

APPENDIX D: DETAILED MATRIX IDENTIFYING REQUIRED ITEMS ON THE LTCH CARE DATA SET VERSION 3.00

The following is an overall key for this matrix:

N/A = Not applicable

V = Voluntary. Please refer to the LTCH CARE Data Submission Specifications for item-level responses that the QIES ASAP submission system will accept as a valid response to an item on the LTCH CARE Data Set for data submission starting on April 1, 2016.

R = Required for submission because this item is **required** for measure calculation and/or system cannot accept record without a response (failure to provide an appropriate response for this item will lead to record rejection by the system) and/or item is used for internal consistency checks related to the measure's data logic algorithm. Please refer to the LTCH CARE Data Submission Specifications for item-level responses that the QIES ASAP submission system will accept as a valid response to an item on the LTCH CARE Data Set for data submission starting on April 1, 2016. Failure to respond to required items may subject your LTCH to a two percentage point reduction to the applicable FY annual payment update (APU). All responses should have corresponding documentation in the patient's medical record.

RIAV = Required if information is available, item is not required for measure calculation purposes, but may be important for record matching or other administrative purposes. Please refer to the LTCH CARE Data Submission Specifications for item-level responses that the QIES ASAP submission system will accept as a valid response to an item on the LTCH CARE Data Set for data submission starting on April 1, 2016.

BYR = Birth year required. At minimum, the provider must provide the birth year of the patient. Failure to provide this information will result in a rejection of the submission.

If you have further questions, we invite you to submit your inquiry to CMS LTCH Quality Questions Help Desk at LTCHQualityQuestions@cms.hhs.gov.

LTCH CARE Data Set Item Number	LTCH CARE Data Set Item Name	LTCH CARE Data Set Version 3.00 FINAL			
		Admission	Unplanned Discharge	Planned Discharge	Expired
Section A – Administrative Information					
A0050	Type of Record	R	R	R	R
A0100A	National Provider Identifier (NPI)	R	R	R	R
A0100B	CMS Certification Number (CCN)	R	R	R	R
A0100C	State Medicaid Provider Number	RIAV	RIAV	RIAV	RIAV
A0200	Type of Provider	R	R	R	R
A0210	Assessment Reference Date	R	R	R	R
A0220	Admission Date	R	R	R	R
A0250	Reason for Assessment	R	R	R	R
A0270	Discharge Date (date of death on Expired form)	N/A	R	R	R
A0500A	Patient First Name	R	R	R	R
A0500B	Patient Middle initial	RIAV	RIAV	RIAV	RIAV
A0500C	Patient Last Name	R	R	R	R
A0500D	Patient Name Suffix	RIAV	RIAV	RIAV	RIAV
A0600A ¹	Social Security Number	R	R	R	R
A0600B	Medicare/railroad insurance number	RIAV	RIAV	RIAV	RIAV
A0700	Medicaid Number	RIAV	RIAV	RIAV	RIAV
A0800	Gender	R	R	R	R
A0900	Birth Date	BYR	BYR	BYR	BYR
A1000A-F	Race/Ethnicity	RIAV	RIAV	RIAV	RIAV
A1100A	Does the patient need or want an interpreter	RIAV	N/A	N/A	N/A
A1100B	Preferred language	RIAV	N/A	N/A	N/A
A1200	Marital Status	RIAV	N/A	N/A	N/A
A1400A-K, X, Y	Payer Information	RIAV	RIAV	RIAV	RIAV
A1802	Admitted From	R	N/A	N/A	N/A
A2110	Discharge Location	N/A	R	R	N/A
A2500	Program Interruption(s)	N/A	R*	R*	N/A
A2510	Number of Program Interruptions During This Stay in This Facility	N/A	R*	R*	N/A

