Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Required Item for January 1, 2014 Data Collection
A0050	Type of Record	R	R	R	R	System cannot accept record without response
A0100A	Facility National Provider Identifier (NPI)	V	V	V	V	—
A0100B	Facility CMS Certification Number (CCN)	RC-V	RC-V	RC-V	RC-V	—
A0100C	State provider number	V	V	V	V	—
A0200	Type of provider	R	R	R	R	System cannot accept record without response
A0210	Assessment Reference Date	R	R	R	R	System cannot accept record without response
A0220	Admission Date	R	R	R	R	System cannot accept record without response
A0250	Reason for Assessment	R	R	R	R	System cannot accept record without response
A0270	Discharge Date (Date of Death on Expired form)	N/A	R	R	R	System cannot accept record without response
A0500A	Patient first name	R[1]	R[1]	R[1]	R[1]	Required, however, system accepts default response of hyphen or dash
A0500B	Patient middle initial	V	V	V	V	—
A0500C	Patient last name	R	R	R	R	System cannot accept record without response
A0500D	Patient name suffix	V	V	V	V	—
A0600A	Social Security Number	R[1]	R[1]	R[1]	R[1]	Required, however, system accepts default response of hyphen or dash
A0600B	Patient Medicare/railroad insurance number	V	V	V	V	—
A0700	Patient Medicaid number	V	V	V	V	—
A0800	Gender	R	R	R	R	System cannot accept record without response
A0900	Birth date	R(BYR)	R(BYR)	R(BYR)	R(BYR)	Birth year required
A1000A	Race/Ethnicity: American Indian or Alaska Native	V-DR	V-DR	V-DR	V-DR	—
A1000B	Race/Ethnicity: Asian	V-DR	V-DR	V-DR	V-DR	—
A1000C	Race/Ethnicity: Black or African American	V-DR	V-DR	V-DR	V-DR	—
A1000D	Race/Ethnicity: Hispanic or Latino	V-DR	V-DR	V-DR	V-DR	—
A1000E	Race/Ethnicity: Native Hawaiian/Pacific Islander	V-DR	V-DR	V-DR	V-DR	—
A1000F	Race/Ethnicity: White	V-DR	V-DR	V-DR	V-DR	—
A1100A	Does the Patient need or want an interpreter	V-DR	N/A	N/A	N/A	—
A1100B	Preferred language	V	N/A	N/A	N/A	—
A1200	Marital status	V-DR	N/A	N/A	N/A	—
A1400A	Payer Information: Current Payment Source(s): Medicare (traditional FFS)	V-DR	V-DR	V-DR	V-DR	—
A1400B	Payer Information: Current Payment Source(s): Medicare (managed care, Part C, Medicare Advantage)	V-DR	V-DR	V-DR	V-DR	—
A1400C	Payer Information: Current Payment Source(s): Medicaid (traditional FFS)	V-DR	V-DR	V-DR	V-DR	—
A1400D	Payer Information: Current Payment Source(s): Medicaid (managed care)	V-DR	V-DR	V-DR	V-DR	—
A1400E	Payer Information: Current Payment Source(s): Workers' compensation	V-DR	V-DR	V-DR	V-DR	—
A1400F	Payer Information: Current Payment Source(s): Title programs (e.g., III, V, or XX)	V-DR	V-DR	V-DR	V-DR	—
A1400G	Payer Information: Current Payment Source(s): Other government (TRICARE, VA)	V-DR	V-DR	V-DR	V-DR	—

For Key, see page 4 of this file

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Required Item for January 1, 2014 Data Collection
A1400H	Payer Information: Current Payment Source(s):Private insurance/Medigap	V-DR	V-DR	V-DR	V-DR	—
A1400I	Payer Information: Current Payment Source(s): Private managed care	V-DR	V-DR	V-DR	V-DR	—
A1400J	Payer Information: Current Payment Source(s): Self-pay	V-DR	V-DR	V-DR	V-DR	—
A1400K	Payer Information: Current Payment Source(s): No Payor Source	V-DR	V-DR	V-DR	V-DR	—
A1400X	Payer Information: Current Payment Source(s): Unknown	V-DR	V-DR	V-DR	V-DR	—
A1400Y	Payer Information: Current Payment Source(s): Other	V-DR	V-DR	V-DR	V-DR	—
A1802	Admitted from	V-DR	N/A	N/A	N/A	—
A2110	Discharge location	N/A	V-DR	V-DR	N/A	—
A2500	Program Interruption(s)	N/A	V	V	N/A	
A2510	Number of program interruptions during this stay in this facility	N/A	V	V	N/A	—
A2520A1	Most Recent Interruption Start Date	N/A	V	V	N/A	—
A2520A2	Most Recent Interruption End Date	N/A	V	V	N/A	—
A2520B1	Second Most Recent Interruption Start Date	N/A	V	V	N/A	—
A2520B2	Second Most Recent Interruption End Date	N/A	V	V	N/A	—
A2520C1	Third Most Recent Interruption Start Date	N/A	V	V	N/A	—
A2520C2	Third Most Recent Interruption End Date	N/A	V	V	N/A	—
B0100	Comatose	V-DR	N/A	N/A	N/A	—
GG0160A	Functional mobility: Roll left and right	V-DR	N/A	N/A	N/A	—
GG0160B	Functional mobility: Sit to lying	V-DR	N/A	N/A	N/A	—
GG0160C	Functional mobility: Lying to sitting on side of bed	M-R	N/A	N/A	N/A	Part of covariate calculation for PU measure
H0400	Bowel Continence	M-R	N/A	N/A	N/A	Part of covariate calculation for PU measure
I0900	Active diagnosis: Peripheral vascular disease (PVD) or Peripheral Arterial Disease (PAD)	M-R	N/A	N/A	N/A	Part of covariate calculation for PU measure
I2900	Active diagnosis: Diabetes mellitus (DM)	M-R	N/A	N/A	N/A	Part of covariate calculation for PU measure
I5600	Active diagnosis: Malnutrition (protein or calorie) or at risk for malnutrition	V-DR	N/A	N/A	N/A	—
K0200A	Height (in inches)	M-R	N/A	N/A	N/A	Part of covariate calculation for PU measure
K0200B	Weight (in pounds)	M-R	N/A	N/A	N/A	Part of covariate calculation for PU measure
M0210	Unhealed pressure ulcer(s)	R	R	R	N/A	System cannot accept record without response
M0300A	Stage 1: Number of stage 1 pressure ulcers	RC-V	RC-V	RC-V	N/A	—
M0300B1	Stage 2: Number of stage 2 pressure ulcers	M-R	M-R	M-R	N/A	Used for PU Measure consistency checks
M0300B2	Stage 2: Number of these stage 2 pressure ulcers that were present upon admission	RC-V	RC-V	RC-V	N/A	—
M0300C1	Stage 3: Number of stage 3 pressure ulcers	M-R	M-R	M-R	N/A	Used for PU Measure consistency checks
M0300C2	Stage 3: Number of these stage 3 pressure ulcers that were present upon admission	RC-V	RC-V	RC-V	N/A	—
M0300D1	Stage 4: Number of stage 4 pressure ulcers	M-R	M-R	M-R	N/A	Used for PU Measure consistency checks
M0300D2	Stage 4: Number of these stage 4 pressure ulcers that were present upon admission	RC-V	RC-V	RC-V	N/A	—

