shower/bathe self GG0130F3 Self-Care (Dschg Perf) - Upper Body Dressing GG0130G3 Self-Care (Dschg Perf) - Lower Body Dressing GG0130H3 Self-Care (Dschg Perf) - On/Off Footwear GG0170A3 Func Mobil (Dschg Perf) - Roll left and right GG0170B3 Func Mobil (Dschg Perf) - Sit to lying GG0170C3 Func Mobil (Dschg Perf) - Lying to sitting on side GG0170D3 Func Mobil (Dschg Perf) - Sit to stand GG0170E3 Func Mobil (Dschg Perf) - Chair/bed-to-chair trans GG0170F3 Func Mobil (Dschg Perf) - Toilet transfer GG0170G3 Func Mobil (Dschg Perf) - Car Transfer GG0170I3 Func Mobil (Dschg Perf) - Walk 10 feet GG0170M3 Func Mobil (Dschg Perf) - 1 Step (Curb) GG0170P3 Func Mobil (Dschg Perf) - Picking Up Object GG0170Q3 Does patient use wheelchair and/or scooter (Dschg)</p>
-5084	Consistency	Fatal	<p>(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 [^].</p>

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ID	Type	Severity	Text/Items
			(c) If GG0170I1=[-], then GG0170J1, GG0170K1 and GG0170L1 must equal [-].
			Items: GG0170I1 Func Mobil (Adm Perf) - Walk 10 feet GG0170J1 Func Mobil (Adm Perf) - Walk 50 feet w/2 turns GG0170K1 Func Mobil (Adm Perf) - Walk 150 feet GG0170L1 Func Mobil (Adm Perf) - Walk 10 Ft Uneven Surf
-5085	Consistency	Fatal	
			(a) If GG0170I3=[07,09,10,88,^], then GG0170J3, GG0170K3 and GG0170L3 must equal [^]. (b) If GG0170I3=[06,05,04,03,02,01], then GG0170J3, GG0170K3 and GG0170L3 must not equal [^]. (c) If GG0170I3=[-], then GG0170J3, GG0170K3 and GG0170L3 must equal [-].
			Items: GG0170I3 Func Mobil (Dschg Perf) - Walk 10 feet GG0170J3 Func Mobil (Dschg Perf) - Walk 50 feet w/2 turns GG0170K3 Func Mobil (Dschg Perf) - Walk 150 feet GG0170L3 Func Mobil (Dschg Perf) - Walk 10 Ft Uneven Surf
-5086	Consistency	Fatal	
			(a) If GG0170M1=[07,09,10,88], then GG0170N1 must equal [^]. (b) If GG0170M1=[06,05,04,03,02,01], then GG0170N1 must not equal [^]. (c) If GG0170M1=[-], then GG0170N1 must equal [-].
			Items: GG0170M1 Func Mobil (Adm Perf) - 1 Step (Curb) GG0170N1 Func Mobil (Adm Perf) - 4 Steps
-5087	Consistency	Fatal	
			(a) If GG0170M3=[07,09,10,88,^], then GG0170N3 must equal [^]. (b) If GG0170M3=[06,05,04,03,02,01], then GG0170N3 must not equal [^]. (c) If GG0170M3=[-], then GG0170N3 must equal [-].
			Items: GG0170M3 Func Mobil (Dschg Perf) - 1 Step (Curb) GG0170N3 Func Mobil (Dschg Perf) - 4 Steps
-5088	Consistency	Fatal	
			(a) If GG0170N1=[07,09,10,88,^], then GG0170O1 must equal [^]. (b) If GG0170N1=[06,05,04,03,02,01], then GG0170O1 must not equal [^]. (c) If GG0170N1=[-], then GG0170O1 must equal [-].
			Items: GG0170N1 Func Mobil (Adm Perf) - 4 Steps GG0170O1 Func Mobil (Adm Perf) - 12 Steps
-5089	Consistency	Fatal	
			(a) If GG0170N3=[07,09,10,88,^], then GG0170O3 must equal [^]. (b) If GG0170N3=[06,05,04,03,02,01], then GG0170O3 must not equal [^]. (c) If GG0170N3=[-], then GG0170O3 must equal [-].
			Items: GG0170N3 Func Mobil (Dschg Perf) - 4 Steps GG0170O3 Func Mobil (Dschg Perf) - 12 Steps