

IRF - PAI Body Record Layout (Specification Version 1.01A Revision 3)

GENERAL DATA SPECIFICATIONS NOTES:

The following data specifications show a separate entry for each field in the IRF-PAI data record layout. Entries (fields) are separated by dotted lines. Additional entries, all of which have a "Type" of "GROUP LABEL" are occasionally used to provide information about groups of fields. The first entry, "RECORD CONTROL SECTION", is a group label type entry with information for the first group of fields (see page 4). The second entry, "RECORD ID", is the first actual field in the layout (see page 4). The specific information given for each entry is detailed below.

ITEM/DB NAME/DESCRIPTION. The "Item/DB Name/Description" column gives the standard label (e.g., "REC_ID") for the field, the Oracle database field name, and a short verbal description (e.g., "RECORD ID").

Items are labeled to correspond to the number of the general item on the IRF-PAI form. For example, the item label, 24A indicates form item 24, subitem A. Lower case letters, a, aa, d, dd, and g indicate whether a response is used for admission, discharge, or goal as follows:

- a = ADMISSION FIM level
- aa = ADMISSION additional information
- d = DISCHARGE FIM level
- dd = DISCHARGE additional information
- g = GOAL FIM level

For example, item 39Laa indicates the admission information based on Walk, Wheelchair, or Both.

LEN. The "Len" column gives the length of the field in characters (bytes).

START. The "Start" column is the starting position for the field in the data record.

END. The "End" column is the ending position for the field in the data record.

SPECIFICATIONS. The "Specifications" column gives a variety of information concerning the data requirements for the field. If a specification item in this column is tagged with an asterisk (*), failure to comply with that specification will result in a FATAL ERROR and the IRF-PAI record will be REJECTED by the system. If a specification is not tagged with an asterisk (*), failure to comply will result in a warning (non-fatal error) and the record will still be accepted.

TYPE. The "Type" section describes the type of data for each field. Types are CODE, COUNT, TEXT, DATE, and CHECKLIST.

PICTURE. The "Picture" section provides basic format information for the field. A picture of "X" indicates a single alpha-numeric character, while "XX" or "X(2)" indicates two alpha-numeric characters. A picture of "YYYYMMDD" is used for date fields indicating year (including century), month, and day format.

***RANGE.** The "**Range" section lists the permissible values for a field. The asterisk in the label indicates that range errors are FATAL with Version 1.01A. If the field does not have a value listed in the range, the IRF-PAI record will be REJECTED. The following conventions are used in the range list. A value of a single space is indicated by "sp"; a value of two spaces, by "sp(2)"; a value of three spaces, by "sp(3)"; etc.

FORMAT INFO. The "Format Info" section indicates additional specifications for the required formatting of a value for an active field. Examples are requirements that text entries be upper case and left-justified, and that numeric (count) entries be right justified and leading zero filled. If a specification listed in Format Info is preceded by an asterisk (*), failure to comply with that specification is a FATAL error that will result in record REJECTION. For example, the Format Info for some numeric (count) entries includes the specification:

"**Right justified and leading zero filled; no spaces".

If the value for an active field does not comply with such an asterisk-tagged specification, a FATAL error will occur. If a Format Info specification is not tagged with an asterisk (*), failure to comply will result in a warning (non-fatal error) and the record will still be accepted by the system.

CONSISTENCY REQUIRED. Some pairs of fields or groups of fields must have consistent values. The "Consistency Required" section indicates such consistency specifications for a field. If a consistency specification is preceded by an asterisk (*), failure to comply with that specification is a FATAL error that will result in record REJECTION. For example, the consistency requirements for field 2 includes the specification:

" *1. This field must not be blank if 20A is coded 02 or 51."

If the value for a field does not comply with such an asterisk-tagged specification, a FATAL error will occur. If a consistency specification is not tagged with an asterisk (*), failure to comply will result in a warning (non-fatal error) and the record will still be accepted by the system.

Uniform Data Submission Specifications for the IRF-PAI (07/2007)

Body Record Layout For Submission From the Facility to the System (Version 1.01A Revision 3)

Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)
REC_CNTRL				Type: GROUP LABEL Picture: *Range: Format Info: Consistency Required:
RECORD CONTROL SECTION				
REC_ID	2	1	2	Type: CODE Picture: X(2) *Range: B2 Format Info: Upper case B followed by 2. Consistency Required: Note: Values of A2 (A-two), Z2 (Z-two), and X2 (X-two) are used to identify header, trailer and inactivation records in an IRF-PAI file submitted from the facility to the National Assessment Collection Database.
RECORD ID				
FAC_DOC_CD	8	3	10	Type: CODE Picture: X(8) *Range: Alphanumeric, sp(8) Format Info: Left justified; other characteristics determined by the facility. Consistency Required: 1. Optional item - can be used by the facility for unique identification of record and tracking of records submitted to the National Assessment Collection Database.
FAC_DOC_CD				
DOCUMENT ID CODE (FACILITY USE)				

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
VERSION_CD1	5	11	15	Type:	CODE
VERSION_CD1				Picture:	X(5)
IRF-PAI VERSION COMPLETED CODE				*Range:	1.0A
				Format Info:	1. Left justified; any letters must be upper case. *2. Use the following values: a. 1.0A (one-point-zero-A) for the initial version of IRF-PAI 1.0.
				Consistency Required:	1. This code represents the version of the IRF-PAI form actually completed in the facility.
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VERSION_CD2	5	16	20	Type:	CODE
VERSION_CD2				Picture:	X(5)
IRF-PAI DATA SPECS VERSION CODE				*Range:	1.00A, 1.01A
				Format Info:	1. Left justified; any letters must be upper case.
				Consistency Required:	1. This code represents the version of the IRF-PAI data specifications used to create the IRF-PAI data record for submission to the National Assessment Collection Database. 2. The version of data specs that should be used is 1.01A. 3. If a record is submitted using the old version of the specifications (1.00A), then a non-fatal warning will indicate that an old version is being used.

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
SFTW_ID	9	21	29	Type:	TEXT
SFTW_ID				Picture:	X(9)
SFTW_ID				*Range:	Valid Code
SOFTWARE VENDOR OR AGENT TAX ID				Format Info:	1. Valid tax ID. 2. Left justified. *3. No embedded dashes or spaces.
				Consistency Required:	1. If the facility or an agent encodes the IRF-PAI record using vendor software, enter the vendor software EIN number. 2. If the facility encodes the IRF-PAI record using an in-house product, enter the facility EIN number. 3. If an agent encodes the IRF-PAI record using an agent's in-house product, enter the agent's EIN number.
SFT_VER	10	30	39	Type:	TEXT
SFT_VER				Picture:	X(10)
SFT_VER				*Range:	Alphanumeric, sp(10)
SOFTWARE VERSION				Format Info:	Left justified, any letters must be upper case.
				Consistency Required:	1. This is the version of the encoding software used to encode the data.

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
STATE_CD	2	40	41	Type:	TEXT
STATE_ID				Picture:	X(2)
STATE ID TWO-CHARACTER POSTAL CODE				*Range:	Valid code (AK, AL, AR ...WV, WY)
				Format Info:	Upper case.
				Consistency Required:	*1. Fatal error if STATE_CD is not in the valid list. *2. This code is the standard 2-letter state code (e.g., AK for Alaska, AL for Alabama, etc.)
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FAC_ID	16	42	57	Type:	TEXT
FAC_ID				Picture:	X(16)
CMS ASSIGNED UNIQUE FACILITY ID CODE				*Range:	Valid Code
				Format Info:	Left justified, any letters must be upper case.
				Consistency Required:	*1. This facility ID code is required on every data record. It must be the ID assigned by CMS for this purpose and must match the facility ID (FAC_ID) in the header record of the submission file.
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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)
CORRECTION_NUM	2	58	59	Type: COUNT Picture: X(2) *Range: 00 thru 99 Correction Number for Record Format Info: Right justified; leading zero filled. Consistency Required: *1. For the original submissions of a record, use 00 (zero, zero) as the value. If correction records are submitted, increment this count with each correction: 01, 02, 03, etc. *2. A record will be rejected based upon CORRECTION_NUM if EITHER of the following two conditions apply: a. If there are NO MATCHING RECORDS on the National Assessment Collection Database and CORRECTION_NUM is not equal to 00; or b. If there are ONE OR MORE MATCHING RECORDS on the National Assessment Collection Database, and CORRECTION_NUM is not one integer greater than the greatest CORRECTION_NUM among the matching National Assessment Collection Database records. "Matching records" are defined as records which meet the following conditions: - identical facility (FAC_INT_ID) - identical Admission Date - the patient is identified as the same patient on the basis of name (PAT_FIRST_NAME and PAT_LAST_NAME), gender (GENDER), birthdate (BIRTH_DT), and Social Security Number (SSN).
CNT_FILLER	98	60	157	Type: FILLER Picture: X(98) *Range: sp(98) CONTROL SECTION FILLER (Future Use) Format Info: Must be 98 spaces at this time--reserved for future use. Consistency Required:

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)
<hr/>				
				Type: GROUP LABEL
				Picture:
				*Range:
IDENTIFICATION INFORMATION				Format Info:
				Consistency Required:
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1A.	50	158	207	Type: TEXT
FAC_NAME				Picture: X(50)
				*Range: Text
Facility Name				Format Info: Left justified; any letters must be upper case.
				Consistency Required:
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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
1B.	12	208	219	Type:	TEXT
FAC_MDCR_PRVDR_NUM				Picture:	X(12)
Facility Medicare Provider Number				*Range:	Valid code
				Format Info:	1. Left justified. *2. No embedded dashes or spaces. 3. Any letters must be upper case.
				Consistency Required:	
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2.	12	220	231	Type:	TEXT
PAT_MDCR_NUM				Picture:	X(12)
Patient Medicare Number				*Range:	Valid code
				Format Info:	1. Left justified. *2. No embedded dashes or spaces. 3. Any letters must be upper case.
				Consistency Required:	*1. This field must not be blank if 20A or 20B is coded 02 or 51. 2. Enter the Railroad Retirement Board (RRB) Number if the patient is a beneficiary under the RRB program. *3. If the first character is numeric, then the first 9 characters must be digits (0-9). 4. If the entry starts with a letter then it is a RRB code.

