

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

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

<i>Form Location</i>	<i>Data Base Name</i>	<i>Description</i>	<i>Len</i>	<i>Strt</i>	<i>End</i>	<i>Picture</i>	<i>*Range</i>	<i>Type</i>
	REC_CNTRL	RECORD CONTROL SECTION						GROUP LABEL
	REC_ID	RECORD ID	2	1	2	X(2)	B2	CODE
FAC_DOC_CD	FAC_DOC_CD	DOCUMENT ID CODE (FACILITY USE)	8	3	10	X(8)	Alphanumeric, sp(8)	CODE
VERSION_CD1	VERSION_CD1	IRF-PAI VERSION COMPLETED CODE	5	11	15	X(5)	1.0A	CODE
VERSION_CD2	VERSION_CD2	IRF-PAI DATA SPECS VERSION CODE	5	16	20	X(5)	1.00A, 1.01A	CODE
SFTW_ID	SFTW_ID	SOFTWARE VENDOR OR AGENT TAX ID	9	21	29	X(9)	Valid Code	TEXT
SFT_VER	SFT_VER	SOFTWARE VERSION	10	30	39	X(10)	Alphanumeric, sp(10)	TEXT
STATE_CD	STATE_ID	STATE ID TWO-CHARACTER POSTAL CODE	2	40	41	X(2)	Valid code (AK, AL, AR ...WV, WY)	TEXT
FAC_ID	FAC_ID	CMS ASSIGNED UNIQUE FACILITY ID CODE	16	42	57	X(16)	Valid Code	TEXT
	CORRECTION_NUM	Correction Number for Record	2	58	59	X(2)	00 thru 99	COUNT
	CNT_FILLER	CONTROL SECTION FILLER (Future Use)	98	60	157	X(98)	sp(98)	FILLER
		IDENTIFICATION INFORMATION						GROUP LABEL
1A.	FAC_NAME	Facility Name	50	158	207	X(50)	Text	TEXT

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

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

Form Location	Data Base Name	Description	Len	Strt	End	Picture	*Range	Type
1B.	FAC_MDCR_PRVDR_NUM	Facility Medicare Provider Number	12	208	219	X(12)	Valid code	TEXT
2.	PAT_MDCR_NUM	Patient Medicare Number	12	220	231	X(12)	Valid code	TEXT
3.	PAT_MDCD_NUM	Patient Medicaid Number	14	232	245	X(14)	Valid code, sp(14)	TEXT
4.	PAT_1ST_NAME	Patient First Name	12	246	257	X(12)	Text	TEXT
5A.	PAT_LAST_NAME	Patient Last Name	18	258	275	X(18)	Text	TEXT
6.	BIRTH_DT	Birth Date	8	276	283	YYYYMMDD	Valid full or partial date; spaces allowed only with	DATE
7.	SSN_NUM	Social Security Number	9	284	292	X(9)	Valid code, sp(9)	TEXT
8.	GNDR_CD	Gender	1	293	293	X	1,2	CODE
9A.	ETHNCTY_AMRCN_INDN_AK_NTV_SW	Race: American Indian/Alaskan Native	1	294	294	X	0,1, sp(1)	CHECKLIST
9B.	ETHNCTY_ASN_SW	Race: Asian	1	295	295	X	0,1, sp(1)	CHECKLIST
9C.	ETHNCTY_AFRCN_AMRCN_SW	Race: Black or African American	1	296	296	X	0,1, sp(1)	CHECKLIST
9D.	ETHNCTY_HSPNC_LTN_SW	Ethnicity: Hispanic or Latino	1	297	297	X	0,1, sp(1)	CHECKLIST
9E.	ETHNCTY_NTV_HI_PCFC_ISLNDR_SW	Race: Native Hawaiian or other Pacific Islander	1	298	298	X	0,1, sp(1)	CHECKLIST

