

# 2

## MESSAGES AND DESCRIPTIONS

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## FATAL FILE MESSAGES

The following messages are considered fatal file messages and result in the rejection of the entire submission batch. If a submission file contains a fatal file message, HHA\_Main is never executed for the submission and the individual data records are not validated or stored in the database.

| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION   |
|----------------|---|---|
| + 1            | Invalid header HHA_ID: The State-Assigned HHA_ID code (HHA_ID) in the header record of the submission file does not match the HHA_ID that corresponds to the Login ID (User Name) used. | <b>Cause:</b><br>The wrong file was submitted.<br>The State-Assigned HHA ID Code (HHA_ID) in the header record of the submission file does not match the HHA_ID that corresponds to the Login ID (User Name) used.<br><b>Definition:</b><br>Header record: The header record contains basic identifying information for the home health agency, as well as, contact person and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file.<br><b>Example:</b><br>Parent company submitting for multiple home health agencies and forgot to change home health agency identifiers for each new home health agency.<br><b>Action:</b><br>Verify that the correct file was submitted.<br>Verify that the HHA ID in the header record of the submission file and the Login ID correspond. If they do not correspond, check the HHA's encoding software. |
| + 4            | Header missing: The required header record is missing from the submission file.   | <b>Cause:</b><br>The required header record is missing from the submission file. The REC_ID is invalid for the header.<br><b>Definition:</b><br>Header record: The header record contains basic identifying information for the home health agency, as well as, contact persons and telephone numbers in the event that the file is in error. It is the first line of data in the submission file.<br>REC_ID: Identifies the line in the file as a header record, data record, or trailer record. Header record is identified by "A1", upper case "A" followed by a "1" (one) in the first two bytes.<br><b>Action:</b><br>Verify that the header record is in the submission file. Refer to the current data specification for the correct submission file layout. Verify that the header REC_ID is "A1".<br>Contact your software vendor for assistance.  |
| + 5            | Header incorrect length: The header record of the submission file is not the correct length.  | <b>Cause:</b><br>The header record of the submission file is not the correct length. Transmission may have been interrupted (i.e., power surge, lightning strike).<br><b>Definition:</b><br>Header record: The header record contains basic identifying information for the home health agency, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file.<br><b>Action:</b>   |

| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION  |
|----------------|---|--|
|                |   | <p>Verify that the header record in the submission file is 1448 bytes in length. Refer to the data specifications for the correct submission file layout.</p> <p>If you think the transmission was interrupted, attempt to resubmit the file.</p> <p>Contact your software vendor for assistance.</p>  |
| + 7            | Data record incorrect length: The patient data record of the submission file is not the correct length. | <p><b>Cause:</b><br/>The patient data record of the submission is not the correct length. Transmission may have been interrupted (i.e., power surge, lightening strike).</p> <p><b>Definition:</b><br/>Data Record: A data record contains information for a single OASIS patient record, a single discharge transaction, a single recertification transaction, a single resumption of care transaction, a single transfer assessment or a single start of care assessment. There may be one or more data records in a submission file.</p> <p><b>Tips:</b><br/>If this error occurs, the Rec_ID is changed from B1 to L1. Once this error is received, no further edit checks are performed on this rejected record. The Final Validation Report does not display any identifying information.</p> <p><b>Actions:</b><br/>Verify that each data record of the submission file is 1448 bytes in length. Refer to the current data specifications for the correct submission file layout. If you think the transmission was interrupted, attempt to resubmit the file. Contact your software vendor for assistance.</p> |
| + 8            | Data records missing: No patient data records are found in the submission file.                         | <p><b>Cause:</b><br/>There were no patient data records found in the submission file. This error also occurs if the REC_ID is invalid for the data record.</p> <p><b>Definition:</b><br/>Data record: A data record contains information for a single OASIS patient record, a single discharge transaction, a single recertification transaction, a single resumption of care transaction, a single transfer assessment or a single start of care assessment. There are one or more data records in a submission file. REC_ID: identified the line in the file as a header record, data record or trailer record. A data record is identified by "B1", upper case B followed by a "1" (one) in the first two bytes.</p> <p><b>Action:</b><br/>Verify that the submission file contains at least one patient data record. Verify that the data record REC_ID is "B1". Refer to the current data specifications for the correct submission file layout. Contact your software vendor for assistance.</p>   |
| + 9            | Trailer incorrect length: The trailer record of the submission file is not the correct length.          | <p><b>Cause:</b><br/>The trailer record of the submission file is not the correct length. Transmission may have been interrupted (i.e., power surge, lightening strike).</p>   |

| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION  |
|----------------|---|--|
|                |   | <p><b>Definition:</b><br/>Trailer record: The trailer record indicates the end of the submission file and includes a count of the total number of records in the file including the header and trailer records.</p> <p><b>Action:</b><br/>Verify that the trailer record in the submission file is 1448 bytes in length. Refer to the current data specifications for the correct submission file layout.<br/>If you think the transmission was interrupted, attempt to resubmit the file.<br/>Contact your software vendor for assistance.</p>  |
| + 10           | Trailer missing: The required trailer record is missing from the submission file.                     | <p><b>Cause:</b><br/>The required trailer record is missing from the submission file. The REC_ID is invalid for the trailer.</p> <p><b>Definition:</b><br/>Trailer Record: The trailer record indicates the end of the submission file and includes a count of the total number of records in the file including the header and trailer records.<br/>REC_ID: Identifies the line in the file as a header record, data record, or trailer record. The trailer record is identified by a "Z1", upper case Z followed by a "1" (one) in the first two bytes.</p> <p><b>Actions:</b><br/>Verify that the trailer record is in the submission file.<br/>Verify that the trailer REC_ID is "Z1". Refer to the current data specifications for the correct submission file layout.<br/>Contact your software vendor for assistance.</p> |
| + 11           | Incorrect record count: The submission file contains MORE records than the trailer record indicates.  | <p><b>Cause:</b><br/>The number of records in the submission file is more than the trailer record indicates</p> <p><b>Definition:</b><br/>Trailer record: The trailer record indicates the end of the submission file and includes a count of the total number of records in the file including the header and trailer records.</p> <p><b>Action:</b><br/>Verify that the trailer record count equals the total number of data records plus two (one for the header record and one for the trailer record).<br/>Contact your software vendor for assistance.</p>   |
| + 12           | Incorrect record count: The submission file contains FEWER records than the trailer record indicates. | <p><b>Cause:</b><br/>The number of records in the submission file is less than the trailer record indicates.</p> <p><b>Definition:</b><br/>Trailer record: The trailer record indicates the end of the submission file and includes a count of the total number of records in the file including the header and trailer records.</p> <p><b>Action:</b><br/>Verify that the trailer record count equals the total number of data records plus two (one for the header record and one for the trailer record).<br/>Contact your software vendor for assistance.</p>  |

| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION   |
|----------------|---|---|
| + 18           | Invalid Submission Indicator: The header record does not correctly indicate whether this is a test or production submission file.                                       | <p><b>Cause:</b><br/>The TEST_SW (test/production indicator) in the header record of the submission file was not either a "0" (zero) or a "1" (one).</p> <p><b>Definition:</b><br/>TEST_SW: Item that designates the submission file as a test file or a production file. A "0" (zero) indicates a test file and "1" (one) indicates a production file. Any other response is invalid data.</p> <p><b>Tip:</b><br/>When invalid data is submitted in the TEST_SW field, validation (editing) of any subsequent fields is not performed.</p> <p><b>Action:</b><br/>Verify that the TEST_SW (test/production indicator) in the header record of the submission file is either a "1" (one) or a "0" (zero). Contact your software vendor for assistance.</p> |
| + 28           | Invalid RFA: A space occurred in the RFA field (Reason for Assessment M0100) on one or more data records.   | <p><b>Cause:</b><br/>The RFA (Reason for Assessment – M0100) field contains a space on one or more of the data records.</p> <p><b>Definition:</b><br/>Data record: A data record contains information for a single OASIS patient record.</p> <p><b>Action:</b><br/>Contact your software vendor for assistance.</p>   |
| + 29           | Unable to accept file: The CMS OASIS system at the State that accepts the submission file has failed. Contact your State Coordinator immediately and resubmit the file. | <p><b>Cause:</b><br/>There is a problem with the CMS OASIS system at the State. A database error occurred when updating the HHA_Upload table.</p> <p><b>Action:</b><br/>If this message is received, contact your State Technical (Automation) Coordinator immediately. Resubmit the file when directed by your State Technical (Automation) Coordinator.</p>   |
| + 33           | Extra data: The submission file contains extra data after the trailer record.   | <p><b>Cause:</b><br/>The submission file contains extra data after the trailer record, which is to be the last record in the file.</p> <p><b>Definition:</b><br/>Trailer Record: The trailer record indicates the end of the submission file and includes a count of the total number of records in the file including the header and trailer records.</p> <p><b>Action:</b><br/>Verify that there is no data following the % (percentage sign) in the trailer record of the submission file. Contact your software vendor for assistance.</p>  |
| + 36           | SFW_ID is missing: The SFW_ID is missing from the header record. Update the Software ID information in your OASIS encoding software.                                    | <p><b>Cause:</b><br/>The submission file did not contain the (SFW_ID) OASIS Software Co. Federal Tax ID in the header record.</p> <p><b>Definition:</b><br/>Header record: The header record contains basic identifying information for the home health agency, as well as, contact person and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file.</p> <p><b>Action:</b><br/>Contact your software vendor for assistance.</p>   |