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
3.	14	232	245	Type:	TEXT
PAT_MDCD_NUM				Picture:	X(14)
Patient Medicaid Number				*Range:	Valid code, sp(14)
				Format Info:	1. Left justified. *2. No embedded dashes or spaces. 3. Any letters must be upper case.
				Consistency Required:	1. Allow + in first character to indicate pending Medicaid status.
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4.	12	246	257	Type:	TEXT
PAT_1ST_NAME				Picture:	X(12)
Patient First Name				*Range:	Text
				Format Info:	Upper case, left justified.
				Consistency Required:	
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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
5A.	18	258	275	Type:	TEXT
PAT_LAST_NAME				Picture:	X(18)
Patient Last Name				*Range:	Text
				Format Info:	Upper case, left justified.
				Consistency Required:	
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6.	8	276	283	Type:	DATE
BIRTH_DT				Picture:	YYYYMMDD
Birth Date				*Range:	Valid full or partial date; spaces allowed only with partial date.
				Format Info:	YYYYMMDD if completely known. If partially known, then a left justified partial entry is allowed of the form YYYYMM or YYYY. If the date is partially known, leave unknown portion (DD or MMDD) blank.
				Consistency Required:	*1. This date must be earlier than all of the following dates that are present in the record (not blank): 12 (Admission Date), 13 (Assessment Reference Date), 40 (Discharge Date), and 43A - 43F (Program Interruption Dates). This date must also be earlier than the current date. *2. This date cannot be more than 140 years in the past.

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
7.	9	284	292	Type:	TEXT
SSN_NUM				Picture:	X(9)
Social Security Number				*Range:	Valid code, sp(9)
				Format Info:	*1. No embedded dashes or spaces.
				Consistency Required:	*1. If present in the record (not blank), the length must be 9 and all numeric. *2. This number may not be all the same numbers (e.g., 111111111, 222222222, etc.). *3. This number cannot start with 000. *4. This number cannot be 123456789.
8.	1	293	293	Type:	CODE
GNDR_CD				Picture:	X
Gender				*Range:	1,2
				Format Info:	
				Consistency Required:	

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
9A.	1	294	294	Type:	CHECKLIST
ETHNCTY_AMRCN_INDN_AK_NTV_SW				Picture:	X
Race: American Indian/Alaskan Native				*Range:	0,1, sp(1)
				Format Info:	
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
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9B.	1	295	295	Type:	CHECKLIST
ETHNCTY_ASN_SW				Picture:	X
Race: Asian				*Range:	0,1, sp(1)
				Format Info:	
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
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9C.	1	296	296	Type:	CHECKLIST
ETHNCTY_AFRCN_AMRCN_SW				Picture:	X
Race: Black or African American				*Range:	0,1, sp(1)
				Format Info:	
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
9D.	1	297	297	Type:	CHECKLIST
ETHNCTY_HSPNC_LTN_SW				Picture:	X
Ethnicity: Hispanic or Latino				*Range:	0,1, sp(1)
				Format Info:	
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
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9E.	1	298	298	Type:	CHECKLIST
ETHNCTY_NTV_HI_PCFC_ISLNDR_SW				Picture:	X
Race: Native Hawaiian or other Pacific Islander				*Range:	0,1, sp(1)
				Format Info:	
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
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9F.	1	299	299	Type:	CHECKLIST
ETHNCTY_WHT_SW				Picture:	X
Race: White				*Range:	0,1, sp(1)
				Format Info:	
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)
10.	2	300	301	Type: CODE
MRTL_STUS_CD				Picture: X(2)
Marital Status				*Range: 01,02,03,04,05, sp(2)
				Format Info: *Right justified, leading zero filled.
				Consistency Required: 1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
11.	5	302	306	Type: TEXT
ZIP_CD				Picture: X(5)
ZIP code of patient's pre-hospital residence				*Range: Valid ZIP, country abbreviation, sp(5)
				Format Info: Left justified with any letters upper case.
				Consistency Required: 1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
				Type: GROUP LABEL
				Picture:
ADMISSION INFORMATION				*Range:
				Format Info:
				Consistency Required:

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
12.	8	307	314	Type:	DATE
ADMSN_DT				Picture:	YYYYMMDD
Admission Date				*Range:	Valid date
				Format Info:	
				Consistency Required:	*1. This date must be earlier than or the same as the following dates that are present in the record (not blank): 13 (Assessment Reference Date); 40 (Discharge Date), 43A - 43F (Program Interruption Dates), and Current Date. *2. This date must be later than or the same as 23 (Date of Onset). *3. This date cannot be earlier than 1980.
13.	8	315	322	Type:	DATE
ASMT_RFRNC_DT				Picture:	YYYYMMDD
Assessment Reference Date				*Range:	Valid date
				Format Info:	
				Consistency Required:	*1. This date must be earlier than or the same as 40 (Discharge Date). *2. This date must be earlier than or the same as the current date. *3. This date usually must be 2 days after 12 (Admission Date).

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
14.	2	323	324	Type:	CODE
ADMSN_CLS_CD				Picture:	X(2)
Admission class				*Range:	01, 02, 03, 04, 05, sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
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15.	2	325	326	Type:	CODE
ADMSN_FROM_CD				Picture:	X(2)
Admit From (at date of admission)				*Range:	01-10, 12-14
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
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16.	2	327	328	Type:	CODE
PRE_HOSP_LVG_SET_CD				Picture:	X(2)
Pre-Hospital Living Setting				*Range:	01-10, 12-14, sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
17.	2	329	330	Type:	CODE
PRE_HOSP_LVG_WTH_CD				Picture:	X(2)
Pre-Hospital Living With				*Range:	01,02,03,04,05, sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	*1. If both items 16 and 17 have been completed, then this item may not be blank if item 16 is equal to 01. *2. If both items 16 and 17 have been completed, then this item must be blank if item 16 is not equal to 01.
18.	2	331	332	Type:	CODE
PRE_HOSP_VCTNL_CTGRY_CD				Picture:	X(2)
Pre-Hospital Vocational Category				*Range:	01,02,03,04,05,06,07, sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
19.	2	333	334	Type:	CODE
PRE_HOSP_VCTNL_EFRT_CD				Picture:	X(2)
Pre-Hospital Vocational Effort				*Range:	01,02,03, sp (2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	*1. If both items 18 and 19 have been completed, then this item must be blank if item 18 is equal to 05, 06, or 07. *2. If both items 18 and 19 have been completed, then this item must not be blank if item 18 is equal to 01 - 04.