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

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

Form Location	Data Base Name	Description	Len	Strt	End	Picture	*Range	Type
9F.	ETHNCTY_WHT_SW	Race: White	1	299	299	X	0,1, sp(1)	CHECKLIST
10.	MRTL_STUS_CD	Marital Status	2	300	301	X(2)	01,02,03,04,05, sp(2)	CODE
11.	ZIP_CD	ZIP code of patient's pre-hospital residence	5	302	306	X(5)	Valid ZIP, country abbreviation, sp(5)	TEXT
		ADMISSION INFORMATION						GROUP LABEL
12.	ADMSN_DT	Admission Date	8	307	314	YYYYMMDD	Valid date	DATE
13.	ASMT_RFRNC_DT	Assessment Reference Date	8	315	322	YYYYMMDD	Valid date	DATE
14.	ADMSN_CLS_CD	Admission class	2	323	324	X(2)	01, 02, 03, 04, 05, sp(2)	CODE
15.	ADMSN_FROM_CD	Admit From (at date of admission)	2	325	326	X(2)	01-10, 12-14	CODE
16.	PRE_HOSP_LVG_SET_CD	Pre-Hospital Living Setting	2	327	328	X(2)	01-10, 12-14, sp(2)	CODE
17.	PRE_HOSP_LVG_WTH_CD	Pre-Hospital Living With	2	329	330	X(2)	01,02,03,04,05, sp(2)	CODE
18.	PRE_HOSP_VCTNL_CTGRY_CD	Pre-Hospital Vocational Category	2	331	332	X(2)	01,02,03,04,05,06,07, sp(2)	CODE
19.	PRE_HOSP_VCTNL_EFRT_CD	Pre-Hospital Vocational Effort	2	333	334	X(2)	01,02,03, sp (2)	CODE
		PAYER INFORMATION						GROUP LABEL

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

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

Form Location	Data Base Name	Description	Len	Strt	End	Picture	*Range	Type
20A.	PRMRY_PMT_SRC_CD	Primary payment source	2	335	336	X(2)	01-16, 51-52	CODE
20B.	SCNDRY_PMT_SRC_CD	Secondary payment source	2	337	338	X(2)	01-16, 51-52, sp(2)	CODE
		MEDICAL INFORMATION						GROUP LABEL
21a.	IMPRMNT_GRP_ADMSN_CD	Impairment Group: Admission	9	339	347	XXXX.XXXX	Valid code	CODE
21d.	IMPRMNT_GRP_DSCHRG_CD	Impairment Group: Discharge	9	348	356	XXXX.XXXX	Valid code	CODE
22.	ETLGC_DGNS_CD	Etiologic Diagnosis Code (ICD-9 Code)	7	357	363	XXXX.XX	Valid ICD-9 code	CODE
23.	ONST_DT	Date of Onset	8	364	371	YYYYMMDD	Valid Date, sp(8)	DATE
24A.	CMRBD_COND_A_CD	Comorbid Conditions (ICD-9 Code)	7	372	378	XXXX.XX	Valid ICD-9 Code, sp(7)	CODE
24B.	CMRBD_COND_B_CD	Comorbid Conditions (ICD-9 Code)	7	379	385	XXXX.XX	Valid ICD-9 Code, sp(7)	CODE
24C.	CMRBD_COND_C_CD	Comorbid Conditions (ICD-9 Code)	7	386	392	XXXX.XX	Valid ICD-9 Code, sp(7)	CODE
24D.	CMRBD_COND_D_CD	Comorbid Conditions (ICD-9 Code)	7	393	399	XXXX.XX	Valid ICD-9 Code, sp(7)	CODE
24E.	CMRBD_COND_E_CD	Comorbid Conditions (ICD-9 Code)	7	400	406	XXXX.XX	Valid ICD-9 Code, sp(7)	CODE
24F.	CMRBD_COND_F_CD	Comorbid Conditions (ICD-9 Code)	7	407	413	XXXX.XX	Valid ICD-9 Code, sp(7)	CODE

