Long-Term Care Hospital Quality Reporting Program (LTCH QRP) Technical Specifications for Reporting Assessment-Based Measures for LTCH CARE Data Set Version 3.00

The purpose of the tables below is to list items necessary to calculate the LTCH QRP assessment-based measures, which will be used for compliance determination, and items used only for risk adjustment, which will not be used for compliance determination.

- **Table 1** includes items that are necessary to calculate the measures, including exclusion criteria, and items used for validation of the measures. These items are indicated with an 'x'. These items are necessary to calculate the measures, and therefore will be considered for compliance determination. Note there are some items in this table that are required to calculate the quality measure and are also used for risk adjustment (RA) in one or more of the quality measures. Please refer to the footnotes for more information.
- Table 2 includes only the items used for risk adjustment that are **not** included in Table 1.

For detailed measure specifications, please refer to the LTCH Quality Measures User's Manual: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information.html

Table 1. Items Necessary to Calculate the Measures, Including Exclusion Criteria, and Validation Items

			Assessm	ent Type		Codi	ing		LTCH QRF	Assessme	nt-Based Qu	uality Measu	es
LTCH CARE Data Set Item	Item Name	Ad- mission	Planned Dis- charge	Un- planned Dis- charge	Ex- pired	Allowable item values (all possible values accepted according to the item specifications)	Item values that may count against APU	Falls with Major Injury #0674	Pressure Ulcers New or Worsened #0678	Patient Influenza Vaccinat- ion #0680	Change in Mobility Vent Patients #2632	Application of Functional Assess- ment and Care Plan #2631	Functional Assess- ment and Care Plan #2631
B0100	Comatose	X	X	charge	pircu	0,1 and dash "-"	dash "-"	#0014	#0010	1011 #0000	# Z 03 Z	#2001	х
BB0700	Expression of Ideas and Wants	x RA	х			4, 3, 2, 1, "^" (skip pattern) and dash "-"	dach " "				RA (admission)		х
BB0800	Understanding Verbal Content	x RA	х			4, 3, 2, 1, "^" (skip pattern) and dash "-"	dash "-"				RA (admission)		х
C1610A	Signs and Symptoms of Delirium (from CAM ©): Acute Onset	х	x	x		0, 1, "^" (skip pattern) and dash "-"	dash "-"						х
C1610B	Signs and Symptoms of Delirium (from CAM ©): Fluctuating Course	х	х	х		0, 1, "^" (skip pattern) and dash "-"	dash "-"						x
C1610C	Signs and Symptoms of Delirium (from CAM ©): Inattention	х	х	х		0, 1, "^" (skip pattern) and dash "-"	dash "-"						x
C1610D	Signs and Symptoms of Delirium (from CAM ©): Disorganized Thinking	х	х	х		0, 1, "^" (skip pattern) and dash "-"	dash "-"						х
C1610E1	Signs and Symptoms of Delirium (from CAM ©): Alert	х	х	х		0, 1, "^" (skip pattern) and dash "-"	dash "-"						х
C1610E2	Signs and Symptoms of Delirium (from CAM ©): Vigilant/Lethargic/ Stupor/Coma	х	х	х		0, 1, "^" (skip pattern) and dash "-"	dash "-"						х
GG0130A1	Eating (Admission Performance)	х				06, 05, 04, 03, 02, 01, 07, 09, 88 and dash "-"	dash "-"					x	x
GG0130A2	Eating (Discharge Goal)	X*				06, 05, 04, 03, 02, 01 and dash "-"	dash "-"					х	х
GG0130A3	Eating (Discharge Performance)		X**			06, 05, 04, 03, 02, 01, 07, 09, 88 and dash "-"	dash "-"					х	x
GG0130B1	Oral hygiene (Admission Performance)	х				06, 05, 04, 03, 02, 01, 07, 09, 88 and dash "-"	dash "-"					х	х
GG0130B2	Oral hygiene (Discharge Goal)	X*				06, 05, 04, 03, 02, 01 and dash "-"	dash "-"					х	х