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)
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				Type: GROUP LABEL
				Picture:
				*Range:
PAYER INFORMATION				Format Info:
				Consistency Required:
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20A.	2	335	336	Type: CODE
PRMRY_PMT_SRC_CD				Picture: X(2)
				*Range: 01-16, 51-52
Primary payment source				Format Info: *Right justified, leading zero filled.
				Consistency Required: *1. IRF-PAI can only be submitted if 20A is equal to 02 or 51 or if 20B is equal to 02 or 51. *2. This item cannot be equal to 02 or 51 if Item 20B is equal to 02 or 51.
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20B.	2	337	338	Type: CODE
SCNDRY_PMT_SRC_CD				Picture: X(2)
				*Range: 01-16, 51-52, sp(2)
Secondary payment source				Format Info: *Right justified, leading zero filled.
				Consistency Required: *1. IRF-PAI can only be submitted if 20A is equal to 02 or 51 or if 20B is equal to 02 or 51. *2. This item cannot equal 02 or 51 if Item 20A is equal to 02 or 51.
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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)
				Type: GROUP LABEL
				Picture:
				*Range:
MEDICAL INFORMATION				Format Info:
				Consistency Required:
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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)
21a.	9	339	347	Type: CODE
IMPRMNT_GRP_ADMSN_CD				Picture: XXXX.XXXX
Impairment Group: Admission				*Range: Valid code
				Format Info: *00 (zero, zero) followed by a valid code in the list.
				See Attachment A, "Rehabilitation Impairment Categories (RICs) and Associated Impairment Group Codes" for valid values.
				*This code must conform as follows: Character 1 must be 0 (zero) (reserved for future use). Character 2 must be 0 (zero) (reserved for future use). Character 3 must be 0 (zero) or 1. Character 4 must be 0 (zero) thru 9. Character 5 must be a decimal point or space. Characters 6 thru 9 must be 0 (zero) thru 9 or space. If character 6 is a space, then character 5 must be a space. If character 6 is a space, then characters 7 thru 9 must be spaces. If character 7 is a space, then characters 8 and 9 must be spaces. If character 8 is a space, then character 9 must be a space.
				Consistency Required:

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)
21d.	9	348	356	Type: CODE
IMPRMNT_GRP_DSCHRG_CD				Picture: XXXX.XXXX
Impairment Group: Discharge				*Range: Valid code
				Format Info: *00 (zero, zero) followed by a valid code in the list.
				See Attachment A, "Rehabilitation Impairment Categories (RICs) and Associated Impairment Group Codes" for valid values.
				*This code must conform as follows: Character 1 must be 0 (zero) (reserved for future use). Character 2 must be 0 (zero) (reserved for future use). Character 3 must be 0 (zero) or 1. Character 4 must be 0 (zero) thru 9. Character 5 must be a decimal point or space. Characters 6 thru 9 must be 0 (zero) thru 9 or space. If character 6 is a space, then character 5 must be a space. If character 6 is a space, then characters 7 thru 9 must be spaces. If character 7 is a space, then characters 8 and 9 must be spaces. If character 8 is a space, then character 9 must be a space.
				Consistency Required:

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
22.	7	357	363	Type:	CODE
ETLGC_DGNS_CD				Picture:	XXXX.XX
Etiologic Diagnosis Code (ICD-9 Code)				*Range:	Valid ICD-9 code
				Format Info:	*A non-blank value must conform as follows: Character 1 must be a space. Character 2 must be a V or 0 (zero) thru 9. Characters 3 thru 4 must be 0 (zero) thru 9. Character 5 must be a decimal point. Characters 6 and 7 must be 0 (zero) thru 9 or space. If character 6 is a space, then character 7 must be a space.
				Consistency Required:	*1. This item cannot contain an 'E' code.
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23.	8	364	371	Type:	DATE
ONST_DT				Picture:	YYYYMMDD
Date of Onset				*Range:	Valid Date, sp(8)
				Format Info:	
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed. *2. If this date is present in the record (not blank), it must be earlier than or the same as the following dates that are present in the record (not blank): 40 (Discharge Date), 43A - 43F (Program Interruption Dates), and the current date.

Uniform Data Submission Specifications for the IRF-PAI (07/2007)

Body Record Layout For Submission From the Facility to the System (Version 1.01A Revision 3)

Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
24A.	7	372	378	Type:	CODE
CMRBD_COND_A_CD				Picture:	XXXX.XX
Comorbid Conditions (ICD-9 Code)				*Range:	Valid ICD-9 Code, sp(7)
				Format Info:	*A non-blank value must conform as follows: Character 1 must be E or space. Character 2 can be a V if character 1 is a space; otherwise character 2 must be 0 (zero) thru 9. Characters 3 thru 4 must be 0 (zero) thru 9. Character 5 must be a decimal point. Characters 6 and 7 must be 0 (zero) thru 9 or space. If character 6 is a space, then character 7 must be a space.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed. *2. This item cannot be blank if item 24B is not blank.

Uniform Data Submission Specifications for the IRF-PAI (07/2007)

Body Record Layout For Submission From the Facility to the System (Version 1.01A Revision 3)

Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
24B.	7	379	385	Type:	CODE
CMRBD_COND_B_CD				Picture:	XXXX.XX
Comorbid Conditions (ICD-9 Code)				*Range:	Valid ICD-9 Code, sp(7)
				Format Info:	*A non-blank value must conform as follows: Character 1 must be E or space. Character 2 can be a V if character 1 is a space; otherwise character 2 must be 0 (zero) thru 9. Characters 3 thru 4 must be 0 (zero) thru 9. Character 5 must be a decimal point. Characters 6 and 7 must be 0 (zero) thru 9 or space. If character 6 is a space, then character 7 must be a space.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed. *2. This item cannot be blank if item 24C is not blank.

Uniform Data Submission Specifications for the IRF-PAI (07/2007)

Body Record Layout For Submission From the Facility to the System (Version 1.01A Revision 3)

Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
24C.	7	386	392	Type:	CODE
CMRBD_COND_C_CD				Picture:	XXXX.XX
Comorbid Conditions (ICD-9 Code)				*Range:	Valid ICD-9 Code, sp(7)
				Format Info:	*A non-blank value must conform as follows: Character 1 must be E or space. Character 2 can be a V if character 1 is a space; otherwise character 2 must be 0 (zero) thru 9. Characters 3 thru 4 must be 0 (zero) thru 9. Character 5 must be a decimal point. Characters 6 and 7 must be 0 (zero) thru 9 or space. If character 6 is a space, then character 7 must be a space.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed. *2. This item cannot be blank if item 24D is not blank.

Uniform Data Submission Specifications for the IRF-PAI (07/2007)

Body Record Layout For Submission From the Facility to the System (Version 1.01A Revision 3)

Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
24D.	7	393	399	Type:	CODE
CMRBD_COND_D_CD				Picture:	XXXX.XX
Comorbid Conditions (ICD-9 Code)				*Range:	Valid ICD-9 Code, sp(7)
				Format Info:	*A non-blank value must conform as follows: Character 1 must be E or space. Character 2 can be a V if character 1 is a space; otherwise character 2 must be 0 (zero) thru 9. Characters 3 thru 4 must be 0 (zero) thru 9. Character 5 must be a decimal point. Characters 6 and 7 must be 0 (zero) thru 9 or space. If character 6 is a space, then character 7 must be a space.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed. *2. This item cannot be blank if item 24E is not blank.

Uniform Data Submission Specifications for the IRF-PAI (07/2007)

Body Record Layout For Submission From the Facility to the System (Version 1.01A Revision 3)

Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)
24E.	7	400	406	Type: CODE
CMRBD_COND_E_CD				Picture: XXXX.XX
Comorbid Conditions (ICD-9 Code)				*Range: Valid ICD-9 Code, sp(7)
				Format Info: *A non-blank value must conform as follows: Character 1 must be E or space. Character 2 can be a V if character 1 is a space; otherwise character 2 must be 0 (zero) thru 9. Characters 3 thru 4 must be 0 (zero) thru 9. Character 5 must be a decimal point. Characters 6 and 7 must be 0 (zero) thru 9 or space. If character 6 is a space, then character 7 must be a space.
				Consistency Required: 1. Completion of this item is optional. If the item is not completed, a blank value is allowed. *2. This item cannot be blank if item 24F is not blank.

Uniform Data Submission Specifications for the IRF-PAI (07/2007)
Body Record Layout For Submission From the Facility to the System (Version 1.01A Revision 3)

Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)
24F.	7	407	413	Type: CODE
CMRBD_COND_F_CD				Picture: XXXX.XX
Comorbid Conditions (ICD-9 Code)				*Range: Valid ICD-9 Code, sp(7)
				Format Info: *A non-blank value must conform as follows: Character 1 must be E or space. Character 2 can be a V if character 1 is a space; otherwise character 2 must be 0 (zero) thru 9. Characters 3 thru 4 must be 0 (zero) thru 9. Character 5 must be a decimal point. Characters 6 and 7 must be 0 (zero) thru 9 or space. If character 6 is a space, then character 7 must be a space.
				Consistency Required: 1. Completion of this item is optional. If the item is not completed, a blank value is allowed. *2. This item cannot be blank if item 24G is not blank.

Uniform Data Submission Specifications for the IRF-PAI (07/2007)

Body Record Layout For Submission From the Facility to the System (Version 1.01A Revision 3)

Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
24G.	7	414	420	Type:	CODE
CMRBD_COND_G_CD				Picture:	XXXX.XX
Comorbid Conditions (ICD-9 Code)				*Range:	Valid ICD-9 Code, sp(7)
				Format Info:	*A non-blank value must conform as follows: Character 1 must be E or space. Character 2 can be a V if character 1 is a space; otherwise character 2 must be 0 (zero) thru 9. Characters 3 thru 4 must be 0 (zero) thru 9. Character 5 must be a decimal point. Characters 6 and 7 must be 0 (zero) thru 9 or space. If character 6 is a space, then character 7 must be a space.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed. *2. This item cannot be blank if item 24H is not blank.