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

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

Form Location	Data Base Name	Description	Len	Strt	End	Picture	*Range	Type
24G.	CMRBD_COND_G_CD	Comorbid Conditions (ICD-9 Code)	7	414	420	XXXX.XX	Valid ICD-9 Code, sp(7)	CODE
24H.	CMRBD_COND_H_CD	Comorbid Conditions (ICD-9 Code)	7	421	427	XXXX.XX	Valid ICD-9 Code, sp(7)	CODE
24I.	CMRBD_COND_I_CD	Comorbid Conditions (ICD-9 Code)	7	428	434	XXXX.XX	Valid ICD-9 Code, sp(7)	CODE
24J.	CMRBD_COND_J_CD	Comorbid Conditions (ICD-9 Code)	7	435	441	XXXX.XX	Valid ICD-9 Code, sp(7)	CODE
		MEDICAL NEEDS						GROUP LABEL
25.	CMTS_SW	Comatose: Admission	1	442	442	X	0,1,sp(1)	CODE
26.	DLRS_SW	Delirious: Admission	1	443	443	X	0,1,sp(1)	CODE
27a.	SWLWG_ADMSN_CD	Swallowing Status: Admission	2	444	445	X(2)	01,02,03,sp(2)	CODE
27d.	SWLWG_DSCHRG_CD	Swallowing Status: Discharge	2	446	447	X(2)	01,02,03,sp(2)	CODE
28a.	DHYDRTN_ADMSN_SW	Clinical signs of dehydration: Admission	1	448	448	X	0,1,sp(1)	CODE
28d.	DHYDRTN_DSCHRG_SW	Clinical signs of dehydration: Discharge	1	449	449	X	0,1,sp(1)	CODE
		FUNCTION MODIFIERS						GROUP LABEL
29a.	BLADR_ASTNC_ADMSN_CD	Bladder Level of Assistance: Admission	2	450	451	X(2)	01-07	CODE

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

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

Form Location	Data Base Name	Description	Len	Strt	End	Picture	*Range	Type
29d.	BLADR_ASTNC_DSCHRG_CD	Bladder Level of Assistance: Discharge	2	452	453	X(2)	01-07	CODE
30a.	BLADR_ACDNT_ADMSN_CD	Bladder Frequency of Accidents: Admission	2	454	455	X(2)	01-07	CODE
30d.	BLADR_ACDNT_DSCHRG_CD	Bladder Frequency of Accidents: Discharge	2	456	457	X(2)	01-07	CODE
31a.	BWL_ASTNC_ADMSN_CD	Bowel Level of Assistance: Admission	2	458	459	X(2)	01-07	CODE
31d.	BWL_ASTNC_DSCHRG_CD	Bowel Level of Assistance: Discharge	2	460	461	X(2)	01-07	CODE
32a.	BWL_ACDNT_ADMSN_CD	Bowel Frequency of Accidents: Admission	2	462	463	X(2)	01-07	CODE
32d.	BWL_ACDNT_DSCHRG_CD	Bowel Frequency of Accidents: Discharge	2	464	465	X(2)	01-07	CODE
33a.	TUB_TRNSFR_ADMSN_CD	Tub Transfer: Admission	2	466	467	X(2)	00-07, sp(2)	CODE
33d.	TUB_TRNSFR_DSCHRG_CD	Tub Transfer: Discharge	2	468	469	X(2)	00-07, sp(2)	CODE
34a.	SHWR_TRNSFR_ADMSN_CD	Shower Transfer: Admission	2	470	471	X(2)	00-07, sp(2)	CODE
34d.	SHWR_TRNSFR_DSCHRG_CD	Shower Transfer: Discharge	2	472	473	X(2)	00-07, sp(2)	CODE
35a.	DSTNC_WLKD_ADMSN_CD	Distance Walked: Admission	2	474	475	X(2)	00-03	CODE
35d.	DSTNC_WLKD_DSCHRG_CD	Distance Walked: Discharge	2	476	477	X(2)	00-03	CODE