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LTCH CARE Data Set Item Number	LTCH CARE Data Set Item Name	LTCH CARE Data Set Version 3.00 FINAL			
		Admission	Unplanned Discharge	Planned Discharge	Expired
A2525A1	First Interruption Start Date	N/A	R*	R*	N/A
A2525A2	First Interruption End Date	N/A	R*	R*	N/A
A2525B1	Second Interruption Start Date	N/A	R*	R*	N/A
A2525B2	Second Interruption End Date	N/A	R*	R*	N/A
A2525C1	Third Interruption Start Date	N/A	R*	R*	N/A
A2525C2	Third Interruption End Date	N/A	R*	R*	N/A
A2525D1	Fourth Interruption Start Date	N/A	R*	R*	N/A
A2525D2	Fourth Interruption End Date	N/A	R*	R*	N/A
A2525E1	Fifth Interruption Start Date	N/A	R*	R*	N/A
A2525E2	Fifth Interruption End Date	N/A	R*	R*	N/A
*Complete the program interruption items if it applies to the patient to fulfill LTCH QRP requirements.					
Section B – Hearing, Speech, and Vision					
B0100	Comatose	R	N/A	R	N/A
BB0700	Expression of Ideas and Wants	R	N/A	R	N/A
BB0800	Understanding Verbal Content	R	N/A	R	N/A
Section C – Cognitive Patterns					
C1610A	Acute Onset	R	R	R	N/A
C1610B	Fluctuating Course	R	R	R	N/A
C1610C	Inattention	R	R	R	N/A
C1610D	Disorganized Thinking	R	R	R	N/A
C1610E1	Altered Level of Consciousness – Alert	R	R	R	N/A
C1610E2	Altered Level of Consciousness – Vigilant	R	R	R	N/A
Section GG – Functional Abilities and Goals – Prior Functioning: Everyday Activities					
GG0100B	Prior Functioning: Everyday Activities. Indoor Mobility (Ambulation)	R	N/A	N/A	N/A
Section GG – Functional Abilities and Goals – Prior Device Use					
GG0110	Prior Device Use	R	N/A	N/A	N/A
Section GG – Functional Abilities and Goals – Self-Care – Admission Performance					
GG0130A1	Self-Care Admission Performance: Eating	R	N/A	N/A	N/A
GG0130B1	Self-Care Admission Performance: Oral hygiene	R	N/A	N/A	N/A

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LTCH CARE Data Set Item Number	LTCH CARE Data Set Item Name	LTCH CARE Data Set Version 3.00 FINAL			
		Admission	Unplanned Discharge	Planned Discharge	Expired
GG0130C1	Self-Care Admission Performance: Toileting hygiene	R	N/A	N/A	N/A
GG0130D1	Self-Care Admission Performance: Wash upper body	R	N/A	N/A	N/A
Section GG – Functional Abilities and Goals – Self-Care – Discharge Goals**					
GG0130A2	Self-Care Discharge Goal: Eating	R**	N/A	N/A	N/A
GG0130B2	Self-Care Discharge Goal: Oral hygiene	R**	N/A	N/A	N/A
GG0130C2	Self-Care Discharge Goal: Toileting hygiene	R**	N/A	N/A	N/A
GG0130D2	Self-Care Discharge Goal: Wash upper body	R**	N/A	N/A	N/A
**At least one discharge goal is required for one of the GG0130, Self-Care, or GG0170, Mobility, items on the Admission assessment to fulfill requirements of the LTCH QRP.					
Section GG – Functional Abilities and Goals – Self-Care – Discharge Performance					
GG0130A3	Self-Care Discharge Performance: Eating	N/A	N/A	R	N/A
GG0130B3	Self-Care Discharge Performance: Oral hygiene	N/A	N/A	R	N/A
GG0130C3	Self-Care Discharge Performance: Toileting hygiene	N/A	N/A	R	N/A
GG0130D3	Self-Care Discharge Performance: Wash upper body	N/A	N/A	R	N/A
Section GG – Functional Abilities and Goals – Mobility – Admission Performance					
GG0170A1	Mobility Admission Performance: Roll left and right	R	N/A	N/A	N/A
GG0170B1	Mobility Admission Performance: Sit to lying	R	N/A	N/A	N/A
GG0170C1	Mobility Admission Performance: Lying to sitting on side of bed	R	N/A	N/A	N/A
GG0170D1	Mobility Admission Performance: Sit to stand	R	N/A	N/A	N/A
GG0170E1	Mobility Admission Performance: Chair/ bed-to-chair-transfer	R	N/A	N/A	N/A

