

Uniform Data Submission Specifications for the IRF-PAI (08/2002)
Abbreviated Header Record Layout For Submission From the Facility To the System (Version 1.01A)

| <u>Form Location</u> | <u>Description</u> | <u>Len</u> | <u>Start</u> | <u>End</u> | <u>Picture</u> | <u>*Range</u> | <u>Type</u> |
|----------------------|---|------------|--------------|------------|----------------|-------------------------------|-------------|
| REC_ID | RECORD ID | 2 | 1 | 2 | XX | A2 | CODE |
| FED_ID | Facility Medicare Provider Number | 12 | 3 | 14 | X(12) | Valid code | CODE |
| ST_ID | Facility Medicaid Provider Number | 15 | 15 | 29 | X(15) | Valid code,sp(15) | CODE |
| FAC_ID | CMS Assigned Unique Facility ID Code (Location) | 16 | 30 | 45 | X(16) | Valid code | TEXT |
| FAC_NAME | Facility Name | 50 | 46 | 95 | X(50) | Text | TEXT |
| FAC_ADDR_1 | Facility Address Line 1 | 30 | 96 | 125 | X(30) | Text | TEXT |
| FAC_ADDR_2 | Facility Address Line 2 | 30 | 126 | 155 | X(30) | Text, sp(30) | TEXT |
| FAC_CITY | Facility City | 20 | 156 | 175 | X(20) | Text | TEXT |
| FAC_ST | Facility State Code | 2 | 176 | 177 | X(2) | Valid code | CODE |
| FAC_ZIP | Facility Zip Code | 11 | 178 | 188 | X(11) | Valid numeric zip code | CODE |
| FAC_CNTCT | Facility Contact Person Name | 30 | 189 | 218 | X(30) | Text | TEXT |
| FAC_PHONE | Facility Contact Person Phone Number | 10 | 219 | 228 | X(10) | Valid phone number | TEXT |
| FAC_EXTEN | Facility Contact Person Phone Extension | 5 | 229 | 233 | X(5) | Valid extension,sp(5) | TEXT |
| AGT_ID | Agent Federal Tax ID (EIN) | 9 | 234 | 242 | X(9) | Valid code,sp(9) | TEXT |
| AGT_NAME | Agent Name | 30 | 243 | 272 | X(30) | Text,sp(30) | TEXT |
| AGT_ADDR_1 | Agent Address Line 1 | 30 | 273 | 302 | X(30) | Text,sp(30) | TEXT |
| AGT_ADDR_2 | Agent Address Line 2 | 30 | 303 | 332 | X(30) | Text,sp(30) | TEXT |
| AGT_CITY | Agent City | 20 | 333 | 352 | X(20) | Text,sp(20) | TEXT |
| AGT_ST | Agent State Code | 2 | 353 | 354 | X(2) | Valid code,sp(2) | CODE |
| AGT_ZIP | Agent Zip Code | 11 | 355 | 365 | X(11) | Valid numeric zip code,sp(11) | CODE |
| AGT_CNTCT | Agent Contact Person Name | 30 | 366 | 395 | X(30) | Text,sp(30) | TEXT |

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|----------------------|---|------------|--------------|------------|----------------|---------------------------|-------------|
| AGT_PHONE | Agent Contact Person Phone Number | 10 | 396 | 405 | X(10) | Valid phone number,sp(10) | TEXT |
| AGT_EXTEN | Agent Contact Person Phone Extension | 5 | 406 | 410 | X(5) | Valid extension,sp(5) | TEXT |
| SFW_ID | IRF-PAI Software Co. Federal Tax ID (EIN) | 9 | 411 | 419 | X(9) | Valid code | TEXT |
| SFW_NAME | IRF-PAI Software Co. Name | 30 | 420 | 449 | X(30) | Text | TEXT |
| SFW_ADDR_1 | IRF-PAI Software Co. Address Line 1 | 30 | 450 | 479 | X(30) | Text | TEXT |
| SFW_ADDR_2 | IRF-PAI Software Co. Address Line 2 | 30 | 480 | 509 | X(30) | Text,sp(30) | TEXT |
| SFW_CITY | IRF-PAI Software Co. City | 20 | 510 | 529 | X(20) | Text | TEXT |
| SFW_ST | IRF-PAI Software Co. State Code | 2 | 530 | 531 | X(2) | Valid code | CODE |
| SFW_ZIP | IRF-PAI Software Co. Zip Code | 11 | 532 | 542 | X(11) | Valid numeric zip code | CODE |
| SFW_CNTCT | IRF-PAI Software Co. Contact Person Name | 30 | 543 | 572 | X(30) | Text,sp(30) | TEXT |
| SFW_PHONE | IRF-PAI Software Co. Contact Person Phone Number | 10 | 573 | 582 | X(10) | Valid phone number,sp(10) | TEXT |
| SFW_EXTEN | IRF-PAI Software Co. Contact Person Phone Extension | 5 | 583 | 587 | X(5) | Valid extension,sp(5) | TEXT |
| FILE_DT | File Creation Date | 8 | 588 | 595 | YYYYMMDD | Valid date, sp(8) | DATE |
| TEST_SW | Test/Production Indicator | 1 | 596 | 596 | X | 0 (zero),1 | CODE |
| HDR_FL | Blank Filler | 661 | 597 | 1257 | X(661) | sp(661) | FILLER |
| DATA_END | End of Data Terminator Code | 1 | 1258 | 1258 | X | % | CODE |
| CRG_RTN | Carriage Return (ASCII 013) | 1 | 1259 | 1259 | X | ASCII(013) | CODE |
| LN_FD | Line Feed (ASCII 010) | 1 | 1260 | 1260 | X | ASCII(010) | CODE |