			Assessm	ent Type		Codi	ing		LTCH QRF	P Assessme	nt-Based Qu	uality Measu	res
LTCH CARE Data Set Item	Item Name	Ad- mission	Planned Dis- charge	Un- planned Dis- charge	Ex- pired	Allowable item values (all possible values accepted according to the item specifications)	Item values that may count against APU	Falls with Major Injury #0674	Pressure Ulcers New or Worsened #0678	Patient Influenza Vaccinat- ion #0680	Change in Mobility Vent Patients #2632	Application of Functional Assess- ment and Care Plan #2631	Functional Assess- ment and Care Plan #2631
GG0130B3	Oral hygiene (Discharge Performance)		X**			06, 05, 04, 03, 02, 01, 07, 09, 88 and dash "-"	dash "-"					х	х
GG0130C1	Toileting hygiene (Admission Performance)	х				06, 05, 04, 03, 02, 01, 07, 09, 88 and dash "-"	dash "-"					х	х
GG0130C2	Toileting hygiene (Discharge Goal)	x*				06, 05, 04, 03, 02, 01 and dash "-"	dash "-"					х	х
GG0130C3	Toileting hygiene (Discharge Performance)		X**			06, 05, 04, 03, 02, 01, 07, 09, 88 and dash "-"	dash "-"					х	х
GG0130D1	Wash upper body (Admission Performance)	х				06, 05, 04, 03, 02, 01, 07, 09, 88 and dash "-"	dash "-"						х
GG0130D2	Wash upper body (Discharge Goal)	х*				06, 05, 04, 03, 02, 01 and dash "-"	dash "-"					х	x
GG0130D3	Wash upper body (Discharge Performance)		X**			06, 05, 04, 03, 02, 01, 07, 09, 88 and dash "-"	dash "-"						х
GG0170A1	Roll left and right (Admission Performance)	х				06, 05, 04, 03, 02, 01, 07, 09, 88 and dash "-"	dash "-"				х		х
GG0170A2	Roll left and right (Discharge Goal)	x*				06, 05, 04, 03, 02, 01 and dash "-"	dash "-"					х	х
GG0170A3	Roll left and right (Discharge Performance)		X**			06, 05, 04, 03, 02, 01, 07, 09, 88 and dash "-"	dash "-"				х		х
GG0170B1	Sit to lying (Admission Performance)	х				06, 05, 04, 03, 02, 01, 07, 09, 88 and dash "-"	dash "-"				х	х	х
GG0170B2	Sit to lying (Discharge Goal)	x*				06, 05, 04, 03, 02, 01, and dash "-"	dash "-"					х	х
GG0170B3	Sit to lying (Discharge Performance)		X**			06, 05, 04, 03, 02, 01, 07, 09, 88 and dash "-"	dash "-"				х	х	х
GG0170C1	Lying to sitting on side of bed (Admission Performance)	x RA				06, 05, 04, 03, 02, 01, 07, 09, 88 and dash "-"	dash "-"		RA		х	х	х
GG0170C2	Lying to sitting on side of bed (Discharge Goal)	x*				06, 05, 04, 03, 02, 01 and dash "-"	dash "-"					Х	х

			Assessm	ent Type		Codi	ing		LTCH QRF	Assessme	nt-Based Q	uality Measur	res
LTCH CARE Data Set Item	Item Name	Ad- mission	Planned Dis- charge	Un- planned Dis- charge	Ex- pired	Allowable item values (all possible values accepted according to the item specifications)	Item values that may count against APU	Falls with Major Injury #0674	Pressure Ulcers New or Worsened #0678	Patient Influenza Vaccinat- ion #0680	Change in Mobility Vent Patients #2632	Application of Functional Assess- ment and Care Plan #2631	Functional Assess- ment and Care Plan #2631
GG0170C3	Lying to sitting on side of bed (Discharge		X**		•	06, 05, 04, 03, 02, 01, 07, 09, 88 and	dash "-"				x	x	X
00017003	Performance)		^			dash "-"	uasii -				^	^	^
GG0170D1	Sit to stand (Admission Performance)	x				06, 05, 04, 03, 02, 01, 07, 09, 88 and dash "-"	dash "-"				x	x	x
GG0170D2	Sit to stand (Discharge Goal)	X*				06, 05, 04, 03, 02, 01 and dash "-"	dash "-"					х	х
GG0170D3	Sit to stand (Discharge Performance)		X**			06, 05, 04, 03, 02, 01, 07, 09, 88 and dash "-"	dash "-"				x	х	x
GG0170E1	Chair/bed-to-chair transfer (Admission Performance)	х				06, 05, 04, 03, 02, 01, 07, 09, 88 and dash "-"	dash "-"				х	х	х
GG0170E2	Chair/bed-to-chair transfer (Discharge Goal)	X*				06, 05, 04, 03, 02, 01 and dash "-"	dash "-"					х	х
GG0170E3	Chair/bed-to-chair transfer (Discharge Performance)		X**			06, 05, 04, 03, 02, 01, 07, 09, 88 and dash "-"	dash "-"				x	x	x
GG0170F1	Toilet transfer (Admission Performance)	х				06, 05, 04, 03, 02, 01, 07, 09, 88 and dash "-"	dash "-"				x	х	х
GG0170F2	Toilet transfer (Discharge Goal)	Х*				06, 05, 04, 03, 02, 01 and dash "-"	dash "-"					х	х
GG0170F3	Toilet transfer (Discharge Performance)		X**			06, 05, 04, 03, 02, 01, 07, 09, 88 and dash "-"	dash "-"				x	х	x
GG0170H1	Does the patient walk? (Admission Performance)	х				0, 1, 2 and dash "-"	dash "-"					х	х
GG0170H3	Does the patient walk? (Discharge Performance)		X**			0, 2 and dash "-"	dash "-"					х	х
GG0170I1	Walk 10 feet (Admission Performance)	Х				06, 05, 04, 03, 02, 01, 07, 09, 88, "^" (skip pattern) and dash "-"	dash "-"						х
GG0170l2	Walk 10 feet (Discharge Goal)	X*				06, 05, 04, 03, 02, 01, "^" (skip pattern) and dash "-"	dash "-"					х	х