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LTCH CARE Data Set Item Number	LTCH CARE Data Set Item Name	LTCH CARE Data Set Version 3.00 FINAL			
		Admission	Unplanned Discharge	Planned Discharge	Expired
GG0170F1	Mobility Admission Performance: Toilet Transfer	R	N/A	N/A	N/A
GG0170H1	Does the patient walk?	R	N/A	N/A	N/A
GG0170I1	Mobility Admission Performance: Walk 10 feet	R	N/A	N/A	N/A
GG0170J1	Mobility Admission Performance: Walk 50 feet with two turns	R	N/A	N/A	N/A
GG0170K1	Mobility Admission Performance: Walk 150 feet	R	N/A	N/A	N/A
GG0170Q1	Does the patient use a wheelchair/ scooter?	R	N/A	N/A	N/A
GG0170R1	Mobility Admission Performance: Wheel 50 feet with two turns	R	N/A	N/A	N/A
GG0170RR1	Indicate the type of wheelchair/ scooter used.	R	N/A	N/A	N/A
GG0170S	Mobility Admission Performance: Wheel 150 feet	R	N/A	N/A	N/A
GG0170SS1	Indicate the type of wheelchair/ scooter used.	R	N/A	N/A	N/A
Section GG – Functional Abilities and Goals – Mobility – Discharge Goal**					
GG0170A2	Mobility Discharge Goal: Roll left and right	R**	N/A	N/A	N/A
GG0170B2	Mobility Discharge Goal: Sit to lying	R**	N/A	N/A	N/A
GG0170C2	Mobility Discharge Goal: Lying to sitting on side of bed	R**	N/A	N/A	N/A
GG0170D2	Mobility Discharge Goal: Sit to stand	R**	N/A	N/A	N/A
GG0170E2	Mobility Discharge Goal: Chair/ bed-to-chair-transfer	R**	N/A	N/A	N/A
GG0170F2	Mobility Discharge Goal: Toilet Transfer	R**	N/A	N/A	N/A
GG0170I2	Mobility Discharge Goal: Walk 10 feet	R**	N/A	N/A	N/A
GG0170J2	Mobility Discharge Goal: Walk 50 feet with two turns	R**	N/A	N/A	N/A

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		Admission	Unplanned Discharge	Planned Discharge	Expired
GG0170K2	Mobility Discharge Goal: Walk 150 feet	R**	N/A	N/A	N/A
GG0170R2	Mobility Discharge Goal: Wheel 50 feet with two turns	R**	N/A	N/A	N/A
GG0170S2	Mobility Discharge Goal: Wheel 150 feet	R**	N/A	N/A	N/A
**At least one discharge goal is required for one of the GG0130, Self-Care, or GG0170, Mobility, items on the Admission assessment to fulfill requirements of the LTCH QRP.					
Section GG – Functional Abilities and Goals – Mobility – Discharge Performance					
GG0170A3	Mobility Discharge Performance: Roll left and right	N/A	N/A	R	N/A
GG0170B3	Mobility Discharge Performance: Sit to lying	N/A	N/A	R	N/A
GG0170C3	Mobility Discharge Performance: Lying to sitting on side of bed	N/A	N/A	R	N/A
GG0170D3	Mobility Discharge Performance: Sit to stand	N/A	N/A	R	N/A
GG0170E3	Mobility Discharge Performance: Chair/ bed-to-chair-transfer	N/A	N/A	R	N/A
GG0170F3	Mobility Discharge Performance: Toilet Transfer	N/A	N/A	R	N/A
GG0170H3	Does the patient walk?	N/A	N/A	R	N/A
GG0170I3	Mobility Discharge Performance: Walk 10 feet	N/A	N/A	R	N/A
GG0170J3	Mobility Discharge Performance: Walk 50 feet with two turns	N/A	N/A	R	N/A
GG0170K3	Mobility Discharge Performance: Walk 150 feet	N/A	N/A	R	N/A
GG0170Q3	Does the patient use a wheelchair/ scooter?	N/A	N/A	R	N/A
GG0170R3	Mobility Discharge Performance: Wheel 50 feet with two turns	N/A	N/A	R	N/A
GG0170RR3	Indicate the type of wheelchair/ scooter used.	N/A	N/A	R	N/A
GG0170S3	Discharge Performance: Wheel 150 feet	N/A	N/A	R	N/A
GG0170SS3	Indicate the type of wheelchair/ scooter used.	N/A	N/A	R	N/A