Uniform Data Submission Specifications for the IRF-PAI (07/2007)

Body Record Layout For Submission From the Facility to the System (Version 1.01A Revision 3)

Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
24H.	7	421	427	Type:	CODE
CMRBD_COND_H_CD				Picture:	XXXX.XX
Comorbid Conditions (ICD-9 Code)				*Range:	Valid ICD-9 Code, sp(7)
				Format Info:	*A non-blank value must conform as follows: Character 1 must be E or space. Character 2 can be a V if character 1 is a space; otherwise character 2 must be 0 (zero) thru 9. Characters 3 thru 4 must be 0 (zero) thru 9. Character 5 must be a decimal point. Characters 6 and 7 must be 0 (zero) thru 9 or space. If character 6 is a space, then character 7 must be a space.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed. *2. This item cannot be blank if item 24I is not blank.

Uniform Data Submission Specifications for the IRF-PAI (07/2007)

Body Record Layout For Submission From the Facility to the System (Version 1.01A Revision 3)

Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)
24I.	7	428	434	Type: CODE
CMRBD_COND_I_CD				Picture: XXXX.XX
Comorbid Conditions (ICD-9 Code)				*Range: Valid ICD-9 Code, sp(7)
				Format Info: *A non-blank value must conform as follows: Character 1 must be E or space. Character 2 can be a V if character 1 is a space; otherwise character 2 must be 0 (zero) thru 9. Characters 3 thru 4 must be 0 (zero) thru 9. Character 5 must be a decimal point. Characters 6 and 7 must be 0 (zero) thru 9 or space. If character 6 is a space, then character 7 must be a space.
				Consistency Required: 1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed. *2. This item cannot be blank if item 24J is not blank.

Uniform Data Submission Specifications for the IRF-PAI (07/2007)

Body Record Layout For Submission From the Facility to the System (Version 1.01A Revision 3)

Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)
24J.	7	435	441	Type: CODE
CMRBD_COND_J_CD				Picture: XXXX.XX
Comorbid Conditions (ICD-9 Code)				*Range: Valid ICD-9 Code, sp(7)
				Format Info: *A non-blank value must conform as follows: Character 1 must be E or space. Character 2 can be a V if character 1 is a space; otherwise character 2 must be 0 (zero) thru 9. Characters 3 thru 4 must be 0 (zero) thru 9. Character 5 must be a decimal point. Characters 6 and 7 must be 0 (zero) thru 9 or space. If character 6 is a space, then character 7 must be a space.
				Consistency Required: 1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
<hr/>				
				Type: GROUP LABEL
				Picture:
				*Range:
MEDICAL NEEDS				Format Info:
				Consistency Required:
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Uniform Data Submission Specifications for the IRF-PAI (07/2007)

Body Record Layout For Submission From the Facility to the System (Version 1.01A Revision 3)

Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
25.	1	442	442	Type:	CODE
CMTS_SW				Picture:	X
Comatose: Admission				*Range:	0,1,sp(1)
				Format Info:	
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
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26.	1	443	443	Type:	CODE
DLRS_SW				Picture:	X
Delirious: Admission				*Range:	0,1,sp(1)
				Format Info:	
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
<hr/>					
27a.	2	444	445	Type:	CODE
SWLWG_ADMSN_CD				Picture:	X(2)
Swallowing Status: Admission				*Range:	01,02,03,sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
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Uniform Data Submission Specifications for the IRF-PAI (07/2007)
Body Record Layout For Submission From the Facility to the System (Version 1.01A Revision 3)

Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
27d.	2	446	447	Type:	CODE
SWLWG_DSCHRG_CD				Picture:	X(2)
Swallowing Status: Discharge				*Range:	01,02,03,sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
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28a.	1	448	448	Type:	CODE
DHYDRTN_ADMSN_SW				Picture:	X
Clinical signs of dehydration: Admission				*Range:	0,1,sp(1)
				Format Info:	
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
<hr/>					
28d.	1	449	449	Type:	CODE
DHYDRTN_DSCHRG_SW				Picture:	X
Clinical signs of dehydration: Discharge				*Range:	0,1,sp(1)
				Format Info:	
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.

Uniform Data Submission Specifications for the IRF-PAI (07/2007)

Body Record Layout For Submission From the Facility to the System (Version 1.01A Revision 3)

Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)
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				Type: GROUP LABEL
				Picture:
				*Range:
FUNCTION MODIFIERS				Format Info:
				Consistency Required:

29a.	2	450	451	Type: CODE
BLADR_ASTNC_ADMSN_CD				Picture: X(2)
				*Range: 01-07
Bladder Level of Assistance: Admission				Format Info: *Right justified, leading zero filled.
				Consistency Required:

29d.	2	452	453	Type: CODE
BLADR_ASTNC_DSCHRG_CD				Picture: X(2)
				*Range: 01-07
Bladder Level of Assistance: Discharge				Format Info: *Right justified, leading zero filled.
				Consistency Required:

Uniform Data Submission Specifications for the IRF-PAI (07/2007)

Body Record Layout For Submission From the Facility to the System (Version 1.01A Revision 3)

Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
30a.	2	454	455	Type:	CODE
BLADR_ACDNT_ADMSN_CD				Picture:	X(2)
Bladder Frequency of Accidents: Admission				*Range:	01-07
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
<hr/>					
30d.	2	456	457	Type:	CODE
BLADR_ACDNT_DSCHRG_CD				Picture:	X(2)
Bladder Frequency of Accidents: Discharge				*Range:	01-07
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
<hr/>					
31a.	2	458	459	Type:	CODE
BWL_ASTNC_ADMSN_CD				Picture:	X(2)
Bowel Level of Assistance: Admission				*Range:	01-07
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
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Uniform Data Submission Specifications for the IRF-PAI (07/2007)

Body Record Layout For Submission From the Facility to the System (Version 1.01A Revision 3)

Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)
31d.	2	460	461	Type: CODE
BWL_ASTNC_DSCHRG_CD				Picture: X(2)
				*Range: 01-07
Bowel Level of Assistance: Discharge				Format Info: *Right justified, leading zero filled.
				Consistency Required:

32a.	2	462	463	Type: CODE
BWL_ACDNT_ADMSN_CD				Picture: X(2)
				*Range: 01-07
Bowel Frequency of Accidents: Admission				Format Info: *Right justified, leading zero filled.
				Consistency Required:

32d.	2	464	465	Type: CODE
BWL_ACDNT_DSCHRG_CD				Picture: X(2)
				*Range: 01-07
Bowel Frequency of Accidents: Discharge				Format Info: *Right justified, leading zero filled.
				Consistency Required:

Uniform Data Submission Specifications for the IRF-PAI (07/2007)

Body Record Layout For Submission From the Facility to the System (Version 1.01A Revision 3)

Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
33a.	2	466	467	Type:	CODE
TUB_TRNSFR_ADMSN_CD				Picture:	X(2)
Tub Transfer: Admission				*Range:	00-07, sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	*1. This item must be blank if item 34a is not blank.
<hr/>					
33d.	2	468	469	Type:	CODE
TUB_TRNSFR_DSCHRG_CD				Picture:	X(2)
Tub Transfer: Discharge				*Range:	00-07, sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	*1. This item must be blank if item 34d is not blank.
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34a.	2	470	471	Type:	CODE
SHWR_TRNSFR_ADMSN_CD				Picture:	X(2)
Shower Transfer: Admission				*Range:	00-07, sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	*1. This item must be blank if item 33a is not blank.

Uniform Data Submission Specifications for the IRF-PAI (07/2007)

Body Record Layout For Submission From the Facility to the System (Version 1.01A Revision 3)

Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
34d.	2	472	473	Type:	CODE
SHWR_TRANSFR_DSCHRG_CD				Picture:	X(2)
Shower Transfer: Discharge				*Range:	00-07, sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	*1. This item must be blank if item 33d is not blank.
<hr/>					
35a.	2	474	475	Type:	CODE
DSTNC_WLKD_ADMSN_CD				Picture:	X(2)
Distance Walked: Admission				*Range:	00-03
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
<hr/>					
35d.	2	476	477	Type:	CODE
DSTNC_WLKD_DSCHRG_CD				Picture:	X(2)
Distance Walked: Discharge				*Range:	00-03
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	

Uniform Data Submission Specifications for the IRF-PAI (07/2007)

Body Record Layout For Submission From the Facility to the System (Version 1.01A Revision 3)

Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
36a.	2	478	479	Type:	CODE
DSTNC_WC_ADMSN_CD				Picture:	X(2)
				*Range:	00-03
Distance Traveled in Wheelchair: Admission				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
<hr/>					
36d.	2	480	481	Type:	CODE
DSTNC_WC_DSCHRG_CD				Picture:	X(2)
				*Range:	00-03
Distance Traveled in Wheelchair: Discharge				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
<hr/>					
37a.	2	482	483	Type:	CODE
WLK_ADMSN_CD				Picture:	X(2)
				*Range:	00-07
Walk: Admission				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	