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			Assessm	ent Type		Codi	ng		LTCH QRF	Assessme	nt-Based Q	uality Measu	es
LTCH CARE Data Set Item	Item Name	Ad- mission		Un- planned Dis- charge	Ex- pired	Allowable item values (all possible values accepted according to the item specifications)	Item values that may count against APU	Falls with Major Injury #0674	Pressure Ulcers New or Worsened #0678	Patient Influenza Vaccinat- ion #0680	Change in Mobility Vent Patients #2632	Application of	
GG0170l3	Walk 10 feet (Discharge Performance)		x**		-	06, 05, 04, 03, 02, 01, 07, 09, 88, "^" (skip pattern) and dash "-"	dash "-"						х
GG0170J1	Walk 50 feet with two turns (Admission Performance)	х				06, 05, 04, 03, 02, 01, 07, 09, 88, "^" (skip pattern) and dash "-"	dash "-"				х	х	х
GG0170J2	Walk 50 feet with two turns (Discharge Goal)	x *				06, 05, 04, 03, 02, 01, "^" (skip pattern) and dash "-"	dash "-"					x	х
GG0170J3	Walk 50 feet with two turns (Discharge Performance)		X**			06, 05, 04, 03, 02, 01, 07, 09, 88, "^" (skip pattern) and dash "-"	dash "-"				х	х	х
GG0170K1	Walk 150 feet (Admission Performance)	х				06, 05, 04, 03, 02, 01, 07, 09, 88, "^" (skip pattern) and dash "-"	dash "-"				х	х	х
GG0170K2	Walk 150 feet (Discharge Goal)	x*				06, 05, 04, 03, 02, 01, "^" (skip pattern) and dash "-"	dash "-"					х	х
GG0170K3	Walk 150 feet (Discharge Performance)		X**			06, 05, 04, 03, 02, 01, 07, 09, 88, "^" (skip pattern) and dash "-"	dash "-"				х	х	х
GG0170Q1	Does the patient use a wheelchair/scooter? (Admission Performance)	х				0, 1 and dash "-"	dash "-"					х	x
GG0170Q3	Does the patient use a wheelchair/scooter? (Discharge Performance)		X**			0, 1 and dash "-"	dash "-"					х	х
GG0170R1	Wheel 50 feet with two turns (Admission Performance)	х				06, 05, 04, 03, 02, 01, 07, 09, 88, "^" (skip pattern) and dash "-"	dash "-"					х	х
GG0170R2	Wheel 50 feet with two turns (Discharge Goal)	Х*				06, 05, 04, 03, 02, 01, "^" (skip pattern) and dash "-"	dash "-"					х	х