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		Admission	Unplanned Discharge	Planned Discharge	Expired
Section H – Bladder and Bowel					
H0350	Bladder Continence	R	N/A	R	N/A
H0400	Bowel Continence	R	N/A	N/A	N/A
Section I – Active Diagnoses					
I0050	Active diagnoses: Indicate the patient’s primary medical condition category.	R	N/A	N/A	N/A
I0050A	Other Medical Condition ICD code	R***	N/A	N/A	N/A
***If 5, Other medical condition, is selected for I0050, Indicate the patient’s primary medical condition category, then an ICD code in I0050A must be entered to fulfill the LTCH QRP requirements.					
Section I – Active Diagnoses – Comorbidities and Co-existing Conditions****					
I0101	Active diagnoses: Severe and Metastatic Cancers	R****	N/A	N/A	N/A
I0900	Active diagnoses: Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)	R****	N/A	N/A	N/A
I1501	Active diagnoses: Chronic Kidney Disease, Stage 5	R****	N/A	N/A	N/A
I1502	Active diagnoses: Acute Renal Failure	R****	N/A	N/A	N/A
I2101	Active diagnoses: Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock	R****	N/A	N/A	N/A
I2600	Active diagnoses: Central Nervous System Infections, Opportunistic Infections, Bone/ Joint/ Muscle Infections/ Necrosis	R****	N/A	N/A	N/A
I2900	Active diagnoses: Diabetes Mellitus (DM)	R****	N/A	N/A	N/A
I4100	Active diagnoses: Major Lower Limb Amputation	R****	N/A	N/A	N/A
I4501	Active diagnoses: Stroke	R****	N/A	N/A	N/A
I4801	Active diagnoses: Dementia	R****	N/A	N/A	N/A
I4900	Active diagnoses: Hemiplegia or Hemiparesis	R****	N/A	N/A	N/A
I5000	Active diagnoses: Paraplegia	R****	N/A	N/A	N/A

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LTCH CARE Data Set Item Number	LTCH CARE Data Set Item Name	LTCH CARE Data Set Version 3.00 FINAL			
		Admission	Unplanned Discharge	Planned Discharge	Expired
I5101	Active diagnoses: Complete Tetraplegia	R****	N/A	N/A	N/A
I5102	Active diagnoses: Incomplete Tetraplegia	R****	N/A	N/A	N/A
I5110	Active diagnoses: Other Spinal Cord Disorder/Injury	R****	N/A	N/A	N/A
I5200	Active diagnoses: Multiple Sclerosis (MS)	R****	N/A	N/A	N/A
I5250	Active diagnoses: Huntington's Disease	R****	N/A	N/A	N/A
I5300	Active diagnoses: Parkinson's Disease	R****	N/A	N/A	N/A
I5450	Active diagnoses: Amyotrophic Lateral Sclerosis	R****	N/A	N/A	N/A
I5460	Active diagnoses: Locked-in State	R****	N/A	N/A	N/A
I5470	Active diagnoses: Severe Anoxic Brain Damage, Cerebral Edema, or Compression of Brain	R****	N/A	N/A	N/A
I5601	Active diagnoses: Malnutrition	R****	N/A	N/A	N/A
I5602	Active diagnoses: At Risk for Malnutrition	R****	N/A	N/A	N/A
I7900	None of the above	R****	N/A	N/A	N/A
****Check all comorbidities and co-existing conditions that apply OR check None of the above (I7900) to fulfill requirements of the LTCH QRP.					
Section J – Health Conditions					
J1800	Any Falls Since Admission	N/A	R	R	R
J1900A	Number of Falls Since Admission: No injury	N/A	RIAV	RIAV	RIAV
J1900B	Number of Falls Since Admission: Injury (except major)	N/A	RIAV	RIAV	RIAV
J1900C	Number of Falls Since Admission: Major injury	N/A	R	R	R
Section K – Swallowing/Nutritional Status					
K0200A	Height (in inches)	R	N/A	N/A	N/A
K0200B	Weight (in pounds)	R	N/A	N/A	N/A