Uniform Data Submission Specifications for the IRF-PAI (07/2007)

Body Record Layout For Submission From the Facility to the System (Version 1.01A Revision 3)

Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
37d.	2	484	485	Type:	CODE
WLK_DSCHRG_CD				Picture:	X(2)
Walk: Discharge				*Range:	00-07
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
<hr/>					
38a.	2	486	487	Type:	CODE
WC_ADMSN_CD				Picture:	X(2)
Wheelchair: Admission				*Range:	00-07
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
<hr/>					
38d.	2	488	489	Type:	CODE
WC_DSCHRG_CD				Picture:	X(2)
Wheelchair: Discharge				*Range:	00-07
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
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Uniform Data Submission Specifications for the IRF-PAI (07/2007)
Body Record Layout For Submission From the Facility to the System (Version 1.01A Revision 3)

Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)
FIM INSTRUMENT				Type: GROUP LABEL Picture: *Range: Format Info: Consistency Required:
39Aa.	2	490	491	Type: CODE
EATG_ADMSN_CD				Picture: X(2)
SELF-CARE - Eating: Admission				*Range: 00-07
				Format Info: *Right justified, leading zero filled.
				Consistency Required:
39Ad.	2	492	493	Type: CODE
EATG_DSCHRG_CD				Picture: X(2)
SELF-CARE - Eating: Discharge				*Range: 01-07
				Format Info: *Right justified, leading zero filled.
				Consistency Required:

Uniform Data Submission Specifications for the IRF-PAI (07/2007)
Body Record Layout For Submission From the Facility to the System (Version 1.01A Revision 3)

Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)
39Ag.	2	494	495	Type: CODE
EATG_GOAL_CD				Picture: X(2)
SELF-CARE - Eating: Goal				*Range: 01-07, sp(2)
				Format Info: *Right justified, leading zero filled.
				Consistency Required: 1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
<hr/>				
39Ba.	2	496	497	Type: CODE
GRMG_ADMSN_CD				Picture: X(2)
SELF-CARE - Grooming: Admission				*Range: 00-07
				Format Info: *Right justified, leading zero filled.
				Consistency Required:
<hr/>				
39Bd.	2	498	499	Type: CODE
GRMG_DSCHRG_CD				Picture: X(2)
SELF-CARE - Grooming: Discharge				*Range: 01-07
				Format Info: *Right justified, leading zero filled.
				Consistency Required:
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Uniform Data Submission Specifications for the IRF-PAI (07/2007)

Body Record Layout For Submission From the Facility to the System (Version 1.01A Revision 3)

Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
39Bg.	2	500	501	Type:	CODE
GRMG_GOAL_CD				Picture:	X(2)
SELF-CARE - Grooming: Goal				*Range:	01-07, sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
<hr/>					
39Ca.	2	502	503	Type:	CODE
BATHG_ADMSN_CD				Picture:	X(2)
SELF-CARE - Bathing: Admission				*Range:	00-07
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
<hr/>					
39Cd.	2	504	505	Type:	CODE
BATHG_DSCHRG_CD				Picture:	X(2)
SELF-CARE - Bathing: Discharge				*Range:	01-07
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
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Uniform Data Submission Specifications for the IRF-PAI (07/2007)

Body Record Layout For Submission From the Facility to the System (Version 1.01A Revision 3)

Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
39Cg.	2	506	507	Type:	CODE
BATHG_GOAL_CD				Picture:	X(2)
SELF-CARE - Bathing: Goal				*Range:	01-07, sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
<hr/>					
39Da.	2	508	509	Type:	CODE
DRSG_UPR_ADMSN_CD				Picture:	X(2)
SELF-CARE - Dressing - Upper: Admission				*Range:	00-07
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
<hr/>					
39Dd.	2	510	511	Type:	CODE
DRSG_UPR_DSCHRG_CD				Picture:	X(2)
SELF-CARE - Dressing - Upper: Discharge				*Range:	01-07
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
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Uniform Data Submission Specifications for the IRF-PAI (07/2007)

Body Record Layout For Submission From the Facility to the System (Version 1.01A Revision 3)

Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
39Dg.	2	512	513	Type:	CODE
DRSG_UPR_GOAL_CD				Picture:	X(2)
SELF-CARE - Dressing - Upper: Goal				*Range:	01-07, sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
<hr/>					
39Ea.	2	514	515	Type:	CODE
DRSG_LWR_ADMSN_CD				Picture:	X(2)
SELF-CARE - Dressing - Lower: Admission				*Range:	00-07
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
<hr/>					
39Ed.	2	516	517	Type:	CODE
DRSG_LWR_DSCHRG_CD				Picture:	X(2)
SELF-CARE - Dressing - Lower: Discharge				*Range:	01-07
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
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Uniform Data Submission Specifications for the IRF-PAI (07/2007)

Body Record Layout For Submission From the Facility to the System (Version 1.01A Revision 3)

Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
39Eg.	2	518	519	Type:	CODE
DRSG_LWR_GOAL_CD				Picture:	X(2)
SELF-CARE - Dressing - Lower: Goal				*Range:	01-07, sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
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39Fa.	2	520	521	Type:	CODE
TOILTG_ADMSN_CD				Picture:	X(2)
SELF-CARE - Toileting: Admission				*Range:	00-07
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
<hr/>					
39Fd.	2	522	523	Type:	CODE
TOILTG_DSCHRG_CD				Picture:	X(2)
SELF-CARE - Toileting: Discharge				*Range:	01-07
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
39Fg.	2	524	525	Type:	CODE
TOILTG_GOAL_CD				Picture:	X(2)
SELF-CARE - Toileting: Goal				*Range:	01-07, sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
<hr/>					
39Ga.	2	526	527	Type:	CODE
SPHNCTR_BLADR_ADMSN_CD				Picture:	X(2)
SPHINCTER CONTROL - Bladder: Admission				*Range:	01-07
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
<hr/>					
39Gd.	2	528	529	Type:	CODE
SPHNCTR_BLADR_DSCHRG_CD				Picture:	X(2)
SPHINCTER CONTROL - Bladder: Discharge				*Range:	01-07
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
39Gg.	2	530	531	Type:	CODE
SPHNCTR_BLADR_GOAL_CD				Picture:	X(2)
				*Range:	01-07, sp(2)
SPHINCTER CONTROL - Bladder: Goal				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
<hr/>					
39Ha.	2	532	533	Type:	CODE
SPHNCTR_BWL_ADMSN_CD				Picture:	X(2)
				*Range:	01-07
SPHINCTER CONTROL - Bowel: Admission				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
<hr/>					
39Hd.	2	534	535	Type:	CODE
SPHNCTR_BWL_DSCHRG_CD				Picture:	X(2)
				*Range:	01-07
SPHINCTER CONTROL - Bowel: Discharge				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
39Hg.	2	536	537	Type:	CODE
SPHNCTR_BWL_GOAL_CD				Picture:	X(2)
				*Range:	01-07, sp(2)
SPHINCTER CONTROL - Bowel: Goal				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
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39Ia.	2	538	539	Type:	CODE
BED_CHR_WC_ADMSN_CD				Picture:	X(2)
				*Range:	00-07
TRANSFERS - Bed, chair, wheelchair: Admission				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
<hr/>					
39Id.	2	540	541	Type:	CODE
BED_CHR_WC_DSCHRG_CD				Picture:	X(2)
				*Range:	01-07
TRANSFERS - Bed, chair, wheelchair: Discharge				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
39Ig.	2	542	543	Type:	CODE
BED_CHR_WC_GOAL_CD				Picture:	X(2)
TRANSFERS - Bed, chair, wheelchair: Goal				*Range:	01-07, sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
<hr/>					
39Ja.	2	544	545	Type:	CODE
TOILT_ADMSN_CD				Picture:	X(2)
TRANSFERS - Toilet: Admission				*Range:	00-07
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
<hr/>					
39Jd.	2	546	547	Type:	CODE
TOILT_DSCHRG_CD				Picture:	X(2)
TRANSFERS - Toilet: Discharge				*Range:	01-07
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
39Jg.	2	548	549	Type:	CODE
TOILT_GOAL_CD				Picture:	X(2)
TRANSFERS - Toilet: Goal				*Range:	01-07, sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
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39Ka.	2	550	551	Type:	CODE
TUB_SHWR_ADMSN_CD				Picture:	X(2)
TRANSFERS - Tub, shower: Admission				*Range:	00-07
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
<hr/>					
39Kd.	2	552	553	Type:	CODE
TUB_SHWR_DSCHRG_CD				Picture:	X(2)
TRANSFERS - Tub, shower: Discharge				*Range:	01-07
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
39Kg.	2	554	555	Type:	CODE
TUB_SHWR_GOAL_CD				Picture:	X(2)
TRANSFERS - Tub, shower: Goal				*Range:	01-07, sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
<hr/>					
39La.	2	556	557	Type:	CODE
WLK_WC_ADMSN_CD				Picture:	X(2)
LOCOMOTION - Walk/wheelchair: Admission				*Range:	00-07
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
<hr/>					
39Laa.	1	558	558	Type:	CODE
WLK_WC_BOTH_ADMSN_CD				Picture:	X
LOCOMOTION - Walk/wheelchair/both: Admission				*Range:	W,C,B
				Format Info:	Letters must be upper case.
				Consistency Required:	
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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
39Ld.	2	559	560	Type:	CODE
WLK_WC_DSCHRG_CD				Picture:	X(2)
LOCOMOTION - Walk/wheelchair: Discharge				*Range:	01-07
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
<hr/>					
39Ldd.	1	561	561	Type:	CODE
WLK_WC_BOTH_DSCHRG_CD				Picture:	X
LOCOMOTION - Walk/wheelchair/both: Discharge				*Range:	W,C,B
				Format Info:	Letters must be upper case.
				Consistency Required:	
<hr/>					
39Lg.	2	562	563	Type:	CODE
WLK_WC_GOAL_CD				Picture:	X(2)
LOCOMOTION - Walk/wheelchair: Goal				*Range:	01-07, sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
39Ma.	2	564	565	Type:	CODE
STR_ADMSN_CD				Picture:	X(2)
LOCOMOTION - Stairs: Admission				*Range:	00-07
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
<hr/>					
39Md.	2	566	567	Type:	CODE
STR_DSCHRG_CD				Picture:	X(2)
LOCOMOTION - Stairs: Discharge				*Range:	01-07
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
<hr/>					
39Mg.	2	568	569	Type:	CODE
STR_GOAL_CD				Picture:	X(2)
LOCOMOTION - Stairs: Goal				*Range:	01-07, sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
39Na.	2	570	571	Type:	CODE
CMPRHNSN_ADMSN_CD				Picture:	X(2)
				*Range:	01-07
COMMUNICATION - Comprehension: Admission				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
<hr/>					
39Naa.	1	572	572	Type:	CODE
CMPRHNSN_ADTRY_VISL_ADMSN_CD				Picture:	X
				*Range:	A,V,B
COMMUNICATION - Auditory/Visual/Both: Admission				Format Info:	Letters must be upper case.
				Consistency Required:	
<hr/>					
39Nd.	2	573	574	Type:	CODE
CMPRHNSN_DSCHRG_CD				Picture:	X(2)
				*Range:	01-07
COMMUNICATION - Comprehension: Discharge				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)
39Ndd. CMPRHNSN_ADTRY_VISL_DSCHRG_CD COMMUNICATION - Auditory/Visual/Both: Discharge	1	575	575	Type: CODE Picture: X *Range: A,V,B Format Info: Letters must be upper case. Consistency Required:
39Ng. CMPRHNSN_GOAL_CD COMMUNICATION - Comprehension: Goal	2	576	577	Type: CODE Picture: X(2) *Range: 01-07, sp(2) Format Info: *Right justified, leading zero filled. Consistency Required: 1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
39Oa. EXPRSN_ADMSN_CD COMMUNICATION - Expression: Admission	2	578	579	Type: CODE Picture: X(2) *Range: 01-07 Format Info: *Right justified, leading zero filled. Consistency Required:

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
39Oaa.	1	580	580	Type:	CODE
EXPRSN_VCL_NVCL_ADMSN_CD				Picture:	X
				*Range:	V,N,B
COMMUNICATION - Vocal/Nonvocal/Both: Admission				Format Info:	Letters must be upper case.
				Consistency Required:	
<hr/>					
39Od.	2	581	582	Type:	CODE
EXPRSN_DSCHRG_CD				Picture:	X(2)
				*Range:	01-07
COMMUNICATION - Expression: Discharge				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	
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39Odd.	1	583	583	Type:	CODE
EXPRSN_VCL_NVCL_DSCHRG_CD				Picture:	X
				*Range:	V,N,B
COMMUNICATION - Vocal/Nonvocal/Both: Discharge				Format Info:	Letters must be upper case.
				Consistency Required:	

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)
39Og. EXPRSN_GOAL_CD COMMUNICATION - Expression: Goal	2	584	585	Type: CODE Picture: X(2) *Range: 01-07, sp(2) Format Info: *Right justified, leading zero filled. Consistency Required: 1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
39Pa. SCL_INTRCTN_ADMSN_CD SOCIAL COGNITION - Social interaction: Admission	2	586	587	Type: CODE Picture: X(2) *Range: 01-07 Format Info: *Right justified, leading zero filled. Consistency Required:
39Pd. SCL_INTRCTN_DSCHRG_CD SOCIAL COGNITION - Social interaction: Discharge	2	588	589	Type: CODE Picture: X(2) *Range: 01-07 Format Info: *Right justified, leading zero filled. Consistency Required:

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)
39Pg. SCL_INTRCTN_GOAL_CD SOCIAL COGNITION - Social interaction: Goal	2	590	591	Type: CODE Picture: X(2) *Range: 01-07, sp(2) Format Info: *Right justified, leading zero filled. Consistency Required: 1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
39Qa. PRBLM_SLVG_ADMSN_CD SOCIAL COGNITION - Problem solving: Admission	2	592	593	Type: CODE Picture: X(2) *Range: 01-07 Format Info: *Right justified, leading zero filled. Consistency Required:
39Qd. PRBLM_SLVG_DSCHRG_CD SOCIAL COGNITION- Problem solving: Discharge	2	594	595	Type: CODE Picture: X(2) *Range: 01-07 Format Info: *Right justified, leading zero filled. Consistency Required:

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
39Qg. PRBLM_SLVG_GOAL_CD SOCIAL COGNITION - Problem solving: Goal	2	596	597	Type:	CODE Picture: X(2) *Range: 01-07, sp(2) Format Info: *Right justified, leading zero filled. Consistency Required: 1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
39Ra. MEMORY_ADMSN_CD SOCIAL COGNITION - Memory: Admission	2	598	599	Type:	CODE Picture: X(2) *Range: 01-07 Format Info: *Right justified, leading zero filled. Consistency Required:
39Rd. MEMORY_DSCHRG_CD SOCIAL COGNITION - Memory: Discharge	2	600	601	Type:	CODE Picture: X(2) *Range: 01-07 Format Info: *Right justified, leading zero filled. Consistency Required:

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
39Rg.	2	602	603	Type:	CODE
MEMRY_GOAL_CD				Picture:	X(2)
SOCIAL COGNITION - Memory: Goal				*Range:	01-07, sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
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				Type:	GROUP LABEL
				Picture:	
				*Range:	
DISCHARGE INFORMATION				Format Info:	
				Consistency Required:	
<hr/>					
40.	8	604	611	Type:	DATE
DSCHRG_DT				Picture:	YYYYMMDD
Discharge Date				*Range:	Valid date
				Format Info:	
				Consistency Required:	*1. This date must be later than or the same as the following dates if present in the record (not blank): Items 43A - 43F (Program Interruption Dates). *2. This date must be earlier than or the same as the current date.

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
41.	1	612	612	Type:	CODE
DSCHRG_AGNST_MDCL_ADV_C_SW				Picture:	X
Patient discharged against medical advice				*Range:	0,1
				Format Info:	
				Consistency Required:	
<hr/>					
42.	1	613	613	Type:	CODE
PGM_INTRPTN_SW				Picture:	X
Program Interruption(s)				*Range:	0,1
				Format Info:	
				Consistency Required:	
<hr/>					
43A.	8	614	621	Type:	DATE
TRNSFR_1_DT				Picture:	YYYYMMDD
1st Interruption Date				*Range:	Valid date, sp(8)
				Format Info:	
				Consistency Required:	*1. If Item 42 = 1, then this field must not be blank. *2. If Item 42 = 0 then this field must be blank. *3. If Item 43C <> blank, then this field must not be blank.

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
43B.	8	622	629	Type:	DATE
RTRN_1_DT				Picture:	YYYYMMDD
1st Return Date				*Range:	Valid date, sp(8)
				Format Info:	
				Consistency Required:	*1. If Item 42 = 1, then this field may not be blank. *2. If Item 42 = 0 then this field must be blank. *3. If Item 43A <> blank, then this field cannot be blank. *4. If Item 43A = blank, then this field must be blank. *5. If Item 43A <> blank, then this field must be later than or equal to 43A. *6. If Item 43C <> blank, then this item must be earlier than or the same as Item 43C.
43C.	8	630	637	Type:	DATE
TRNSFR_2_DT				Picture:	YYYYMMDD
2nd Interruption Date				*Range:	Valid date, sp(8)
				Format Info:	
				Consistency Required:	*1. If Item 42 = 0 then this field must be blank. *2. If Item 43E <> blank, this this field must not be blank.