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			Assessm	ent Type		Codi	ng		LTCH QRF	Assessme	nt-Based Q	uality Measu	res
LTCH CARE Data Set Item	Item Name	Ad- mission	Planned Dis- charge	Un-	Ex- pired	Allowable item values (all possible values accepted according to the item specifications)	Item values that may count against APU	Falls with Major Injury #0674	Pressure Ulcers New or Worsened #0678	Patient Influenza Vaccinat- ion #0680	Change in Mobility Vent Patients #2632	Application of	Functional Assess- ment and Care Plan #2631
GG0170R3	Wheel 50 feet with two turns (Discharge Performance)		X**			06, 05, 04, 03, 02, 01, 07, 09, 88, "^" (skip pattern) and dash "-"	dash "-"					х	х
GG0170RR1	Indicate the type of wheelchair/scooter used (Admission Performance)	х				1, 2, "^" (skip pattern) and dash "-"	dash "-"					х	х
GG0170RR3	Indicate the type of wheelchair/scooter used (Discharge Performance)		X**			1, 2, "^" (skip pattern) and dash "-"	dash "-"					x	х
GG0170S1	Wheel 150 feet (Admission Performance)	х				06, 05, 04, 03, 02, 01, 07, 09, 88, and "^" (skip pattern) and dash "-"	dash "-"					х	х
GG0170S2	Wheel 150 feet (Discharge Goal)	x*				06, 05, 04, 03, 02, 01, "^" (skip pattern) and dash "-"	dash "-"					х	х
GG0170S3	Wheel 150 feet (Discharge Performance)		x**			06, 05, 04, 03, 02, 01, 07, 09, 88, "^" (skip pattern) and dash "-"	dash "-"					х	х
GG0170SS1	Indicate the type of wheelchair/scooter used (Admission Performance)	х				1, 2, "^" (skip pattern) and dash "-"	dash "-"					х	х
GG0170SS3	Indicate the type of wheelchair/scooter used (Discharge Performance)		X**			1, 2, "^" (skip pattern) and dash "-"	dash "-"					х	х
H0350	Bladder Continence	x	х			0, 1, 2, 3, 4, 5, 9 and dash "-"	dash "-"						x
I5101	Complete Tetraplegia	Х				0, 1 and dash "-"	dash "-"				х		
15200	Multiple Sclerosis (MS)	X				0, 1 and dash "-"	dash "-"				X		
15250	Huntington's Disease	X				0, 1 and dash "-"	dash "-"				X		
15300	Parkinson's Disease	Х				0, 1 and dash "-"	dash "-"				х		
15450	Amyotrophic Lateral Sclerosis	х				0, 1 and dash "-"	dash "-"				х		
15460	Locked-In State	Х				0, 1 and dash "-"	dash "-"				х		
15470	Severe Anoxic Brain Damage, Cerebral Edema, or Compression of Brain	х				0, 1 and dash "-"	dash "-"				х		

			Assessm	ent Type		Codi	ng		LTCH QRF	Assessme	nt-Based Qu	uality Measu	res
LTCH CARE Data Set Item	Item Name	Ad- mission	Planned Dis- charge	Un- planned Dis- charge	Ex- pired	Allowable item values (all possible values accepted according to the item specifications)	Item values that may count against APU	Falls with Major Injury #0674	Pressure Ulcers New or Worsened #0678	Patient Influenza Vaccinat- ion #0680	Change in Mobility Vent Patients #2632	Application of Functional Assess- ment and Care Plan #2631	Functional Assess- ment and Care Plan #2631
J1900C	Number of Falls since Admission: Major injury		х	х	х	0, 1, 2, "^" (skip pattern) and dash "-"	dash "-"	х					
M0300B1	Number of Stage 2 pressure ulcers	х	х	х		0 - 9, "^" (skip pattern) and dash "-"	dash "-"		х				
M0300B2	Number of Stage 2 pressure ulcers present upon admission		х	х		0 - 9, "^" (skip pattern) and dash "-"	dash "-"		x				
M0300C1	Number of Stage 3 pressure ulcers	x RA	х	х		0 - 9, "^" (skip pattern) and dash "-"	dash "-"		х		RA (admission)		
M0300C2	Number of Stage 3 pressure ulcers present upon admission		х	х		0 - 9, "^" (skip pattern) and dash "-"	dash "-"		х				
M0300D1	Number of Stage 4 pressure ulcers	x RA	х	х		0 - 9, "^" (skip pattern) and dash "-"	dash "-"		х		RA (admission)		
M0300D2	Number of Stage 4 pressure ulcers present upon admission		х	х		0 - 9, "^" (skip pattern) and dash "-"	dash "-"		х				
M0300E1	Number of unstageable: Non-removable dressing	x RA	х	х		0 - 9, "^" (skip pattern) and dash "-"	dash "-"		х		RA (admission)		
M0300E2	Number of unstageable: Non-removable dressing present upon admission		х	х		0 - 9, "^" (skip pattern) and dash "-"	dash "-"		х				
M0300F1	Number of unstageable: Slough and/or eschar	x RA	х	х		0 - 9, "^" (skip pattern) and dash "-"	dash "-"		х		RA (admission)		
M0300F2	Number of unstageable: Slough and/or eschar present upon admission		х	х		0 - 9, "^" (skip pattern) and dash "-"	dash "-"		х				
M0300G1	Number of unstageable: Deep tissue injury	x RA	х	х		0 - 9, "^" (skip pattern) and dash "-"	dash "-"		х		RA (admission)		
M0300G2	Number of Unstageable: Deep tissue injury present upon admission		х	х		0 - 9, "^" (skip pattern) and dash "-"	dash "-"		х				
M0800A	Worsened: Stage 2 pressure ulcers		х	х		0 - 9, "^" (skip pattern) and dash "-"	dash "-"		х				
M0800B	Worsened: Stage 3 pressure ulcers		х	х		0 - 9, "^" (skip pattern) and dash "-"	dash "-"		Х				
M0800C	Worsened: Stage 4 pressure ulcers		х	х		0 - 9, "^" (skip pattern) and dash "-"	dash "-"		х				
O0100F3	Invasive Mechanical Ventilator: weaning	Х				0, 1 and dash "-"	dash "-"				Х		