## FATAL RECORD MESSAGES

The following errors are considered fatal record messages and result in the rejection of individual records. Assessments that have fatal record errors are completely removed from the database (for data integrity purposes).

| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION  |
|----------------|---|--|
| + 26           | Invalid record HHA_ID:<br>The State assigned HHA ID code (HHA_ID) in any one of the submitted patient data records does not match the HHA_ID in the header record of the submission file. | <p><b>Cause:</b><br/>The State assigned HHA_ID (HHA ID) code in one of the submitted patient data records does not match the HHA_ID in the header record of the submission file.</p> <p><b>Definition:</b><br/>Data record: A data record contains information for a single OASIS patient record, a single discharge transaction, a single resumption of care transaction, a single request to modify an OASIS record, or a single request to inactivate an OASIS record. There are one or more data records in a submission file.<br/>Header record: The header record contains basic identifying information for the home health agency, as well as, contact person and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file.</p> <p><b>Example:</b><br/>HHA_ID in the header record = IA 167999 and the HHA_ID in the submitted patient data record = IA167000.</p> <p><b>Action:</b><br/>Verify that the HHA_ID in all data records match the HHA_ID in the header record of the submission file.<br/>If the HHA_ID of the data record(s) does not match the HHA_ID in the header record, unlock the data record(s), make the correction and create a new submission file containing the corrected records. Submit this new file.<br/>Contact your software vendor for assistance.</p> |
| + 30           | Invalid effective date:<br>The required effective date is invalid for the submitted data record.  | <p><b>Cause:</b><br/>Any data record is rejected if the effective date item identified contains an invalid date.</p> <p><b>Definition:</b><br/>Invalid effective date for the purposes of this message means that the date must contain a valid month, day, and year.<br/>The effective date is based on the RFA value. If required on the data record submitted, this message applies to the following date items:<br/>(M0030) Start of Care Date for RFA types 01<br/>(M0032) Resumption of Care Date for RFA type 03<br/>(M0090) Information Completion Date for RFA types 04 &amp; 05<br/>(M0906) Discharge/Transfer/Death Date for RFA types 06, 07, 08, &amp; 09</p> <p><b>Tip:</b><br/>Check the "Field or OASIS Items" and the "Invalid Data Submitted" identified on the Final Validation Report to determine the date item that is missing or invalid.<br/>The correct submission file format for all date fields is "YYYYMMDD". The date submitted displays on the Final Validation Report the way it is in the submission file. If it is</p>   |

| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION   |
|----------------|---|---|
|                |   | <p>submitted in the file as “MMDDYYYY”, it is displayed this way on the Final Validation Report, indicating the reason for the message. This may mean your software vendor needs to be notified.</p> <p>The correct submission file for all date fields is “YYYYMMDD”. Although, the date appears on the forms as “MMDDYYYY”, the “Field or OASIS Items” and the “Invalid Data Submitted” identified on the Final Validation Report appear as “YYYYMMDD” because the date is being displayed the way it was submitted and not the way it was entered.</p> <p>0000 (zero, zero, zero, zero) in the YYYY (year, year, year, year) portion of the date field is not acceptable.</p> <p><b>Examples:</b><br/> An invalid date is June 32, 1999 (19990632).<br/> A month of 40 or a day of 35 is not valid.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the record and resubmit.<br/> Refer to the current data specifications to determine valid values.<br/> Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p>         |
| + 31           | Invalid RFA: The required Reason for Assessment (M0100) is invalid for the submitted data record. | <p><b>Cause:</b><br/> The submitted data for the (M0100) Reason for Assessment field is not in the valid range of acceptable values. Beginning December 16, 2002, M0100 (Reason for Assessment) 02 and 10 are rejected as invalid record type.</p> <p><b>Definition:</b><br/> Acceptable values for the (M0100) Reason for Assessment field are:<br/> 01 – Start of care – further visits planned<br/> 03 – Resumption of care (after inpatient stay)<br/> 04 – Recertification (follow-up reassessment)<br/> 05 – Other follow-up<br/> 06 – Transferred to an inpatient facility – patient not discharge from agency<br/> 07 – Transferred to an inpatient facility – patient discharged from agency<br/> 08 – Death at home<br/> 09 – Discharge from agency</p> <p><b>Example:</b><br/> An invalid RFA is 15.</p> <p><b>Action:</b><br/> Make appropriate corrections to the record and resubmit.<br/> Refer to the current data specifications to determine valid values.<br/> Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p> |
| + 32           | Last Name Missing: The patient’s last name (M0040) is missing from the submitted record.          | <p><b>Cause:</b><br/> The patient’s last name (M0040_PAT_LNAME) in this data record was missing. This record could not be accepted with the last name blank.</p> <p><b>Action:</b><br/> Make appropriate corrections to the record and resubmit.<br/> Refer to the OASIS Implementation Manual, Chapter 8: Item-by-</p>   |

| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION  |
|----------------|---|--|
|                |   | Item Tips.   |
| + 50           | Invalid ICD-9 format: The submitted ICD-9 diagnosis code is not in the valid range of acceptable values for the identified item.                                      | <p><b>Cause:</b><br/>The submitted ICD-9 (diagnosis code) is not in the valid range of acceptable values.<br/>For records with a M0090 (Completion Date) of October 1, 2003 V-codes are accepted in M0230 (Primary Diagnosis) and M0240 (Secondary Diagnosis).<br/>For records with a M0090 (Completion Date) of October 1, 2003 E-codes are accepted in M0240 (Secondary Diagnosis).<br/>All remaining diagnosis fields do not accept E-codes or V-codes.</p> <p><b>Definitions:</b><br/>Invalid ICD-9 format for the purposes of this message means that the diagnosis code must contain a valid ICD-9 code. If required on the data record submitted, this message applies to the following ICD-9 field items:<br/>(M0190) Inpatient Diagnoses<br/>(M0210) Medical Diagnoses<br/>(M0230) Primary Diagnosis<br/>(M0240) Other Diagnosis<br/>(M02450) Primary Payment Diagnosis</p> <p><b>Example:</b><br/>An invalid ICD-9 code is 820._9.</p> <p><b>Actions:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications for this item to determine the acceptable values.<br/>Refer to the ICD-9-CM manual for acceptable codes.<br/>Please enter the ICD-9 code for the underlying medical diagnosis or for the problem(s) for which the patient is receiving home health care.<br/>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p> |
| + 51           | Invalid format: The submitted data for this field must be right justified with leading spaces (to the left) filled with zeros.  | <p><b>Cause:</b><br/>The submitted data is not in the correct format for the identified item.</p> <p><b>Example:</b><br/>An invalid format is '4 ' (4, space) or ' 4' (space, 4).</p> <p><b>Action:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications for this item to determine the acceptable values.</p>  |
| + 53           | Invalid format: The submitted data for this field must contain letters and/or numbers only. Special characters such as a dash (-) and/or embedded spaces are invalid. | <p><b>Cause:</b><br/>A special character such a dash (-) and/or embedded spaces was submitted for the identified field.<br/>Special characters should not be used.</p> <p><b>Example:</b><br/>An invalid (M0065) Medicaid Number is 452-6394T1.</p> <p><b>Action:</b><br/>Make appropriate corrections to the submitted record and resubmit.</p>   |



| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION  |
|----------------|---|--|
|                |   | Refer to the current data specifications for this item to determine the acceptable values.   |
| + 101          | Inconsistent dates: The submitted date identified is not consistent with the submission date of the file. | <p><b>Cause:</b><br/> The identified dates are inconsistent with submission date on the Final Validation Report.<br/> (LOCK_DATE) The Assessment Lock Date cannot be later than the Submission Date. If the Lock Date is later than the Submission Date, the record is rejected. (Note: The LOCK_DATE is no longer active for any assessment with a M0090 date of 6/21/2006 or greater).<br/> (M0030) The Start of Care Date cannot be later than the Submission Date. If (M0030) is later than the Submission Date, the record is rejected.<br/> (M0032) The Resumption of Care Date cannot be later than the Submission Date. If (M0032) is later than the Submission Date, the record is rejected.<br/> (M0066) The Birth Date cannot be later than the Submission Date. If (M0066) is later than the Submission Date, the record is rejected.<br/> (M0090) The Information Completion Date cannot be later than the Submission Date. If (M0090) is later than the Submission Date, the record is rejected.<br/> (M0180) The Inpatient Discharge Date cannot be later than the Submission Date. If (M0180) is later than the Submission Date, the record is rejected.<br/> (M0903) The Date of the Last (Most Recent) Home Visit cannot be later than the Submission Date. If (M0903) is later than the Submission Date, the record is rejected.<br/> (M0906) The Discharge/Transfer/Death Date cannot be later than the Submission Date. If (M0906) is later than the Submission Date, the record is rejected.</p> <p><b>Definitions:</b><br/> LOCK_DATE is the date the assessment was locked in the HHA's encoding software. This date must be less than or equal to the current date. (Note: The LOCK_DATE is no longer active for any assessment with a M0090 date of 6/21/2006 or greater).<br/> Submission Date is the date in which the assessment was submitted in a file to the state system. The Submission Date/Time appears up at the top of page one of the Final Validation Report.</p> <p><b>Tips:</b><br/> Check the "Field or OASIS Items" and the "Invalid Data Submitted" identified on the Final Validation Report to determine the date items that are inconsistent with the submission date on the Final Validation Report.<br/> LOCK_DATE is an item that may not be visible to the HHA User. It may be an item that is filled in by the vendor software when the record is copied to an upload file.</p> <p><b>Actions:</b><br/> Contact your software vendor to determine how your software handles the LOCK_DATE.<br/> Make appropriate corrections to the record and resubmit.<br/> Refer to the current data specifications for this item to determine</p> |

| MESSAGE NUMBER | MESSAGE  | MESSAGE DESCRIPTION  |
|----------------|--|--|
|                |  | the acceptable values.   |
| + 105          | Inconsistent M0030/M0903 dates: (M0030) Start of Care Date was submitted with a date later than (M0903) Date of the Last Home Visit. (M0030) date must precede or be the same as (M0903) date.   | <b>Cause:</b><br>(M0030) Start of Care Date must precede or be the same as (M0903) Date of Last (Most Recent) Home Visit.<br><b>Actions:</b><br>Make appropriate corrections to the record and resubmit.<br>Refer to the current data specifications for this item to determine the acceptable values.   |
| + 106          | Inconsistent M0030/M0906 dates: (M0030) Start of Care date was submitted with a date later than (M0906) Discharge/Transfer/Death date. (M0030) date must precede or be the same as (M0906) date. | <b>Cause:</b><br>(M0030) Start of Care Date must precede or be the same as (M0906) Discharge/Transfer/Death Date.<br><b>Action:</b><br>Make appropriate corrections to the record and resubmit.<br>Refer to the current data specifications to determine valid date sequencing.  |
| + 110          | Inconsistent M0032/M0100 values: If M0100 (RFA) = 1, then M0032 (Resumption of Care) "NA" must be checked.   | <b>Cause:</b><br>When (M0100) Reason for Assessment is a Start of Care (response 01), then the (M0032) Resumption of Care "NA" response should be checked.<br><b>Tips:</b><br><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br><b>Actions:</b><br>Make appropriate corrections to the record and resubmit.<br>Refer to the current data specifications to determine consistency requirements.               |
| + 111          | Inconsistent M0100/M0032 values: If (M0100) Reason for Assessment = 3, then (M0032) "NA" response must not be checked.   | <b>Cause:</b><br>IF (M0100) Reason for Assessment is a Resumption of Care (response 03), THEN the (M0032) Resumption of Care "NA" response must not be checked.<br><b>Tip:</b><br><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine consistency requirements. |
| + 112          | Inconsistent M0032 values: If (M0032) Resumption of Care "NA" response is unchecked, then (M0032) date field must be completed.  | <b>Cause:</b><br>IF the (M0032) Resumption of Care "NA" response is not checked, THEN (M0032) Resumption of Care Date must be completed.<br><b>Tip:</b><br><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the   |

| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION   |
|----------------|---|---|
|                |   | validation report.<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine consistency requirements.  |
| + 113          | Inconsistent M0032 values: If (M0032) Resumption of Care "NA" response is checked, then (M0032) date field must be blank.             | <b>Cause:</b><br>IF the (M0032) Resumption of Care "NA" response is checked, THEN (M0032) Resumption of Care Date must not be completed.<br><b>Tip:</b><br><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine consistency requirements. |
| + 114          | Inconsistent M0063 values: If (M0063) Medicare Number "NA" response is unchecked, then the (M0063) number field must be completed.    | <b>Cause:</b><br>IF the (M0063) Medicare Number "NA" response is not checked, THEN the (M0063) Medicare Number field must be completed.<br><b>Tip:</b><br><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine consistency requirements.  |
| + 115          | Inconsistent M0063 values: If (M0063) Medicare Number "NA" response is checked then (M0063) number field must be blank.               | <b>Cause:</b><br>IF the (M0063) Medicare Number "NA" field is checked, THEN the (M0063) Medicare Number field must not be completed.<br><b>Tip:</b><br><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine consistency requirements.     |
| + 116          | Inconsistent M0064 values: If (M0064) Social Security Number "UK" response is unchecked, then (M0064) number field must be completed. | <b>Cause:</b><br>IF the (M0064) Social Security Number "UK" field is not checked, THEN the (M0064) Social Security Number field must be completed.<br><b>Tip:</b><br><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br><b>Actions:</b>  |

| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION   |
|----------------|---|---|
|                |   | Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine consistency requirements.   |
| + 117          | Inconsistent M0064 values: If (M0064) Social Security Number "UK" response is checked then (M0064) number field must be blank.  | <p><b>Cause:</b><br/>IF the (M0064) Social Security Number "UK" field is checked, THEN the (M0064) Social Security Number field must not be completed.</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine consistency requirements.</p> |
| + 118          | Inconsistent M0065 values: If (M0065) Medicaid Number "NA" response is unchecked, then (M0065) number field must be completed.  | <p><b>Cause:</b><br/>IF the (M0065) Medicaid Number "NA" response is not checked, THEN the (M0065) Medicaid Number must be completed.</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine consistency requirements.</p>                  |
| + 119          | Inconsistent M0065 values: If (M0065) Medicaid Number "NA" response is checked, then (M0065) number field must be blank.  | <p><b>Cause:</b><br/>IF the (M0065) Medicaid Number "NA" response is checked, THEN the (M0065) Medicaid Number response must not be completed.</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine consistency requirements.</p>         |
| + 120          | Inconsistent M0066/LOCK DATE dates: The M0066 (Birth Date) must be earlier than or equal to the Lock Date. The State System does not accept OASIS assessments for patients under the age of 18. | <p><b>Cause:</b><br/>The (M0066) Birth Date must be earlier than the assessment LOCK DATE.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine valid date sequencing.</p>   |

| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION   |
|----------------|---|---|
| + 121          | Inconsistent M0066/M0030 dates: The M0066 (Birth Date) must be earlier than or equal to M0030 (Start of Care Date). The State System does not accept OASIS assessments for patients under the age of 18.            | <b>Cause:</b><br>The (M0066) Birth Date must be earlier than to the assessment (M0030) Start of Care Date.<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine valid date sequencing.                     |
| + 122          | Inconsistent M0066/M0032 dates: The M0066 (Birth Date) must be earlier than or equal to M0032 (Resumption of Care Date). The State System does not accept assessments for patients under the age of 18.             | <b>Cause:</b><br>The (M0066) Birth Date must be earlier than to the assessment (M0032) Resumption of Care Date.<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine valid date sequencing.                |
| + 124          | Inconsistent M0066/M0180 dates: The Birth Date (M0066) must be earlier than or equal to M0180 (Discharge from Inpatient Date). The State System does not accept OASIS assessments for patients under the age of 18. | <b>Cause:</b><br>The (M0066) Birth Date must be earlier than the assessment (M0180) Inpatient Discharge Date.<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine valid date sequencing.                  |
| + 125          | Inconsistent M0066/M0903 dates: The M0066 (Birth Date) must be earlier than or equal to the M0903 (Last Home Visit Date). The State System does not accept OASIS assessments for patients under the age of 18.      | <b>Cause:</b><br>The (M0066) Birth Date must be earlier than the assessment (M0903) Last Home Visit Date.<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine valid date sequencing.                      |
| + 126          | Inconsistent M0066/M0906 dates: The M0066 (Birth Date) must be earlier than or equal to the M0906 (Discharge Date). The State System does not accept OASIS assessments for patients under the age of 18.            | <b>Cause:</b><br>The (M0066) Birth Date must be earlier than or equal to the assessment (M0906) Discharge/Transfer/Death Date.<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine valid date sequencing. |

| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION  |
|----------------|---|--|
| + 127          | Inconsistent M0072 values: If (M0072) Primary Referring Physician ID "UK" response is unchecked, then the (M0072) number field must be completed.       | <p><b>Cause:</b><br/>IF the (M0072) Primary Referring Physician ID "UK" response is not checked, THEN the (M0072) Primary Referring Physician ID must be completed.</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine consistency requirements.</p>   |
| + 128          | Inconsistent M0072 values: If (M0072) Primary Referring Physician ID "UK" response is checked, then the (M0072) Number field must be blank.             | <p><b>Cause:</b><br/>IF the (M0072) Primary Referring Physician ID "UK" response is checked, THEN the (M0072) Primary Referring Physician ID field must not be completed.</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine consistency requirements.</p>   |
| + 130          | Inconsistent M0090/M0903 dates: The (M0090) Assessment Completion date was submitted with a date earlier than the (M0903) Last Home Visit Date.         | <p><b>Cause:</b><br/>The submitted (M0090) Information Completion Date was earlier than the (M0903) Date of the Last (Most Recent) Home Visit.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine valid date sequencing.</p>  |
| + 133          | Inconsistent M0150/M0063 values: If (M0150) Current Payment Sources = 1, Medicare Fee-for-Service, then (M0063) Medicare Number "NA" must be unchecked. | <p><b>Cause:</b><br/> Applies when (M0100) Reason for Assessment is a 01, 03, 04, 05, 06, 07, 08, or 09.<br/> IF the submitted (M0150) Current Payment Source for Home Care has response 1 is checked, THEN (M0063) Medicare Number "NA" response must not be checked.</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine consistency requirements.<br/> Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p> |

| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION  |
|----------------|---|--|
| + 134          | Inconsistent M0150/M0065 values: If (M0150) Current Payment Sources = 3, Medicaid Fee-for-Service, then (M0065) Medicaid Number "NA" must be unchecked.   | <p><b>Cause:</b><br/>Applies when (M0100) Reason for Assessment is a 01, 03, 04, 05, 06, 07, 08, or 09.<br/>IF the submitted (M0150) Current Payment Source for Home Care has response 3 is checked, THEN (M0065) Medicaid Number "NA" response must not be checked.</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine consistency requirements.<br/> Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p>               |
| + 138          | Inconsistent M0180 values: If (M0180) Inpatient Discharge Date "UK" response is checked, then (M0180) date field must be blank. If (M0180) date is present, then (M0180) "UK" must be unchecked (Zero). | <p><b>Cause:</b><br/>There should not be a date indicated in the (M0180) Inpatient Discharge Date field, if the submitted (M0180) "UK" response is checked.</p> <p><b>Tip:</b> If (M0180) "UK" response is unchecked the date field should be completed.<br/> A date must be indicated in the (M0180) Inpatient Date field, if the submitted (M0180) "UK" response is unchecked.</p> <p><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine consistency requirements.</p> |
| + 141          | Inconsistent M0190 values: (M0190) Inpatient Diagnoses ICD code at "a" cannot be an exact match to (M0190) Inpatient Diagnoses ICD code at "b".   | <p><b>Cause:</b><br/>The (M0190) ICD-9 code in response "b." cannot be the same as the (M0190) ICD-9 code response "a".</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine consistency requirements.</p>  |
| + 142          | Inconsistent M0200/M0210 values: If (M0200) Regimen is checked "Yes", then (M0210) Medical Diagnosis ICD code at "a" cannot be blank.   | <p><b>Cause:</b><br/> IF (M0200) Medical or Treatment Regimen Change Within Past 14 Days is checked "Yes", THEN (M0210) ICD-9 response "a." cannot be blank<br/> You may have submitted a blank or a value that is not acceptable by your state.</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b></p>   |

| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION  |
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|                |   | <p>Make appropriate corrections to the submitted record and resubmit.</p> <p>Refer to the current data specifications to determine consistency requirements.</p> <p>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p> <p>Contact your state OASIS Coordinator for a list of values that are not accepted by your state.</p>  |
| + 143          | Inconsistent M0100/M0200/M0220 values: If (M0100) is 09 and (M0200) "Yes" is checked, then at least one from (M0220) must be checked. Also, all items in M0220 that are unchecked must be submitted as 0 zero | <p><b>Cause:</b></p> <p>Applies when (M0100) Reason for Assessment is a 09.</p> <p>IF (M0200) Medical or Treatment Regimen Change Within Past 14 Days response is checked "Yes", THEN at least one item from (M0220) "Urinary Incontinence" through "None of the Above" must be checked.</p> <p><b>Tip:</b></p> <p><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.</p> <p><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b></p> <p>Make appropriate corrections to the submitted record and resubmit.</p> <p>Refer to the current data specifications to determine consistency requirements.</p> <p>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p> |
| + 144          | Inconsistent ICD-9 M0210 values: (M0210_CHGREG_ICD1, M0210_CHGREG_ICD2, M0210_CHGREG_ICD3, M0210_CHGREG_ICD4): This ICD-9 value cannot equal any other ICD-9 value.   | <p><b>Cause:</b></p> <p>The (M0210) submitted ICD-9 code cannot exactly match any other (M0210) submitted ICD-9 code.</p> <p>You may have submitted a blank or a value that is not accepted by your state.</p> <p><b>Actions:</b></p> <p>Make appropriate corrections to the submitted record and resubmit.</p> <p>Refer to the current data specifications to determine consistency requirements.</p> <p>Contact your state OASIS Coordinator for a list of values that are not accepted by your state.</p>   |
| + 146          | Inconsistent M0200/M0210/M0220 values: If (M0200) Regimen is "No", then (M0210) Medical Diagnosis and (M0220) Conditions responses 1-7 must be blank.   | <p><b>Cause:</b></p> <p>When using Data Specifications Version 1.20, or 1.30 applies when (M0100) RFA is a 09.</p> <p>When using Data Specifications Version 1.04 applies when (M0100) RFA is 04, 05 or 09.</p> <p>IF (M0200) Medical or Treatment Regimen Change... is checked "No", THEN (M0210) Diagnosis and ICD 9 code (M0220) "Urinary Incontinence" through "None of the Above" must not be checked.</p> <p><b>Definitions:</b></p> <p>(M0200) Medical or Treatment Regimen Change Within Past 14 Days</p> <p>(M0220) Conditions Prior to Medical or Treatment Regimen Change Within Past 14 Days</p> <p><b>Tip:</b> (M0210) Medical Diagnosis and ICD codes which require treatment regimen medical changes in last 14 days.</p>   |



| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION  |
|----------------|---|--|
|                |   | <input checked="" type="checkbox"/> A checked response displays as a “1” on the validation report.<br><input type="checkbox"/> A blank response (unchecked) displays as a “0” (zero) on the validation report.<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine consistency requirements.<br>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips, as well as, Appendix B.  |
| + 150          | Inconsistent M0100/M0230 values: If M0100 (RFA) = 1, 3, 4 or 5, then M0230 (Primary Diagnosis) cannot be blank.           | <b>Cause:</b><br>Applies when (M0100) Reason for Assessment is 01, 03, 04, or 05.<br>The (M0230) Primary Diagnosis field cannot be blank.<br>You may have submitted a blank or a value that is not accepted by your state.<br><b>Tip:</b><br><input checked="" type="checkbox"/> A checked response displays as a “1” on the validation report.<br><input type="checkbox"/> A blank response (unchecked) displays as a “0” (zero) on the validation report.<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine consistency requirements.<br>Contact State – OEC to determine if ICD –9 code is one accepted by your State. (I.E. STD/HIV ICD-9 codes).  |
| + 151          | Inconsistent ICD-9 values: The submitted ICD-9 field cannot be an exact match to any other of the submitted ICD-9 fields. | <b>Cause:</b><br>This ICD-9 code cannot exactly match any other ICD-9 code within the same field on an assessment.<br><b>Definitions:</b><br>(M0190) Inpatient Diagnoses and ICD code categories (three digits required; five digits optional) for only those conditions treated during an inpatient facility stay within the past 14 days (no surgical or V-codes) responses “a.” and “b.”<br>(M0210) List the patient’s Medical Diagnoses and ICD code categories (three digits required; five digits optional) for those conditions requiring changed medical or treatment regimen (no surgical or V-codes) responses “a.”, “b.”, “c.”, and “d.”<br>(M0230/M0240) Diagnosis and Severity Index responses “a.”, “b.”, “c.”, “d.”, “e.”, and “f.”<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine consistency requirements. |
| + 152          | Inconsistent M0240 values: If (M0240) ICD is blank, then (M0240) Severity Rating must be blank.                           | <b>Cause:</b><br>IF (M0240) ICD-9 response is blank, THEN the corresponding (M0240) Severity Rating response must be blank.<br>IF (M0240) ICD-9 response is not blank, THEN the corresponding Severity Rating response 0-4 must be checked, unless the ICD is an E-code.   |