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Required Item for January 1, 2014 Data Collection
M0300E1	Unstageable - Nonremovable dressing: Number of unstageable pressure ulcers due to nonremovable dressing/device	RC-V	RC-V	RC-V	N/A	—
M0300E2	Unstageable - Nonremovable dressing: Number of these unstageable pressure ulcers that were present upon admission	RC-V	RC-V	RC-V	N/A	—
M0300F1	Unstageable - Slough and/or eschar: Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar	RC-V	RC-V	RC-V	N/A	—
M0300F2	Unstageable - Slough and/or eschar: Number of these unstageable pressure ulcers that were present upon admission	RC-V	RC-V	RC-V	N/A	—
M0300G1	Unstageable - deep tissue injury: Number of unstageable pressure ulcers with suspected deep tissue injury in evolution	RC-V	RC-V	RC-V	N/A	—
M0300G2	Unstageable - deep tissue injury: Number of these unstageable pressure ulcers that were present upon admission	RC-V	RC-V	RC-V	N/A	—
M0800A	Worsening in Pressure Ulcer Status Since Prior Assessment: Stage 2	N/A	M-R	M-R	N/A	Part of numerator calculation for PU measure
M0800B	Worsening in Pressure Ulcer Status Since Prior Assessment: Stage 3	N/A	M-R	M-R	N/A	Part of numerator calculation for PU measure
M0800C	Worsening in Pressure Ulcer Status Since Prior Assessment: Stage 4	N/A	M-R	M-R	N/A	Part of numerator calculation for PU measure
O0250A	Influenza vaccine - did patient receive influenza vaccine in this facility for this year's influenza vaccination season	M-R	M-R	M-R	N/A	Part of numerator calculation for Influenza vaccination measure
O0250B	Influenza vaccine - Date influenza vaccine received	M-R	M-R	M-R	N/A	Part of numerator calculation for Influenza vaccination measure
O0250C	Influenza vaccine - if influenza vaccine not received, state reason	M-R	M-R	M-R	N/A	Part of numerator calculation for Influenza vaccination measure
Z0400A	Attestation signature, title, sections, date	R	R	R	R	—
Z0400B	Attestation signature, title, sections, date	RC-V	RC-V	RC-V	RC-V	—
Z0400C	Attestation signature, title, sections, date	RC-V	RC-V	RC-V	RC-V	—
Z0400D	Attestation signature, title, sections, date	RC-V	RC-V	RC-V	RC-V	—
Z0400E	Attestation signature, title, sections, date	RC-V	RC-V	RC-V	RC-V	—
Z0400F	Attestation signature, title, sections, date	RC-V	RC-V	RC-V	RC-V	—
Z0400G	Attestation signature, title, sections, date	RC-V	RC-V	RC-V	RC-V	—
Z0400H	Attestation signature, title, sections, date	RC-V	RC-V	RC-V	RC-V	—
Z0400I	Attestation signature, title, sections, date	RC-V	RC-V	RC-V	RC-V	—
Z0400J	Attestation signature, title, sections, date	RC-V	RC-V	RC-V	RC-V	—

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Required Item for January 1, 2014 Data Collection
Z0400K	Attestation signature, title, sections, date	RC-V	RC-V	RC-V	RC-V	—
Z0400L	Attestation signature, title, sections, date	RC-V	RC-V	RC-V	RC-V	—
Z0500A	Attestation signature of person verifying completion	R	R	R	R	—
Z0500B	LTCH CARE Data Set Completion Date	R	R	R	R	System cannot accept record without response
	Key:					
	N/A: Not Applicable					
	R: Required					
	M-R: Required for Measure Calculation					
	BYR: Birth Year Required					
	R[1]: Required, however, system accepts default response of hyphen or dash					
	V: Voluntary					
	RC-V: Recommended but Voluntary					
	V-DR: Voluntary, default response required					