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
43D.	8	638	645	Type:	DATE
RTRN_2_DT				Picture:	YYYYMMDD
2nd Return Date				*Range:	Valid date, sp(8)
				Format Info:	
				Consistency Required:	*1. If Item 42 = 0 then this field must be blank. *2. If Item 43C <> blank, then this field cannot be blank. *3. If Item 43C = blank, then this field must be blank. *4. If Item 43C <> blank, then this field must be later than or equal to 43C. *5. If Item 43E <> blank, then this item must be earlier than or the same as 43E.
43E.	8	646	653	Type:	DATE
TRNSFR_3_DT				Picture:	YYYYMMDD
3rd Interruption Date				*Range:	Valid date, sp(8)
				Format Info:	
				Consistency Required:	*1. If Item 42 = 0 then this field must be blank.

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
43F. RTRN_3_DT 3rd Return Date	8	654	661	Type: DATE Picture: YYYYMMDD *Range: Valid date, sp(8) Format Info:	
				Consistency Required:	*1. If Item 42 = 0 then this field must be blank. *2. If Item 43E <> blank, then this field cannot be blank. *3. If Item 43E = blank, then this field must be blank. *4. If Item 43E <> blank, then this field must be later than or equal to 43E.
44A. DSCHRG_TO_LVG_SETG_CD Discharge to Living Setting	2	662	663	Type: CODE Picture: X(2) *Range: 01-14, sp(2) Format Info: *Right justified, leading zero filled.	
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
44B. DSCHRG_WTH_HOME_HLTH_SRVC_SW Was patient discharged with Home Health Services?	1	664	664	Type: CODE Picture: X *Range: 0,1, sp(1) Format Info:	
				Consistency Required:	*1. If both items 44A and 44B have been completed, then this item must be equal to 0 (zero) or 1 if 44A is equal to 01-03 or 14. *2. If both items 44A and 44B have been completed, then this item must be blank if 44A is equal to 04-13 or blank.

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
45.	2	665	666	Type:	CODE
DSCHRG_TO_LVG_WTH_CD				Picture:	X(2)
Discharge to Living With				*Range:	01,02,03,04,05, sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	*1. If both items 44A and 45 have been completed, then this item may not be blank if 44A is equal to 01. *2. If both items 44A and 45 have been completed, this item must be blank if item 44A is not equal to 01.
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46.	7	667	673	Type:	CODE
DGNS_TRNSFR_DEATH_CD				Picture:	XXXX.XX
Diagnosis for Interruption or Death (ICD-9 Code)				*Range:	Valid ICD-9 Code, sp(7)
				Format Info:	*A non-blank value must conform as follows: Character 1 must be E or space. Character 2 can be a V if character 1 is a space; otherwise character 2 must be 0 (zero) thru 9. Characters 3 thru 4 must be 0 (zero) thru 9. Character 5 must be a decimal point. Characters 6 and 7 must be 0 (zero) thru 9 or space. If character 6 is a space, then character 7 must be a space.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
47A.	7	674	680	Type:	CODE
CMPLCTN_DRNG_REHAB_A_CD				Picture:	XXXX.XX
Complications during rehabilitation stay (ICD-9 Code)				*Range:	Valid ICD-9 Code, sp(7)
				Format Info:	*A non-blank value must conform as follows: Character 1 must be E or space. Character 2 can be a V if character 1 is a space; otherwise character 2 must be 0 (zero) thru 9. Characters 3 thru 4 must be 0 (zero) thru 9. Character 5 must be a decimal point. Characters 6 and 7 must be 0 (zero) thru 9 or space. If character 6 is a space, then character 7 must be a space.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed. *2. This item cannot be blank if item 47B is not blank.

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
47B.	7	681	687	Type:	CODE
CMPLCTN_DRNG_REHAB_B_CD				Picture:	XXXX.XX
Complications during rehabilitation stay (ICD-9 Code)				*Range:	Valid ICD-9 Code, sp(7)
				Format Info:	*A non-blank value must conform as follows: Character 1 must be E or space. Character 2 can be a V if character 1 is a space; otherwise character 2 must be 0 (zero) thru 9. Characters 3 thru 4 must be 0 (zero) thru 9. Character 5 must be a decimal point. Characters 6 and 7 must be 0 (zero) thru 9 or space. If character 6 is a space, then character 7 must be a space.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed. *2. This item cannot be blank if item 47C is not blank.

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
47C.	7	688	694	Type:	CODE
CMPLCTN_DRNG_REHAB_C_CD				Picture:	XXXX.XX
Complications during rehabilitation stay (ICD-9 Code)				*Range:	Valid ICD-9 Code, sp(7)
				Format Info:	*A non-blank value must conform as follows: Character 1 must be E or space. Character 2 can be a V if character 1 is a space; otherwise character 2 must be 0 (zero) thru 9. Characters 3 thru 4 must be 0 (zero) thru 9. Character 5 must be a decimal point. Characters 6 and 7 must be 0 (zero) thru 9 or space. If character 6 is a space, then character 7 must be a space.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed. *2. This item cannot be blank if item 47D is not blank.

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
47D.	7	695	701	Type:	CODE
CMPLCTN_DRNG_REHAB_D_CD				Picture:	XXXX.XX
Complications during rehabilitation stay (ICD-9 Code)				*Range:	Valid ICD-9 Code, sp(7)
				Format Info:	*A non-blank value must conform as follows: Character 1 must be E or space. Character 2 can be a V if character 1 is a space; otherwise character 2 must be 0 (zero) thru 9. Characters 3 thru 4 must be 0 (zero) thru 9. Character 5 must be a decimal point. Characters 6 and 7 must be 0 (zero) thru 9 or space. If character 6 is a space, then character 7 must be a space.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed. *2. This item cannot be blank if item 47E is not blank.

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
47E.	7	702	708	Type:	CODE
CMPLCTN_DRNG_REHAB_E_CD				Picture:	XXXX.XX
Complications during rehabilitation stay (ICD-9 Code)				*Range:	Valid ICD-9 Code, sp(7)
				Format Info:	*A non-blank value must conform as follows: Character 1 must be E or space. Character 2 can be a V if character 1 is a space; otherwise character 2 must be 0 (zero) thru 9. Characters 3 thru 4 must be 0 (zero) thru 9. Character 5 must be a decimal point. Characters 6 and 7 must be 0 (zero) thru 9 or space. If character 6 is a space, then character 7 must be a space.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed. *2. This item cannot be blank if item 47F is not blank.

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)
47F.	7	709	715	Type: CODE
CMPLCTN_DRNG_REHAB_F_CD				Picture: XXXX.XX
Complications during rehabilitation stay (ICD-9 Code)				*Range: Valid ICD-9 Code, sp(7)
				Format Info: *A non-blank value must conform as follows: Character 1 must be E or space. Character 2 can be a V if character 1 is a space; otherwise character 2 must be 0 (zero) thru 9. Characters 3 thru 4 must be 0 (zero) thru 9. Character 5 must be a decimal point. Characters 6 and 7 must be 0 (zero) thru 9 or space. If character 6 is a space, then character 7 must be a space.
				Consistency Required: 1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
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				Type: GROUP LABEL
				Picture:
				*Range:
QUALITY INDICATORS				Format Info:
				Consistency Required:
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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
48a.	1	716	716	Type:	CODE
SOB_EXRTN_ADMSN_SW				Picture:	X
Shortness of breath with exertion: Admission				*Range:	0,1,sp(1)
				Format Info:	
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
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48d.	1	717	717	Type:	CODE
SOB_EXRTN_DSCHRG_SW				Picture:	X
Shortness of breath with exertion: Discharge				*Range:	0,1,sp(1)
				Format Info:	
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
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49a.	1	718	718	Type:	CODE
SOB_REST_ADMSN_SW				Picture:	X
Shortness of breath at rest: Admission				*Range:	0,1,sp(1)
				Format Info:	
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
49d.	1	719	719	Type:	CODE
SOB_REST_DSCHRG_SW				Picture:	X
Shortness of breath at rest: Discharge				*Range:	0,1,sp(1)
				Format Info:	
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
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50a.	1	720	720	Type:	CODE
DFCLTY_CLRG_ARWY_ADMSN_SW				Picture:	X
Weak cough and difficulty clearing airway secretions: Admission				*Range:	0,1,sp(1)
				Format Info:	
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
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50d.	1	721	721	Type:	CODE
DFCLTY_CLRG_ARWY_DSCHRG_SW				Picture:	X
Weak cough and difficulty clearing airway secretions: Discharge				*Range:	0,1,sp(1)
				Format Info:	
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
51a.	2	722	723	Type:	CODE
MOST_SVR_PN_RATE_ADMSN_CD				Picture:	X(2)
				*Range:	00-10,sp(2)
Rate the highest level of pain reported by the patient within the assessment period: Admission				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
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51d.	2	724	725	Type:	CODE
MOST_SVR_PN_RATE_DSCHRG_CD				Picture:	X(2)
				*Range:	00-10,sp(2)
Rate the highest level of pain reported by the patient within the assessment period: Discharge				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
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52Aa.	2	726	727	Type:	CODE
HIGHST_PRSR_ULCR_ADMSN_CD				Picture:	X(2)
				*Range:	00,01,02,03,04,05,sp(2)
Highest current pressure ulcer stage: Admission				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
52Ad.	2	728	729	Type:	CODE
HIGHST_PRSR_ULCR_DSCHRG_CD				Picture:	X(2)
Highest current pressure ulcer stage: Discharge				*Range:	00,01,02,03,04,05,sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
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52Ba.	2	730	731	Type:	COUNT
PRSR_ULCR_ADMSN_CNT				Picture:	X(2)
Number of current pressure ulcers: Admission				*Range:	00-99,sp(2)
				Format Info:	*1. Right justified, leading zero filled. 2. If greater than 99, enter 99.
				Consistency Required:	*1. If 52Aa = 00 (zero) or blank, then the value for this item must be blank. *2. If 52Aa > 00 (zero), then the value for this item cannot be blank.
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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
52Bd.	2	732	733	Type:	COUNT
PRSR_ULCR_DSCHRG_CNT				Picture:	X(2)
Number of current pressure ulcers: Discharge				*Range:	00-99,sp(2)
				Format Info:	*1. Right justified, leading zero filled. 2. If greater than 99, enter 99.
				Consistency Required:	*1. If 52Ad = 00 (zero) or blank, then the value for this item must be blank. *2. If 52Ad > 00 (zero), then the value for this item cannot be blank.
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52Ca.	2	734	735	Type:	CODE
LRGST_PRSR_ULCR_ADMSN_NUM				Picture:	X(2)
Length multiplied by width: Admission				*Range:	00,01,02,03,04,05,06,07,08,09,10,sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	*1. If 52Aa = 00 (zero) or blank, then the value for this item must be blank. *2. If 52Aa > 00 (zero), then the value for this item cannot be blank.
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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
52Cd.	2	736	737	Type:	CODE
LRGST_PRSR_ULCR_DSCHRG_NUM				Picture:	X(2)
Length multiplied by width: Discharge				*Range:	00,01,02,03,04,05,06,07,08,09,10,sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	*1. If 52Ad = 00 (zero) or blank, then the value for this item must be blank. *2. If 52Ad > 00 (zero), then the value for this item cannot be blank.
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52Da.	2	738	739	Type:	CODE
EXDT_AMT_ADMSN_CD				Picture:	X(2)
Exudate amount: Admission				*Range:	00,01,02,03, sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	*1. If 52Aa = 00 (zero) or blank, then the value for this item must be blank. *2. If 52Aa > 00 (zero), then the value for this item cannot be blank.
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52Dd.	2	740	741	Type:	CODE
EXDT_AMT_DSCHRG_CD				Picture:	X(2)
Exudate amount: Discharge				*Range:	00,01,02,03, sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	*1. If 52Ad = 00 (zero) or blank, then the value for this item must be blank. *2. If 52Ad > 00 (zero), then the value for this item cannot be blank.