| MESSAGE NUMBER | MESSAGE  | MESSAGE DESCRIPTION  |
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|                |  | <p>E-codes are valid for M0240 (ICD) when the M0090 (Completion Date) is October 1, 2003 or later.</p> <p><b>Actions:</b><br/>           Make appropriate corrections to the submitted record and resubmit.<br/>           Refer to the current data specifications to determine consistency requirements.<br/>           Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p>  |
| +153           | Inconsistent M0240 values: If M0240 (ICD) is an E-code, then M0240 (Severity Rating) must be blank.  | <p><b>Cause:</b><br/>           IF (M0240) ICD response is an E-code, THEN the corresponding (M0240) Severity Rating response must be blank.<br/>           E-codes are valid for M0240 (ICD) when the M0090 (Completion Date) is October 1, 2003 or later.</p> <p><b>Actions:</b><br/>           Make appropriate corrections to the submitted record and resubmit.<br/>           Refer to the current data specifications to determine consistency requirements.<br/>           Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p>   |
| +154           | Inconsistent M0245 values: If M0245 (Primary Payment Diagnosis) is blank then M0245 (Secondary Payment Diagnosis) must be blank.   | <p><b>Cause:</b><br/>           Applies when M0100 (Reason for Assessment is 1, 3, 4 or 5 and M0090 (Completion Date) is October 1, 2003 or later.<br/>           If M0245 (Primary Payment Diagnosis) is blank then M0245 (Secondary Payment Diagnosis) must be blank.</p> <p><b>Actions:</b><br/>           Make appropriate corrections to the submitted record and resubmit.<br/>           Refer to the current data specifications to determine consistency requirements.<br/>           Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p>   |
| + 157          | Inconsistent M0350/M0360 values: If (M0350) Assisting Persons 1,2,or 3 is checked, then at least one item in (M0360) Primary Caregiver must be checked. Unchecked items must be submitted as 0 (zero). | <p><b>Cause:</b><br/>           IF (M0350) Assisting Person has responses 1, 2, and/or 3 checked, THEN (M0360) Primary Caregiver response cannot be blank.</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/>           Make appropriate corrections to the submitted record and resubmit.<br/>           Refer to the current data specifications to determine consistency requirements.<br/>           Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p> |

| MESSAGE NUMBER | MESSAGE  | MESSAGE DESCRIPTION   |
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| + 159          | Inconsistent<br>M0100/M0360/M0370 values: If (M0100) = 1, 3, or 9 and M0360 (Caregiver) response 1, 2, 3, 4, or 5 is checked, then at least one item in M0370 (How Often) must be checked. | <p><b>Cause:</b><br/>When M0090 date is 12/16/2002 or later applies to M0100 (Reason for Assessment) 01, 03, or 09.<br/>When M0090 date is prior to 12/16/2002 applies to M0100 (Reason for Assessment) 01, 03, 04, 05, or 09.<br/>IF (M0360) Primary Caregiver has response 1, 2, 3, 4, or 5 checked, THEN (M0370) Frequency of Primary Caregiver Assistance response must be completed.</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine consistency requirements.<br/> Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p> |
| +160           | Inconsistent<br>M0810/M0820: If (M0810) Equipment response 00-04 is checked then (M0820) Caregiver Management cannot be blank.   | <p><b>Cause:</b><br/>When M0090 date is 12/16/2002 or later applies to M0100 (Reason for Assessment) 01, 03, or 09.<br/>When M0090 date is prior to 12/16/2002 applies to M0100 (Reason for Assessment) 01, 03, 04, 05, or 09.<br/>IF (M0810) Equipment response 00-04 is checked, THEN (M0820) Caregiver Management cannot be blank.</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine consistency requirements.<br/> Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p>   |
| + 163          | Inconsistent<br>M0520/M0530 values: If (M0520) Urinary Incontinence response 0 (zero) or 2 is checked, then (M0530) When Incontinence Occurs must be unchecked.                            | <p><b>Cause:</b><br/>IF (M0520) Urinary Incontinence or Urinary Catheter Present response 0 (zero) or 2 is checked, THEN (M0530) When Urinary Incontinence Occurs responses must not be checked.</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine consistency requirements.<br/> Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p>  |

| MESSAGE NUMBER | MESSAGE  | MESSAGE DESCRIPTION  |
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| + 164          | Inconsistent<br>M0540/M0550 values: If (M0540) Bowel Incontinence "NA" is checked, then (M0550) Ostomy response 1 or 2 must be checked.                        | <p><b>Cause:</b><br/>IF (M0540) Bowel Incontinence Frequency "NA" response is checked, THEN (M0550) Ostomy for Bowel Elimination response 1 or 2 must be checked.</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br/> NA = Patient has ostomy for bowel elimination</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine consistency requirements.<br/> Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p>   |
| + 165          | Inconsistent<br>M0540/M0550 values: If (M0540) Bowel Incontinence 0, 1, 2, 3, 4, 5, or UK is checked, then (M0550) Ostomy response 0 (zero) should be checked. | <p><b>Cause:</b><br/>IF (M0540) Bowel Incontinence Frequency response 0 (zero), 1, 2, 3, 4, 5, or UK is checked, THEN (M0550) Ostomy for Bowel Elimination response 0 (zero) must be checked.</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine consistency requirements.<br/> Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p>  |
| + 166          | Inconsistent<br>M0810/M0820 values: If (M0810) Equipment "NA" response is checked, then (M0820) Caregiver response must be unchecked.                          | <p><b>Cause:</b><br/>IF (M0810) Patient Management of Equipment... response has a value of "NA", THEN (M0820) Caregiver Management of Equipment... must be blank.</p> <p><b>Definitions:</b><br/> NA = No equipment of this type used in care<br/> (M0810) Patient Management of Equipment (includes ONLY Oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies): Patient's ability to set up, monitor, and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. (NOTE: This refers to ability, not compliance or willingness.)<br/> (M0820) Caregiver Management of Equipment (includes ONLY Oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies): Caregiver's ability to set up, monitor, and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. (NOTE: This refers to ability, not compliance or willingness.)</p> <p><b>Tip:</b></p> |

| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION   |
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|                |   | <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine consistency requirements.<br>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.   |
| + 168          | Inconsistent M0350/M0360/M0820 values: If (M0350) Assisting Person response 2 (not 1) AND (M0360) Caregiver response 1, 2, 3, 4 or 5 are checked, then (M0820) Equip Management NA must be unchecked. | <b>Cause:</b><br>IF (M0350) Assisting Person(s)... response 2 is checked AND (M0360) Primary Caregiver response 1, 2, 3, 4, or 5 is checked, THEN (M0820) Caregiver Management of Equipment... response cannot have a value of "NA".<br><b>Definitions:</b><br>(M0350) Assisting Person(s) Other than Home Care Agency Staff<br>(M0820) Caregiver Management of Equipment (includes ONLY Oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies): Caregiver's ability to set up, monitor, and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. (NOTE: This refers to ability, not compliance or willingness.)<br><b>Tip:</b><br><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br>NA = No caregiver<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine consistency requirements.<br>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips. |
| + 169          | Inconsistent M0830 values: If (M0830) Emergent Care "UK" response is checked, then (M0830) response 0, 1, 2, or 3 must be unchecked. Unchecked items must be submitted as 0 (zero).                   | <b>Cause:</b><br>IF (M0830) Emergent Care response has a value of "UK", THEN (M0830) Emergent Care responses 0, 1, 2, and 3 must not be checked.<br><b>Tip:</b><br><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine consistency requirements.<br>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.  |

| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION   |
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| + 170          | Inconsistent<br>M0100/M0855 values: If (M0100) = 9, then (M0855) Inpatient Facility response "NA" must be checked.  | <p><b>Cause:</b><br/>IF (M0100) Reason for Assessment is 09, THEN (M0855) To Which Inpatient Facility... response "NA" must be checked.</p> <p><b>Definitions:</b><br/>(M0100) Reason for Assessment 09 is a "Discharge from agency: Not to Inpatient Facility"<br/>(M0855) To which Inpatient Facility has the patient been admitted?</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br/>           NA = No inpatient facility admission</p> <p><b>Actions:</b><br/>           Make appropriate corrections to the submitted record and resubmit.<br/>           Refer to the current data specifications to determine consistency requirements.<br/>           Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p>  |
| + 171          | Inconsistent<br>M0100/M0855 values: If (M0100) = 6 or 7, then (M0855) Inpatient Facility response "NA" must be unchecked                                    | <p><b>Cause:</b><br/>IF (M0100) Reason for Assessment is a 06 or 07, THEN (M0855) To which Inpatient Facility... response "NA" must not be checked.</p> <p><b>Definitions:</b><br/>(M0100) Reason for Assessment 06: "Transferred to Inpatient Facility - not discharged from agency"<br/>(M0100) Reason for Assessment 07: "Transferred to Inpatient Facility - discharged from agency"<br/>(M0855) To which Inpatient Facility has the patient been admitted?</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br/>           NA = No inpatient facility admission</p> <p><b>Actions:</b><br/>           Make appropriate corrections to the submitted record and resubmit.<br/>           Refer to the current data specifications to determine consistency requirements.<br/>           Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p> |
| + 172          | Inconsistent<br>M0855/M0870/M0880 values: If (M0855) Inpatient Facility item 1 is checked, then (M0870) Disposition AND (M0880) Services must be unchecked. | <p><b>Cause:</b><br/>IF (M0855) To which Inpatient Facility... response has a value of 01, THEN (M0870) Discharge Disposition through (M0880) Services or Assistance must be blank.</p> <p><b>Definitions:</b><br/>(M0855) To which Inpatient Facility has the patient been admitted?<br/>(M0880) After discharge, does the patient receive health, personal, or support Services or Assistance?</p> <p><b>Tip:</b></p>   |

| MESSAGE NUMBER | MESSAGE  | MESSAGE DESCRIPTION   |
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|                |  | <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine consistency requirements.<br>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.   |
| + 173          | Inconsistent M0855-M0900 values: If (M0855) Inpatient Facility response 2 or 4 is checked, then (M0870) Discharge Disposition through (M0900) Reason for Admission must be unchecked.      | <b>Cause:</b><br>IF (M0855) To which Inpatient Facility... response has a value of 02 or 04, THEN (M0870) Discharge Disposition through (M0900) Admitted to Nursing Home must be blank.<br><b>Definitions:</b><br>(M0855) To which Inpatient Facility has the patient been admitted?<br>(M0900) For what Reason(s) was the patient Admitted to a Nursing Home?<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine consistency requirements.<br>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips. |
| + 174          | Inconsistent M0855-M0895 values: If (M0855) Inpatient Facility response 3 is checked, then (M0870) Discharge Disposition thru (M0895) Reason for Nursing Home Admission must be unchecked. | <b>Cause:</b><br>IF (M0855) To which Inpatient Facility... response has a value of 03 checked, THEN (M0870) Discharge Disposition through (M0895) Reason for Hospitalization must be blank.<br><b>Definition:</b><br>(M0855) To which Inpatient Facility has the patient been admitted?<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine consistency requirements.<br>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.  |
| + 175          | Inconsistent M0870/M0880 values: If (M0870) Discharge Disposition response 2, 3, or UK is checked, then (M0880) Services must all be unchecked   | <b>Cause:</b><br>IF (M0870) Discharge Disposition response has a value of 2, 3, or UK, THEN (M0880) Services or Assistance must be blank.<br><b>Definition:</b><br>(M0880) After discharge, does the patient receive health, personal, or support Services or Assistance?<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine consistency requirements.<br>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-  |



| MESSAGE NUMBER | MESSAGE  | MESSAGE DESCRIPTION  |
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|                |  | Item Tips.   |
| + 176          | Inconsistent M0855/M0870/M0880 values: If (M0855) Inpatient NA AND (M0870) Disposition response 1 are checked, then at least one item in (M0880) Services must be checked. | <p><b>Cause:</b><br/>IF (M0855) To which Inpatient Facility... response "NA" is checked AND (M0870) Discharge Disposition response 1 is checked, THEN at least one response from (M0880) must be checked.</p> <p><b>Definition:</b><br/>NA = No inpatient facility admission</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br/>           NA = No inpatient facility admission</p> <p><b>Actions:</b><br/>           Make appropriate corrections to the submitted record and resubmit.<br/>           Refer to the current data specifications to determine consistency requirements.<br/>           Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p> |
| + 177          | Inconsistent M0880 values: If response (M0880) Services 1 is checked, then (M0880) responses 2 and 3 must be unchecked. Unchecked items must be submitted as 0 (zero).     | <p><b>Cause:</b><br/>IF (M0880) ...Services or Assistance response 1 is checked, THEN (M0880) responses 2 and 3 must not be checked.</p> <p><b>Definition:</b><br/>(M0880) After discharge, does the patient receive health, personal, or support Services or Assistance?</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/>           Make appropriate corrections to the submitted record and resubmit.<br/>           Refer to the current data specifications to determine consistency requirements.<br/>           Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p>  |
| + 178          | Inconsistent M0880 values: If (M0880) Services response 2 or 3 is checked, then (M0880) response 1 must be unchecked. Unchecked items must be submitted as 0 (zero).       | <p><b>Cause:</b><br/>IF (M0880) ...Services or Assistance response 2 or 3 is checked, THEN (M0880) response 1 must not be checked.</p> <p><b>Definition:</b><br/>(M0880) After discharge, does the patient receive health, personal, or support Services or Assistance?</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/>           Make appropriate corrections to the submitted record and resubmit.<br/>           Refer to the current data specifications to determine consistency requirements.<br/>           Refer to the OASIS Implementation Manual, Chapter 8: Item-by-</p>  |



| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION   |
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|                |   | Item Tips.  |
| + 179          | Inconsistent<br>M0855/M0890 values: If (M0855) Inpatient Facility item 2, 3, 4, or NA is checked or is blank, then all items in (M0890) Reason for Admission to Hospital must be blank. | <p><b>Cause:</b><br/>IF (M0855) To which Inpatient Facility... response 2, 3, 4, or "NA" is checked OR if they are all unchecked, THEN (M0890) Hospital, for what Reason... response must not be checked.</p> <p><b>Definitions:</b><br/>(M0855) To which Inpatient Facility has the patient been admitted?<br/>(M0890) If the patient was admitted to an acute care Hospital, for what Reason was he/she admitted?</p> <p><b>Tip:</b><br/><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br/>NA = No inpatient facility admission</p> <p><b>Actions:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine consistency requirements.<br/>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p> |
| + 180          | Inconsistent<br>M0855/M0890 values: (M0855) Inpatient Facility item 1 is checked, then (M0890) Reason 1, 2, 3, or UK must be checked. Unchecked items must be submitted as 0 (zero).    | <p><b>Cause:</b><br/>Applies when (M0100) RFA is 06 or 07.<br/>IF (M0855) To which Inpatient Facility... response 1 is checked, THEN (M0890) ...Hospital, for what Reason... must be checked.</p> <p><b>Definitions:</b><br/>(M0855) To which Inpatient Facility has the patient been admitted?<br/>(M0890) If the patient was admitted to an acute care Hospital, for what Reason was he/she admitted?</p> <p><b>Tip:</b><br/><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine consistency requirements.<br/>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p>  |
| + 181          | Inconsistent<br>M0855/M0895 values: If (M0855) Inpatient Facility item is 2, 3, 4, or NA OR 1-4 and NA are unchecked, then (M0895) Reason for Hospitalization must be unchecked.        | <p><b>Cause:</b><br/>Applies when (M0100) RFA is 06 or 07.<br/>IF (M0855) To which Inpatient Facility... response 2, 3, 4, or "NA" is checked OR (M0855) is blank, THEN (M0895) Reason for Hospitalization must not be checked.</p> <p><b>Definitions:</b><br/>(M0855) To which Inpatient Facility has the patient been admitted?</p> <p><b>Tip:</b><br/><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.</p>   |

| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION   |
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|                |   | <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br>NA = No inpatient facility admission<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine consistency requirements.<br>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.   |
| + 182          | Inconsistent<br>M0855/M0895 values: If (M0855) Inpatient Facility item 1 is checked, then at least one (M0895) Reason for Hospitalization item must be checked. Unchecked items must be submitted 0 (zero). | <b>Cause:</b><br>Applies when (M0100) Reason for Assessment is 06 or 07.<br>IF (M0855) To which Inpatient Facility... response 1 is checked, THEN (M0895) Reason for Hospitalization must have at least one response checked.<br><b>Definition:</b><br>(M0100) Reason for Assessment 06: "Transferred to Inpatient Facility – not discharged from agency"<br>(M0100) Reason for Assessment 07: "Transferred to Inpatient Facility – discharged from agency"<br>(M0855) To which Inpatient Facility has the patient been admitted?<br><b>Tip:</b><br><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine consistency requirements.<br>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips. |
| + 183          | Inconsistent<br>M0855/M0900 values: If (M0855) Inpatient Facility item 1,2, 4, or NA is checked OR (M0855) is unchecked, (M0900) Reason for Nursing Home must be unchecked.                                 | <b>Cause:</b><br>Applies when (M0100) RFA is 06 or 07.<br>IF (M0855) To which Inpatient Facility... response 1, 2, 4 or "NA" OR (M0855) is blank, THEN (M0900)...Admitted to Nursing Home must not be checked.<br><b>Definitions:</b><br>(M0855) To which Inpatient Facility has the patient been admitted?<br>(M0900) For what Reason(s) was the patient Admitted to a Nursing Home?<br><b>Tip:</b><br><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br>NA = No inpatient facility admission<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine valid values.  |

| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION   |
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|                |   | Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.   |
| + 184          | Inconsistent M0855/M0900 values: If M0855 response 3 is checked, at least one item from M0900 must be checked. Also, all items in M0900 that are unchecked must be submitted as 0 zero. | <p><b>Cause:</b><br/>Applies when (M0100) RFA is 06 or 07.<br/>IF (M0855) To which Inpatient Facility... response 3 is checked, THEN at least one item from (M0900)...Admitted to a Nursing Home response(s) 1, 2, 3, 4, 5, and/or 6 must be checked.</p> <p><b>Definitions:</b><br/>(M0855) To which Inpatient Facility has the patient been admitted?<br/>(M0900) For what Reason(s) was the patient Admitted to a Nursing Home?</p> <p><b>Tip:</b><br/><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine valid values.<br/>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p> |
| + 185          | Inconsistent M0900 values: If (M0900) Reason for Nursing Home item UK is checked, then (M0900) 1, 2, 3, 4, 5, and 6 must be unchecked. Unchecked items must be submitted as 0 (zero).   | <p><b>Cause:</b><br/>Applies when (M0100) RFA is 06 or 07.<br/>IF (M0900)...Admitted to a Nursing Home response "UK" is checked, THEN (M0900) all responses must not be checked.</p> <p><b>Definition:</b><br/>(M0900) For what Reason(s) was the patient Admitted to a Nursing Home?</p> <p><b>Tip:</b><br/><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine valid values.<br/>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p>  |
| + 186          | Inconsistent M0903/M0906 dates: The (M0903) Last Visit Date must precede or be the same as the (M0906) Discharge Date.  | <p><b>Cause:</b><br/>Applies when (M0100) RFA is 06 or 07, 08 or 09.<br/>The (M0903) Date of the Last (Most Recent) Home Visit must be earlier than or the same date as the (M0906) Discharge/Transfer/Death Date.</p> <p><b>Actions:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine valid values.<br/>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p>  |

| MESSAGE NUMBER | MESSAGE  | MESSAGE DESCRIPTION  |
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| + 189          | Inconsistent M0150 values: If (M0150) Payment Sources item 0 (zero) is checked, then (M0150) items 1 thru UK must be unchecked. Unchecked items must be submitted as 0 (zero).             | <p><b>Cause:</b><br/>Applies when (M0100) Reason for Assessments is a 01 or 03 if using Date Spec Version 1.04.<br/>Applies when (M0100) RFA is 01, 03, 04, 05, 06, 07, 08, or 09 when using "Data Spec Version 1.10, 1.20, or 1.30.<br/>IF (M0150) Current Payment Sources for Home Care response 1 is checked, THEN (M0150) all other responses must not be checked.</p> <p><b>Tip:</b><br/><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine valid values.<br/>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p>  |
| + 191          | Inconsistent M0220 values: If M0220 (Conditions Prior) item 7, NA, or UK is checked, then only one M0220 item 7, NA or UK can be checked.  | <p><b>Cause:</b><br/>Applies when (M0100) RFA is 01, 03, 04, 05, or 09 IF M0090 is prior to 12/16/2002.<br/>Applies when (M0100) RFA is 01, 03 or 09 IF M0090 is on or after 12/16/2002.<br/>(M0220) Conditions Prior to Medical or Treatment Regimen Change...can only have one of the following three responses checked:<br/>7 - None of the above<br/>NA - No inpatient facility discharge and no change in medical or treatment regimen in past 14 days<br/>UK – Unknown</p> <p><b>Definition:</b><br/>(M0220) Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days.</p> <p><b>Tip:</b><br/><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine valid values.<br/>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p> |
| + 192          | Inconsistent M0220 values: If (M0220) Conditions Prior item 7, NA, or UK is checked, then (M0220) items 1, 2, 3, 4, 5, or 6 must be unchecked. Unchecked items must be submitted 0 (zero). | <p><b>Cause:</b><br/>Applies when (M0100) RFA is 01, 03 or 09 IF M0090 is on or after 12/16/2002.<br/>Applies when (M0100) RFA is 01,03,04,05 or 09 IF M0090 is prior to 12/16/2002.<br/>IF (M0220) Conditions Prior to Medical or Treatment Regimen Change...response 7, "NA", or "UK" is checked, THEN (M0220) responses 1, 2, 3, 4, 5, and 6 must not be checked.</p> <p><b>Definition:</b></p>   |

| MESSAGE NUMBER | MESSAGE  | MESSAGE DESCRIPTION   |
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|                |  | <p>(M0220) Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days. NA - No inpatient facility discharge and no change in medical or treatment regimen in past 14 days</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine valid values.<br/> Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p>  |
| + 193          | Inconsistent M0290 values: If (M0290) High Risk Factors item 5 is checked, then (M0290) High Risk Factors items 1, 2, 3, and 4 must be unchecked. Unchecked items must be submitted as 0 (zero). | <p><b>Cause:</b><br/> Applies when (M0100) RFA is 01, 03, or 09 IF M0090 is on or after 12/16/2002.<br/> Applies when (M0100) Reason for Assessment is a 01, 03, 04, 05, or 09, IF M0090 is prior to 12/16/2002.<br/> IF (M0290) High Risk Factors response 5 use one of the above is checked, THEN (M0290) responses 1, 2, 3, and 4 must not be checked.</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine valid values.<br/> Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p>   |
| + 194          | Inconsistent M0350 values: If (M0350) Assisting Person item 4 is checked, then (M0350) Assisting Person items 1, 2, 3, or UK must be unchecked. Unchecked items must be submitted as 0 (zero).   | <p><b>Cause:</b><br/> Applies when (M0100) RFA is 01, 03, or 09 IF M0090 is on or after 12/16/2002.<br/> Applies when (M0100) RFA is a 01, 03, 04, 05, or 09, IF M0090 is prior to 12/16/2002.<br/> IF (M0350) Assisting Person(s)... response 4 is checked, THEN (M0350) responses 1, 2, 3, and "UK" must not be checked.</p> <p><b>Definition:</b><br/> (M0350) Assisting Person(s) Other than Home Care Agency Staff</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine valid values.<br/> Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p> |