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

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

Form Location	Data Base Name	Description	Len	Strt	End	Picture	*Range	Type
36a.	DSTNC_WC_ADMSN_CD	Distance Traveled in Wheelchair: Admission	2	478	479	X(2)	00-03	CODE
36d.	DSTNC_WC_DSCHRG_CD	Distance Traveled in Wheelchair: Discharge	2	480	481	X(2)	00-03	CODE
37a.	WLK_ADMSN_CD	Walk: Admission	2	482	483	X(2)	00-07	CODE
37d.	WLK_DSCHRG_CD	Walk: Discharge	2	484	485	X(2)	00-07	CODE
38a.	WC_ADMSN_CD	Wheelchair: Admission	2	486	487	X(2)	00-07	CODE
38d.	WC_DSCHRG_CD	Wheelchair: Discharge	2	488	489	X(2)	00-07	CODE
		FIM INSTRUMENT						GROUP LABEL
39Aa.	EATG_ADMSN_CD	SELF-CARE - Eating: Admission	2	490	491	X(2)	00-07	CODE
39Ad.	EATG_DSCHRG_CD	SELF-CARE - Eating: Discharge	2	492	493	X(2)	01-07	CODE
39Ag.	EATG_GOAL_CD	SELF-CARE - Eating: Goal	2	494	495	X(2)	01-07, sp(2)	CODE
39Ba.	GRMG_ADMSN_CD	SELF-CARE - Grooming: Admission	2	496	497	X(2)	00-07	CODE
39Bd.	GRMG_DSCHRG_CD	SELF-CARE - Grooming: Discharge	2	498	499	X(2)	01-07	CODE
39Bg.	GRMG_GOAL_CD	SELF-CARE - Grooming: Goal	2	500	501	X(2)	01-07, sp(2)	CODE

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

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

Form Location	Data Base Name	Description	Len	Strt	End	Picture	*Range	Type
39Ca.	BATHG_ADMSN_CD	SELF-CARE - Bathing: Admission	2	502	503	X(2)	00-07	CODE
39Cd.	BATHG_DSCHRG_CD	SELF-CARE - Bathing: Discharge	2	504	505	X(2)	01-07	CODE
39Cg.	BATHG_GOAL_CD	SELF-CARE - Bathing: Goal	2	506	507	X(2)	01-07, sp(2)	CODE
39Da.	DRSG_UPR_ADMSN_CD	SELF-CARE - Dressing - Upper: Admission	2	508	509	X(2)	00-07	CODE
39Dd.	DRSG_UPR_DSCHRG_CD	SELF-CARE - Dressing - Upper: Discharge	2	510	511	X(2)	01-07	CODE
39Dg.	DRSG_UPR_GOAL_CD	SELF-CARE - Dressing - Upper: Goal	2	512	513	X(2)	01-07, sp(2)	CODE
39Ea.	DRSG_LWR_ADMSN_CD	SELF-CARE - Dressing - Lower: Admission	2	514	515	X(2)	00-07	CODE
39Ed.	DRSG_LWR_DSCHRG_CD	SELF-CARE - Dressing - Lower: Discharge	2	516	517	X(2)	01-07	CODE
39Eg.	DRSG_LWR_GOAL_CD	SELF-CARE - Dressing - Lower: Goal	2	518	519	X(2)	01-07, sp(2)	CODE
39Fa.	TOILTG_ADMSN_CD	SELF-CARE - Toileting: Admission	2	520	521	X(2)	00-07	CODE
39Fd.	TOILTG_DSCHRG_CD	SELF-CARE - Toileting: Discharge	2	522	523	X(2)	01-07	CODE
39Fg.	TOILTG_GOAL_CD	SELF-CARE - Toileting: Goal	2	524	525	X(2)	01-07, sp(2)	CODE
39Ga.	SPHNCTR_BLADR_ADMSN_CD	SPHINCTER CONTROL - Bladder: Admission	2	526	527	X(2)	01-07	CODE