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
52Ea.	2	742	743	Type:	CODE
TISUE_TYPE_ADMSN_CD				Picture:	X(2)
Tissue type: Admission				*Range:	00,01,02,03,04,sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	*1. If 52Aa = 00 (zero) or blank, then the value for this item must be blank. *2. If 52Aa > 00 (zero), then the value for this item cannot be blank.
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52Ed.	2	744	745	Type:	CODE
TISUE_TYPE_DSCHRG_CD				Picture:	X(2)
Tissue type: Discharge				*Range:	00,01,02,03,04,sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	*1. If 52Ad = 00 (zero) or blank, then the value for this item must be blank. *2. If 52Ad > 00 (zero), then the value for this item cannot be blank.
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52Fa.	2	746	747	Type:	COUNT
TOT_PUSH_SCRE_ADMSN_NUM				Picture:	X(2)
Total PUSH score: Admission				*Range:	00 thru 17,sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	*1. If 52Aa = 00 (zero) or blank, then the value for this item must be blank. *2. If 52Aa > 00 (zero), then the value for this item cannot be blank. *3. If all items have been completed, then this item must equal the sum of 52Ca, 52Da and 52Ea.

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)	
52Fd.	2	748	749	Type:	COUNT
TOT_PUSH_SCORE_DSCHRG_NUM				Picture:	X(2)
Total PUSH score: Discharge				*Range:	00 thru 17,sp(2)
				Format Info:	*Right justified, leading zero filled.
				Consistency Required:	*1. If 52Ad = 00 (zero) or blank, then the value for this item must be blank. *2. If 52Ad > 00 (zero), then the value for this item cannot be blank. *3. If all items have been completed, then this item must equal the sum of 52Cd, 52Dd and 52Ed.
53a.	1	750	750	Type:	CODE
STNDG_BAL_PRBLM_ADMSN_SW				Picture:	X
Standing Balance problem: Admission				*Range:	0,1,sp(1)
				Format Info:	
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
53d.	1	751	751	Type:	CODE
STNDG_BAL_PRBLM_DSCHRG_SW				Picture:	X
Standing Balance problem: Discharge				*Range:	0,1,sp(1)
				Format Info:	
				Consistency Required:	1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)
54.	2	752	753	Type: COUNT
TOT_FALL_DRNG_REHAB_STAY_NUM				Picture: X(2)
Total number of falls during the rehabilitation stay: Discharge				*Range: 00 thru 99,sp(2)
				Format Info: *1. Right justified, leading zero filled. 2. If greater than 99, enter 99.
				Consistency Required: 1. Completion of this item is voluntary. If the item is not completed, a blank value is allowed.
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REC_CNT_EN				Type: GROUP LABEL
				Picture:
				*Range:
END OF RECORD CONTROL SECTION				Format Info:
				Consistency Required:
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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)
OTHR_INFO				Type: GROUP LABEL
				Picture:
				*Range:
OTHER INFORMATION SECTION				Format Info:
				Consistency Required:
SBMTD_CMG_TXT	10	754	763	Type: CODE
				Picture: X(10)
				*Range: Valid CMG Code
Submitted CMG code				Format Info: 1.The first character must be a letter followed by four digits. 2. Left justified.
				Consistency Required: 1. The value of this field must be consistent with all of the IRF-PAI items used in the CMG (i.e., CMG calculations should be correct). Failure to comply will result in a non-fatal error (warning).

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)
SBMTD_CMG_VRSN_TXT	10	764	773	Type: CODE
				Picture: X(10)
				*Range: 1.00, 2.00, 2.10, 2.20
Submitted CMG version code				Format Info: Left justified.
				Consistency Required: 1. This value must be a valid version code. 2. If the discharge date (40) of the assessment is on or after October 1, 2005 and before October 1, 2006 then the submitted CMG version code should be 2.00. Failure to use 2.00 will result in a non-fatal error (warning). 3. If the discharge date (40) of the assessment is on or after October 1, 2006 and before October 1, 2007 then the submitted CMG version code should be 2.10. Failure to use 2.10 will result in a non-fatal error (warning). 4. If the discharge date (40) of the assessment is on or after October 1, 2007 then the submitted CMG version code should be 2.20. Failure to use 2.20 will result in a non-fatal error (warning).
CMS_OTHR1	180	774	953	Type:
				Picture: X(180)
				*Range: sp(180)
CMS Other (1) Information				Format Info: For future use as required by CMS. Leave blank until specified by CMS.
				Consistency Required:

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)
CMS_OTHR2	200	954	1153	Type: FILLER Picture: X(200) *Range: sp(200)
CMS Other (2) Information				Format Info: For future use as required by CMS. Leave blank until specified by CMS. Consistency Required:
CMS_OTHR3	100	1154	1253	Type: Picture: X(100) *Range: sp(100)
CMS Other (3) Information				Format Info: For future use as required by CMS. Leave blank until specified by CMS. Consistency Required:
OTHR_END				Type: GROUP LABEL Picture: *Range:
END OF OTHER INFORMATION SECTION				Format Info: Consistency Required:

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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)
END_REC				Type: GROUP LABEL
				Picture:
				*Range:
END OF RECORD SECTION				Format Info:
				Consistency Required:
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FILLER_END	4	1254	1257	Type: FILLER
				Picture: X(4)
				*Range: sp(4)
BLANK FILLER				Format Info: Filler--inactive
				Consistency Required:
<hr/>				
DATA_END	1	1258	1258	Type: CODE
				Picture: X
				*Range: %
End of Data Terminator Code				Format Info: Must always = %.
				Consistency Required: 1. Used to indicate end of data. *2. Data record must be equal to 1258 bytes.
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Item/DB Name/Description	Len	Strt	End	Specification (*Indicates FATAL Error)
CRG_RTN	1	1259	1259	Type: CODE
				Picture: X
				*Range: Must always be a carriage return (ASCII 013).
Carriage Return (ASCII 013)				Format Info: Must always be a carriage return (ASCII 013).
				Consistency Required:
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LN_FD	1	1260	1260	Type: CODE
				Picture: X
				*Range: ASCII(010)
Line Feed (ASCII 010)				Format Info: Must always be a line feed (ASCII 010).
				Consistency Required:
<hr/>				