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LTCH CARE Data Set Item Number	LTCH CARE Data Set Item Name	LTCH CARE Data Set Version 3.00 FINAL			
		Admission	Unplanned Discharge	Planned Discharge	Expired
Section M – Skin Conditions					
M0210	Unhealed Pressure Ulcer(s)	R	R	R	N/A
M0300A	Stage 1: Number of Stage 1 pressure ulcers	V	V	V	N/A
M0300B1	Stage 2: Number of Stage 2 pressure ulcers	R	R	R	N/A
M0300B2	Stage 2: Number of these Stage 2 pressure ulcers that were present upon admission	N/A	R	R	N/A
M0300C1	Stage 3: Number of Stage 3 pressure ulcers	R	R	R	N/A
M0300C2	Stage 3: Number of these Stage 3 pressure ulcers that were present upon admission	N/A	R	R	N/A
M0300D1	Stage 4: Number of Stage 4 pressure ulcers	R	R	R	N/A
M0300D2	Stage 4: Number of these Stage 4 pressure ulcers that were present upon admission	N/A	R	R	N/A
M0300E1	Unstageable – Non-removable dressing: Number of unstageable pressure ulcers due to non- removable dressing/device	R	V	V	N/A
M0300E2	Unstageable - Non-removable dressing: Number of these unstageable pressure ulcers that were present upon admission	N/A	V	V	N/A
M0300F1	Unstageable – Slough and/or eschar: Number of unstageable pressure ulcers due to coverage of wound by slough/and or eschar	R	V	V	N/A
M0300F2	Unstageable - Slough and/or eschar: Number of these unstageable pressure ulcers that were present upon admission	N/A	V	V	N/A
M0300G1	Unstageable - Deep tissue injury: Number of unstageable pressure ulcers with suspected deep tissue injury in evolution	R	V	V	N/A

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LTCH CARE Data Set Item Number	LTCH CARE Data Set Item Name	LTCH CARE Data Set Version 3.00 FINAL			
		Admission	Unplanned Discharge	Planned Discharge	Expired
M0300G2	Unstageable - Deep tissue injury: Number of these unstageable pressure ulcers that were present upon admission	N/A	V	V	N/A
M0800A	Worsening in Pressure Ulcer Status Since Admission: Stage 2	N/A	R	R	N/A
M0800B	Worsening in Pressure Ulcer Status Since Admission: Stage 3	N/A	R	R	N/A
M0800C	Worsening in Pressure Ulcer Status Since Admission: Stage 4	N/A	R	R	N/A
M0800D	Worsening in Pressure Ulcer Status Since Admission: Unstageable - Non-removable dressing	N/A	V	V	N/A
M0800E	Worsening in Pressure Ulcer Status Since Admission: Unstageable - Slough and/or eschar	N/A	V	V	N/A
M0800F	Worsening in Pressure Ulcer Status Since Admission: Unstageable – Deep tissue injury	N/A	V	V	N/A
Section O – Special Treatments, Procedures, and Programs*****					
O0100F3	Invasive Mechanical Ventilator: weaning	R*****	N/A	N/A	N/A
O0100F4	Invasive Mechanical Ventilator: non-weaning	R*****	N/A	N/A	N/A
O0100G	Non-invasive Ventilator (BIPAP, CPAP)	R*****	N/A	N/A	N/A
O0100J	Dialysis	R*****	N/A	N/A	N/A
O0100N	Total Parenteral Nutrition	R*****	N/A	N/A	N/A
O0100Z	None of the above	R*****	N/A	N/A	N/A
*****Check all treatments that apply OR check None of the above (O0100Z) to fulfill requirements of the LTCH QRP.					

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LTCH CARE Data Set Item Number	LTCH CARE Data Set Item Name	LTCH CARE Data Set Version 3.00 FINAL			
		Admission	Unplanned Discharge	Planned Discharge	Expired
Section O – Influenza Vaccine					
O0250A	Influenza Vaccine: Did the patient receive the influenza vaccine in this facility for this year's influenza vaccination season?	R	R	R	R
O0250B	Influenza Vaccine: Date influenza vaccine received	RIAV	RIAV	RIAV	RIAV
O0250C	Influenza Vaccine: If influenza vaccine not received, state reason	R	R	R	R
Section Z – Assessment Administration					
Z0400 A-L ²	Signature of Persons Completing the Assessment: Title, section(s), date section completed	N/A	N/A	N/A	N/A
Z0500A ³	Signature of Person Verifying Assessment Completion	N/A	N/A	N/A	N/A
Z0500B	LTCH CARE Data Set Completion Date	R	R	R	R

¹A0600A can be left blank if the patient does not have a Social Security Number or the facility does not have access to patient's Social Security Number at the time of submission of the LTCH CARE Data Set.

²Item not transmitted to CMS as part of the LTCH CARE Data Set.

³Item not transmitted to CMS as part of the LTCH CARE Data Set.

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