			Assessm	ent Type		Codi	ng		LTCH QRF	Assessme	nt-Based Qu	ıality Measur	es
LTCH CARE Data Set Item		Ad- mission	Planned Dis- charge	Un- planned Dis- charge	Ex- pired	Allowable item values (all possible values accepted according to the item specifications)	Item values that may count against APU	Falls with Major Injury #0674	Pressure Ulcers New or Worsened #0678	Patient Influenza Vaccinat- ion #0680	Change in Mobility Vent Patients #2632	Application of Functional Assess- ment and Care Plan #2631	
O0100F4	Invasive Mechanical Ventilator: non-weaning	Х	g-		į.	0, 1 and dash "-"	dash "-"				Х		
O0250A	Did the patient receive the influenza vaccine in this facility?	х	х	х	х	0, 1 and dash "-"	dash "-"			х			
O0250C	If influenza vaccine not received, state reason	х	х	х	x	1, 2, 3, 4, 5, 6, 9, "^" (skip pattern) and dash "-"	dash "-"			х			

Footnotes:

RA (Risk Adjustor) = quality measure also uses this item for risk adjustment

References:

LTCH Quality Reporting Measures Information: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information.html

LTCH QRP Data Submission Deadlines: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Data-Submission-Deadlines.html

LTCH QRP Manual: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-CARE-Data-Set-and-LTCH-QRP-Manual.html

^{*} 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.

^{**} For patients with Incomplete Stays (e.g., unplanned discharge), collection of discharge functional status might not be feasible. Therefore, only two criteria are required for APU determination: (i) complete admission functional assessment data on the Admission assessment, and (ii) a discharge goal for at least one self-care or mobility item on the Admission assessment. Incomplete Stays include patients who died in the LTCH, who had an unplanned discharge, who were discharged to an acute hospital, psychiatric hospital, or long-term care hospital, who were discharged against medical advice, or who had an LTCH length of stay of less than 3 days. For more information, please refer to the LTCH Quality Measures User's Manual Version 2.0.

Table 2. Items Used as Risk Adjustors for One or More Quality Measures Not Included in Table 1

