

**Uniform Data Submission Specifications for the IRF-PAI (08/2002)**

**Abbreviated Inactivation Record Layout For Submission From the Facility To the System (Version 1.01A)**

<i>Form Location</i>	<i>Description</i>	<i>Len</i>	<i>Start</i>	<i>End</i>	<i>Picture</i>	<i>*Range</i>	<i>Type</i>
ITEM_FILLER1	Item Filler	39	3	41	X(39)	sp(39)	FILLER
ITEM_FILLER4	Item Filler	200	315	514	X(200)	sp(200)	FILLER
12. ADMSN_DT	Admission Date	8	307	314	YYYYMMDD	Valid Date	DATE
ITEM_FILLER5	Item Filler	89	515	603	X(89)	sp(89)	FILLER
4. PAT_1ST_NAME	Patient First Name	12	246	257	X(12)	Text	TEXT
ITEM_FILLER6	Item Filler	200	612	811	X(200)	sp(200)	FILLER
5. PAT_LAST_NAME	Patient Last Name	18	258	275	X(18)	Text	TEXT
ITEM_FILLER7	Item Filler	200	812	1011	X(200)	sp(200)	FILLER
7. SSN_NUM	Social Security Number	9	284	292	X(9)	Valid Code	TEXT
ITEM_FILLER8	Item Filler	200	1012	1211	X(200)	sp(200)	FILLER
6. BIRTH_DT	Birth Date	8	276	283	YYYYMMDD	Valid full or partial date; spaces allowed only with a partial date.	DATE
ITEM_FILLER9	Item Filler	46	1212	1257	X(46)	sp(46)	FILLER
8. GNDR_CD	Gender	1	293	293	X	1,2	CODE
40. DSCHRG_DT	Discharge Date	8	604	611	YYYYMMDD	Valid date	DATE
DATA_END	End of Data Terminator Code	1	1258	1258	X	%	
CRG_RTN	Carriage Return (ASCII 013)	1	1259	1259	X	ASCII 013	
LN_FD	Line feed (ASCII 010)	1	1260	1260	X	ASCII 010	
REC_ID	Record ID	2	1	2	X(2)	X2	CODE
ITEM_FILLER2	Item Filler	188	58	245	X(188)	sp(188)	FILLER
FAC_ID	CMS Assigned Unique FAC_ID Code.	16	42	57	X(16)	Valid code	CODE
ITEM_FILLER3	Item Filler	13	294	306	X(13)	sp(13)	FILLER