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

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

Form Location	Data Base Name	Description	Len	Strt	End	Picture	*Range	Type
39Gd.	SPHNCTR_BLADR_DSCHRG_CD	SPHINCTER CONTROL - Bladder: Discharge	2	528	529	X(2)	01-07	CODE
39Gg.	SPHNCTR_BLADR_GOAL_CD	SPHINCTER CONTROL - Bladder: Goal	2	530	531	X(2)	01-07, sp(2)	CODE
39Ha.	SPHNCTR_BWL_ADMSN_CD	SPHINCTER CONTROL - Bowel: Admission	2	532	533	X(2)	01-07	CODE
39Hd.	SPHNCTR_BWL_DSCHRG_CD	SPHINCTER CONTROL - Bowel: Discharge	2	534	535	X(2)	01-07	CODE
39Hg.	SPHNCTR_BWL_GOAL_CD	SPHINCTER CONTROL - Bowel: Goal	2	536	537	X(2)	01-07, sp(2)	CODE
39Ia.	BED_CHR_WC_ADMSN_CD	TRANSFERS - Bed, chair, wheelchair: Admission	2	538	539	X(2)	00-07	CODE
39Id.	BED_CHR_WC_DSCHRG_CD	TRANSFERS - Bed, chair, wheelchair: Discharge	2	540	541	X(2)	01-07	CODE
39Ig.	BED_CHR_WC_GOAL_CD	TRANSFERS - Bed, chair, wheelchair: Goal	2	542	543	X(2)	01-07, sp(2)	CODE
39Ja.	TOILT_ADMSN_CD	TRANSFERS - Toilet: Admission	2	544	545	X(2)	00-07	CODE
39Jd.	TOILT_DSCHRG_CD	TRANSFERS - Toilet: Discharge	2	546	547	X(2)	01-07	CODE
39Jg.	TOILT_GOAL_CD	TRANSFERS - Toilet: Goal	2	548	549	X(2)	01-07, sp(2)	CODE
39Ka.	TUB_SHWR_ADMSN_CD	TRANSFERS - Tub, shower: Admission	2	550	551	X(2)	00-07	CODE
39Kd.	TUB_SHWR_DSCHRG_CD	TRANSFERS - Tub, shower: Discharge	2	552	553	X(2)	01-07	CODE

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

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

Form Location	Data Base Name	Description	Len	Strt	End	Picture	*Range	Type
39Kg.	TUB_SHWR_GOAL_CD	TRANSFERS - Tub, shower: Goal	2	554	555	X(2)	01-07, sp(2)	CODE
39La.	WLK_WC_ADMSN_CD	LOCOMOTION - Walk/wheelchair: Admission	2	556	557	X(2)	00-07	CODE
39Laa.	WLK_WC_BOTH_ADMSN_CD	LOCOMOTION - Walk/wheelchair/both: Admission	1	558	558	X	W,C,B	CODE
39Ld.	WLK_WC_DSCHRG_CD	LOCOMOTION - Walk/wheelchair: Discharge	2	559	560	X(2)	01-07	CODE
39Ldd.	WLK_WC_BOTH_DSCHRG_CD	LOCOMOTION - Walk/wheelchair/both: Discharge	1	561	561	X	W,C,B	CODE
39Lg.	WLK_WC_GOAL_CD	LOCOMOTION - Walk/wheelchair: Goal	2	562	563	X(2)	01-07, sp(2)	CODE
39Ma.	STR_ADMSN_CD	LOCOMOTION - Stairs: Admission	2	564	565	X(2)	00-07	CODE
39Md.	STR_DSCHRG_CD	LOCOMOTION - Stairs: Discharge	2	566	567	X(2)	01-07	CODE
39Mg.	STR_GOAL_CD	LOCOMOTION - Stairs: Goal	2	568	569	X(2)	01-07, sp(2)	CODE
39Na.	CMPRHNSN_ADMSN_CD	COMMUNICATION - Comprehension: Admission	2	570	571	X(2)	01-07	CODE
39Naa.	CMPRHNSN_ADTRY_VISL_ADMSN_CD	COMMUNICATION - Auditory/Visual/Both: Admission	1	572	572	X	A,V,B	CODE
39Nd.	CMPRHNSN_DSCHRG_CD	COMMUNICATION - Comprehension: Discharge	2	573	574	X(2)	01-07	CODE
39Ndd.	CMPRHNSN_ADTRY_VISL_DSCHRG_CD	COMMUNICATION - Auditory/Visual/Both: Discharge	1	575	575	X	A,V,B	CODE