			Assessm	ent Type		Codi	na	L	TCH QRP A	ssessment	-Based Qu	ality Measur	es
LTCH CARE Data Set Item	Item Name	Ad- mission	Planned Dis- charge	Un-	Ex- pired	Allowable item values (all possible values accepted according to the item specifications)		Falls with	Pressure	Patient Influenza Vaccinat- ion #0680	Change in Mobility Vent Patients	Application of Functional Assess- ment and Care Plan #2631	
GG0100B	Prior Functioning: Everyday Activities – Indoor Mobility (Ambulation)	х				3, 2, 1, 8, 9 and dash	Not applicable, item is not used for APU Determination				x		
GG0110A	Prior Device Use: Manual wheelchair	х				0,1 and dash "-"	Not applicable, item is not used for APU Determination				x		
GG0110B	Prior Device Use: Motorized wheelchair or scooter	х				0,1 and dash "-"	Not applicable, item is not used for APU Determination				x		
GG0110C	Prior Device Use: Mechanical Lift	х				0,1 and dash "-"	Not applicable, item is not used for APU Determination				х		
H0400	Bowel Continence	х				0, 1, 2, 3, 9 and dash	Not applicable, item is not used for APU Determination		х				
10050	Patient primary medical condition category	х				1, 2, 3, 4, 5 and dash	Not applicable, item is not used for APU Determination				х		
I0050A	Other medical condition - ICD code	х				ICD-10 code, "^" (skip pattern) and dash "-"	Not applicable, item is not used for APU determination				х		
10101	Severe and Metastatic Cancers	х				0, 1 and dash "-"	Not applicable, item is not used for APU Determination				х		
10900	Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)	х				0, 1 and dash "-"	Not applicable, item is not used for APU Determination		х				

			Assessm	ent Type		Codi	ng	L	TCH QRP A	ssessment	-Based Qu	ality Measur	es
LTCH CARE Data Set Item	Item Name	Ad- mission		Un- planned Dis- charge	Ex- pired	Allowable item values (all possible values accepted according to the item specifications)		Falls with	Pressure Ulcers New or	Patient Influenza	Change in Mobility Vent Patients	Application of Functional Assess- ment and Care Plan #2631	Functional Assess- ment and Care Plan #2631
l1501	Chronic Kidney Disease, Stage 5	х			•	0, 1 and dash "-"	Not applicable, item is not used for APU Determination				х		
l1502	Acute Renal Failure	х				0, 1 and dash "-"	Not applicable, item is not used for APU Determination				х		
12101	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock	х				0, 1 and dash "-"	Not applicable, item is not used for APU Determination				х		
12600	Central Nervous System Infections, Opportunistic Infections, Bone/Joint/Muscle Infections/Necrosis	x				0, 1 and dash "-"	Not applicable, item is not used for APU Determination				х		
12900	Diabetes mellitus (DM)	х				0, 1 and dash "-"	Not applicable, item is not used for APU Determination		х		х		
I4100	Major Lower Limb Amputation	х				0, 1 and dash "-"	Not applicable, item is not used for APU Determination				x		
14501	Stroke	х				0, 1 and dash "-"	Not applicable, item is not used for APU Determination				х		
14801	Dementia	х				0, 1 and dash "-"	Not applicable, item is not used for APU Determination				х		
14900	Hemiplegia or Hemiparesis	х				0, 1 and dash "-"	Not applicable, item is not used for APU Determination				x		
15000	Paraplegia	х				0, 1 and dash "-"	Not applicable, item is not used for APU Determination				х		

			Assessm	ent Type		Codi	ng	L	TCH QRP A	ssessment	-Based Qu	iality Measur	es
LTCH CARE Data Set Item	Item Name	Ad- mission	Dis-	Un- planned Dis- charge	Ex- pired	Allowable item values (all possible values accepted according to the item specifications)	Item values that may count against APU	Falls with Major Injury #0674	Pressure Ulcers New or Worsened #0678	Patient Influenza Vaccinat- ion #0680	Change in Mobility Vent Patients #2632	Application of Functional Assess- ment and Care Plan #2631	
15102	Incomplete Tetraplegia	x				0, 1 and dash "-"	Not applicable, item is not used for APU Determination				x		
	Other Spinal Cord Disorder/Injury	х				0, 1 and dash "-"	Not applicable, item is not used for APU Determination				x		
15601	Malnutrition	х				0, 1 and dash "-"	Not applicable, item is not used for APU Determination				x		
K0200A	Height (in inches)	х				00 - 99 and dash "-"	Not applicable, item is not used for APU Determination		х				
K0200B	Weight (in pounds)	х				000 - 999 and dash	Not applicable, item is not used for APU Determination		х				
O0100J	Dialysis	х				0, 1 and dash "-"	Not applicable, item is not used for APU Determination				х		
O0100N	Total Parenteral Nutrition	х				0, 1 and dash "-"	Not applicable, item is not used for APU Determination				х		

Note: These items in this table are used in quality measure calculation as risk adjustors. Not reporting risk adjustor data means that the complexity of the LTCH's patients is not accounted for in the quality measure scores.