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

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

Form Location	Data Base Name	Description	Len	Strt	End	Picture	*Range	Type
39Ng.	CMPRHNSN_GOAL_CD	COMMUNICATION - Comprehension: Goal	2	576	577	X(2)	01-07, sp(2)	CODE
39Oa.	EXPRSN_ADMSN_CD	COMMUNICATION - Expression: Admission	2	578	579	X(2)	01-07	CODE
39Oaa.	EXPRSN_VCL_NVCL_ADMSN_CD	COMMUNICATION - Vocal/Nonvocal/Both: Admission	1	580	580	X	V,N,B	CODE
39Od.	EXPRSN_DSCHRG_CD	COMMUNICATION - Expression: Discharge	2	581	582	X(2)	01-07	CODE
39Odd.	EXPRSN_VCL_NVCL_DSCHRG_CD	COMMUNICATION - Vocal/Nonvocal/Both: Discharge	1	583	583	X	V,N,B	CODE
39Og.	EXPRSN_GOAL_CD	COMMUNICATION - Expression: Goal	2	584	585	X(2)	01-07, sp(2)	CODE
39Pa.	SCL_INTRCTN_ADMSN_CD	SOCIAL COGNITION - Social interaction: Admission	2	586	587	X(2)	01-07	CODE
39Pd.	SCL_INTRCTN_DSCHRG_CD	SOCIAL COGNITION - Social interaction: Discharge	2	588	589	X(2)	01-07	CODE
39Pg.	SCL_INTRCTN_GOAL_CD	SOCIAL COGNITION - Social interaction: Goal	2	590	591	X(2)	01-07, sp(2)	CODE
39Qa.	PRBLM_SLVG_ADMSN_CD	SOCIAL COGNITION - Problem solving: Admission	2	592	593	X(2)	01-07	CODE
39Qd.	PRBLM_SLVG_DSCHRG_CD	SOCIAL COGNITION- Problem solving: Discharge	2	594	595	X(2)	01-07	CODE
39Qg.	PRBLM_SLVG_GOAL_CD	SOCIAL COGNITION - Problem solving: Goal	2	596	597	X(2)	01-07, sp(2)	CODE
39Ra.	MEMRY_ADMSN_CD	SOCIAL COGNITION - Memory: Admission	2	598	599	X(2)	01-07	CODE

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

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

Form Location	Data Base Name	Description	Len	Strt	End	Picture	*Range	Type
39Rd.	MEMRY_DSCHRG_CD	SOCIAL COGNITION - Memory: Discharge	2	600	601	X(2)	01-07	CODE
39Rg.	MEMRY_GOAL_CD	SOCIAL COGNITION - Memory: Goal	2	602	603	X(2)	01-07, sp(2)	CODE
		DISCHARGE INFORMATION						GROUP LABEL
40.	DSCHRG_DT	Discharge Date	8	604	611	YYYYMMDD	Valid date	DATE
41.	DSCHRG_AGNST_MDCL_ADVC_SW	Patient discharged against medical advice	1	612	612	X	0,1	CODE
42.	PGM_INTRPTN_SW	Program Interruption(s)	1	613	613	X	0,1	CODE
43A.	TRNSFR_1_DT	1st Interruption Date	8	614	621	YYYYMMDD	Valid date, sp(8)	DATE
43B.	RTRN_1_DT	1st Return Date	8	622	629	YYYYMMDD	Valid date, sp(8)	DATE
43C.	TRNSFR_2_DT	2nd Interruption Date	8	630	637	YYYYMMDD	Valid date, sp(8)	DATE
43D.	RTRN_2_DT	2nd Return Date	8	638	645	YYYYMMDD	Valid date, sp(8)	DATE
43E.	TRNSFR_3_DT	3rd Interruption Date	8	646	653	YYYYMMDD	Valid date, sp(8)	DATE
43F.	RTRN_3_DT	3rd Return Date	8	654	661	YYYYMMDD	Valid date, sp(8)	DATE
44A.	DSCHRG_TO_LVG_SETG_CD	Discharge to Living Setting	2	662	663	X(2)	01-14, sp(2)	CODE

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

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

Form Location	Data Base Name	Description	Len	Strt	End	Picture	*Range	Type
44B.	DSCHRG_WTH_HOME_HLTH_SRV C_SW	Was patient discharged with Home Health Services?	1	664	664	X	0,1, sp(1)	CODE
45.	DSCHRG_TO_LVG_WTH_CD	Discharge to Living With	2	665	666	X(2)	01,02,03,04,05, sp(2)	CODE
46.	DGNS_TRNSFR_DEATH_CD	Diagnosis for Interruption or Death (ICD-9 Code)	7	667	673	XXXX.XX	Valid ICD-9 Code, sp(7)	CODE
47A.	CMPLCTN_DRNG_REHAB_A_CD	Complications during rehabilitation stay (ICD-9 Code)	7	674	680	XXXX.XX	Valid ICD-9 Code, sp(7)	CODE
47B.	CMPLCTN_DRNG_REHAB_B_CD	Complications during rehabilitation stay (ICD-9 Code)	7	681	687	XXXX.XX	Valid ICD-9 Code, sp(7)	CODE
47C.	CMPLCTN_DRNG_REHAB_C_CD	Complications during rehabilitation stay (ICD-9 Code)	7	688	694	XXXX.XX	Valid ICD-9 Code, sp(7)	CODE
47D.	CMPLCTN_DRNG_REHAB_D_CD	Complications during rehabilitation stay (ICD-9 Code)	7	695	701	XXXX.XX	Valid ICD-9 Code, sp(7)	CODE
47E.	CMPLCTN_DRNG_REHAB_E_CD	Complications during rehabilitation stay (ICD-9 Code)	7	702	708	XXXX.XX	Valid ICD-9 Code, sp(7)	CODE
47F.	CMPLCTN_DRNG_REHAB_F_CD	Complications during rehabilitation stay (ICD-9 Code)	7	709	715	XXXX.XX	Valid ICD-9 Code, sp(7)	CODE
		QUALITY INDICATORS						GROUP LABEL
48a.	SOB_EXRTN_ADMSN_SW	Shortness of breath with exertion: Admission	1	716	716	X	0,1,sp(1)	CODE
48d.	SOB_EXRTN_DSCHRG_SW	Shortness of breath with exertion: Discharge	1	717	717	X	0,1,sp(1)	CODE
49a.	SOB_REST_ADMSN_SW	Shortness of breath at rest: Admission	1	718	718	X	0,1,sp(1)	CODE

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

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

Form Location	Data Base Name	Description	Len	Strt	End	Picture	*Range	Type
49d.	SOB_REST_DSCHRG_SW	Shortness of breath at rest: Discharge	1	719	719	X	0,1,sp(1)	CODE
50a.	DFCLTY_CLRG_ARWY_ADMSN_SW	Weak cough and difficulty clearing airway secretions: Admission	1	720	720	X	0,1,sp(1)	CODE
50d.	DFCLTY_CLRG_ARWY_DSCHRG_SW	Weak cough and difficulty clearing airway secretions: Discharge	1	721	721	X	0,1,sp(1)	CODE
51a.	MOST_SVR_PN_RATE_ADMSN_CD	Rate the highest level of pain reported by the patient within the	2	722	723	X(2)	00-10,sp(2)	CODE
51d.	MOST_SVR_PN_RATE_DSCHRG_CD	Rate the highest level of pain reported by the patient within the	2	724	725	X(2)	00-10,sp(2)	CODE
52Aa.	HIGHST_PRSR_ULCR_ADMSN_CD	Highest current pressure ulcer stage: Admission	2	726	727	X(2)	00,01,02,03,04,05,sp(2)	CODE
52Ad.	HIGHST_PRSR_ULCR_DSCHRG_CD	Highest current pressure ulcer stage: Discharge	2	728	729	X(2)	00,01,02,03,04,05,sp(2)	CODE
52Ba.	PRSR_ULCR_ADMSN_CNT	Number of current pressure ulcers: Admission	2	730	731	X(2)	00-99,sp(2)	COUNT
52Bd.	PRSR_ULCR_DSCHRG_CNT	Number of current pressure ulcers: Discharge	2	732	733	X(2)	00-99,sp(2)	COUNT
52Ca.	LRGST_PRSR_ULCR_ADMSN_NUM	Length multiplied by width: Admission	2	734	735	X(2)	00,01,02,03,04,05,06,07,08,09,10,sp(2)	CODE
52Cd.	LRGST_PRSR_ULCR_DSCHRG_NUM	Length multiplied by width: Discharge	2	736	737	X(2)	00,01,02,03,04,05,06,07,08,09,10,sp(2)	CODE
52Da.	EXDT_AMT_ADMSN_CD	Exudate amount: Admission	2	738	739	X(2)	00,01,02,03, sp(2)	CODE
52Dd.	EXDT_AMT_DSCHRG_CD	Exudate amount: Discharge	2	740	741	X(2)	00,01,02,03, sp(2)	CODE

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

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

Form Location	Data Base Name	Description	Len	Strt	End	Picture	*Range	Type
52Ea.	TISUE_TYPE_ADMSN_CD	Tissue type: Admission	2	742	743	X(2)	00,01,02,03,04,sp(2)	CODE
52Ed.	TISUE_TYPE_DSCHRG_CD	Tissue type: Discharge	2	744	745	X(2)	00,01,02,03,04,sp(2)	CODE
52Fa.	TOT_PUSH_SCRE_ADMSN_NUM	Total PUSH score: Admission	2	746	747	X(2)	00 thru 17,sp(2)	COUNT
52Fd.	TOT_PUSH_SCRE_DSCHRG_NUM	Total PUSH score: Discharge	2	748	749	X(2)	00 thru 17,sp(2)	COUNT
53a.	STNDG_BAL_PRBLM_ADMSN_SW	Standing Balance problem: Admission	1	750	750	X	0,1,sp(1)	CODE
53d.	STNDG_BAL_PRBLM_DSCHRG_SW	Standing Balance problem: Discharge	1	751	751	X	0,1,sp(1)	CODE
54.	TOT_FALL_DRNG_REHAB_STAY_NUM	Total number of falls during the rehabilitation stay: Discharge	2	752	753	X(2)	00 thru 99,sp(2)	COUNT
REC_CNT_EN		END OF RECORD CONTROL SECTION						GROUP LABEL
OTHR_INFO		OTHER INFORMATION SECTION						GROUP LABEL
SBMTD_CMG_TXT		Submitted CMG code	10	754	763	X(10)	Valid CMG Code	CODE
SBMTD_CMG_VRSN_TXT		Submitted CMG version code	10	764	773	X(10)	1.00, 2.00, 2.10, 2.20	CODE
CMS_OTHR1		CMS Other (1) Information	180	774	953	X(180)	sp(180)	
CMS_OTHR2		CMS Other (2) Information	200	954	1153	X(200)	sp(200)	FILLER

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

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

Form Location	Data Base Name	Description	Len	Strt	End	Picture	*Range	Type
CMS_OTHR3		CMS Other (3) Information	100	1154	1253	X(100)	sp(100)	
OTHR_END		END OF OTHER INFORMATION SECTION						GROUP LABEL
END_REC		END OF RECORD SECTION						GROUP LABEL
FILLER_END		BLANK FILLER	4	1254	1257	X(4)	sp(4)	FILLER
DATA_END		End of Data Terminator Code	1	1258	1258	X	%	CODE
CRG_RTN		Carriage Return (ASCII 013)	1	1259	1259	X	Must always be a carriage return (ASCII 013).	CODE
LN_FD		Line Feed (ASCII 010)	1	1260	1260	X	ASCII(010)	CODE