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| + 195          | Inconsistent<br>M0360/M0380 values: If (M0360) Caregiver Item 1, 2, 3, 4, or 5 is checked, then (M0380) Type items 1, 2, 3, 4, 5, 6, or 7 must be checked. Unchecked items must be submitted as 0 (zero).   | <p><b>Cause:</b><br/>Applies when (M0100) RFA is 01, 03, or 09, IF M0090 is on or after 12/16/2002.<br/>Applies when (M0100) RFA is a 01, 03, 04, 05, or 09, IF M0090 is prior to 12/16/2002.<br/>IF (M0360) Primary Caregiver response 1, 2, 3, 4, or 5 is checked, THEN (M0380) Type of Primary Caregiver Assistance response 1, 2, 3, 4, 5, 6, and/or 7 must be checked.</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine valid values.<br/> Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p> |
| +200           | Inconsistent<br>M0100/M0450/M0460: If (M0100) Reason for Assessment = 04 or 05 AND (M0450) Pressure Ulcer Stage 1 through Unobservable Pressure Ulcer is equal to 0 (zero) or blank, then (M0460) must be skipped (blank).  | <p><b>Cause:</b><br/>Applies when (M0100) RFA is a 04 or 05.<br/>IF (M0450) Pressure Ulcer Stage 1 through Unobservable Pressure Ulcer is equal to 0 (zero) or blank, THEN (M0460) Stage of Most Problematic Pressure Ulcer must be blank.</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine valid values.<br/> Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p>  |
| +201           | Inconsistent<br>M0100/M0450/M0460: If (M0100) Reason for Assessment = 04 or 05 AND (M0450) Pressure Ulcer Stage 1 through Stage 4 is equal to 1, 2, 3, or 4 OR Unobservable Pressure Ulcer is equal to 1, then (M0460) Stage of Most Problematic Observable Pressure Ulcer cannot be blank. | <p><b>Cause:</b><br/>Applies when M0100 (Reason for Assessment) is 04 or 05, AND the M0090 date is on or after 12/16/02.<br/>IF (M0450) Pressure Ulcer Stage 1 through Stage 4 is equal to 1, THEN (M0460) Stage of Most Problematic Observable Pressure Ulcer cannot be blank.</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine valid values.<br/> Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p>   |



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| + 202          | Inconsistent M0468-M0476: If (M0468) Stasis Ulcer item 0 (zero) is checked, then (M0470) Number thru (M0476) Most Problematic must be blank in accordance with the skip pattern for OASIS.               | <p><b>Cause:</b><br/>IF (M0468) Stasis Ulcer has a value of 0 (zero) (No), THEN (M0470) Current Number of Observable Ulcers thru (M0476) Status of Most Problematic (Observable) Stasis Ulcer must not be checked.</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine valid values.<br/> Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p>  |
| + 203          | Inconsistent M0440-M0488 values: If (M0440) Skin Lesion item 0 (zero) is checked, then (M0445) Pressure Ulcer thru (M0488) Most Problematic must be blank in accordance with the skip pattern for OASIS. | <p><b>Cause:</b><br/>IF (M0440)...Skin Lesion or Open Wound has a value of 0 (zero), THEN (M0445)...Pressure Ulcer thru (M0488) Status of Most Problematic (Observable) Surgical Wound must not be checked.<br/>When M0090 is prior to 12/16/2002 applies to all fields for M0100 (Reason for Assessment) 01, 03, 04, 05, or 09.<br/>When M0090 is 12/16/2002 or later applies to all fields for M0100(Reason for Assessment) 01, 03, or 09, and</p> <p><b>Definitions:</b><br/> (M0440) Does this patient have a Skin Lesion or an Open Wound?<br/> (M0445) Does this patient have a Pressure Ulcer?</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine valid values.<br/> Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p> |
| + 204          | Inconsistent M0445-M0464 values: If (M0445) Pressure Ulcer item 0 (zero) is checked, then (M0450) Number thru (M0464) Most Problematic must be blank in accordance with the skip pattern for OASIS.      | <p><b>Cause:</b><br/>IF (M0445)...Pressure Ulcer has a value of 0 (zero), THEN (M0450) Current Number of Pressure Ulcers at Each Stage thru (M0464) Status of Most Problematic (Observable) Pressure Ulcer must not be checked.<br/>When M0090 is prior to 12/16/02 applies to M0100 (Reason for Assessment) 01, 03, 04, 05, or 09.<br/>When M0090 is 12/16/2002 or later applies to M0100 (Reason for Assessment) 01, 03, or 09.</p> <p><b>Definition:</b><br/> (M0445) Does this patient have a Pressure Ulcer?</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p>  |

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|                |   | <b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine valid values.<br>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.   |
| + 205          | Inconsistent M0445-M0464 values: If (M0445) Pressure Ulcer response 1 is checked then (M0450) Number thru (M0464) Most Problematic must be checked. | <b>Cause:</b><br>IF (M0445)...Pressure Ulcer has a value of 1(Yes), THEN (M0450) Current Number of Pressure Ulcers at Each Stage thru (M0464) Status of Most Problematic (Observable) Pressure Ulcer must be checked.<br>When M0090 is prior to 12/16/2002 applies to M0100 (Reason for Assessment) 01, 03, 04, 05, or 09.<br>When M0090 is 12/16/2002 or later applies to M0100 (Reason for Assessment) 01, 03, or 09.<br><b>Definition:</b><br>(M0445) Does this patient have a Pressure Ulcer?<br><b>Tip:</b><br><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine valid values.<br>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips. |
| + 207          | Incorrect format: The submitted data for this item must be blank for the identified OASIS-B1 item(s).   | <b>Cause:</b><br>The submitted data must be blank for the identified OASIS-B1 item(s).<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine valid values.  |
| + 208          | Inconsistent value: At least 1 response in the OASIS-B1 item identified must be checked.  | <b>Cause:</b><br>Applies when (M0100) Reason for Assessment is a 01, 03, 04, 05, 06, 07, 08, or 09.<br>At least one of the responses for this OASIS-B1 item must be checked.<br><b>Tip:</b><br><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine valid values.<br>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.  |



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| + 209          | Inconsistent values: If the None or UK response is checked, then all other responses for the identified item must be unchecked.  | <p><b>Cause:</b><br/>All of the other items identified for this OASIS-B1 item cannot be checked when either None or Unknown is checked.</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a “1” on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a “0” (zero) on the validation report.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine valid values.<br/> Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p>  |
| + 210          | Inconsistent values: All responses for the identified OASIS-B1 item(s) must be blank.  | <p><b>Cause:</b><br/>The responses to some OASIS-B1 items are contingent upon the responses to other items. All identified OASIS item(s) must be skipped and therefore, left blank.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine valid values.<br/> Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p>   |
| + 211          | Inconsistent M0360-M0380 values: If M0100 (RFA) = 1 or 3 and M0360 (Primary Caregiver) response 0 (zero) or UK is checked, then M0370 (How Often) thru M0380 (Type) must be blank. | <p><b>Cause:</b><br/>Applies when (M0100) Reason for Assessment is a 01 or 03. IF (M0360) Primary Caregiver response 0 (zero) or “UK” is checked, THEN (M0370) How Often... thru (M0380) Type of Primary Caregiver Assistance must not be checked.</p> <p><b>Definition:</b><br/>(M0370) How Often does the patient receive assistance from the primary caregiver?</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a “1” on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a “0” (zero) on the validation report.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine valid values.<br/> Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p> |
| + 212          | Inconsistent M0360-M0380 values: If M0100 (RFA) = 9 and M0360 (Primary Caregiver) response 0 (zero) is checked, then M0370 (How Often) thru M0380 (Type) must be blank.            | <p><b>Cause:</b><br/> When M0090 is prior to 12/16/2002 applies when M0100 (Reason for Assessment) is 04, 05, or 09.<br/> When M0090 is 12/16/2002 or later applies when M0100 (Reason for Assessment) is 09.<br/> IF (M0360) Primary Caregiver response 0 (zero) is checked, THEN (M0370) How Often... thru (M0380) Type of Primary Caregiver Assistance must not be checked.</p> <p><b>Definition:</b><br/>(M0370) How Often does the patient receive assistance from the primary caregiver?</p>   |

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|                |  | <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a “1” on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a “0” (zero) on the validation report.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine valid values.<br/> Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p>  |
| + 213          | Invalid data value: The submitted data for this response is not in the valid range of acceptable values. | <p><b>Cause:</b><br/> The submitted data is not in the correct format for the identified OASIS item.<br/> Version_cd1 cannot contain spaces.</p> <p><b>Tips:</b><br/> Social Security Numbers cannot be all 0's (zeros) or all 9's (nines).<br/> Social Security number should be 9 digits or 9 spaces.<br/> Cannot be all 0's (zero). All 1's (ones), all 3's (threes), all 9's (nines) or 123456789.<br/> Cannot start with 000 or have any embedded dashes or spaces.<br/> Medicare number must be Alpha numeric or all spaces.<br/> No embedded dashes or spaces.<br/> If the first character is numeric, then the first 9 (nine) characters must be digits (0-9).<br/> If the first character is a letter, then there must be 1-3 alphabetical characters followed by 6 (six) or 9 (nine) digits followed by spaces up to the field length of 12.<br/> Beginning January 1, 2004 branches are assigned a Branch ID. Submitted Branch ID must match Branch ID in the State Database.<br/> If Agency is the Parent Agency, Branch ID should be a P followed by 9 spaces.<br/> If Agency is not a branch, Branch ID should be an N followed by 9 spaces.<br/> If agency is a branch the ID is provided by the State Aspen Coordinator and is in the following format:<br/> ##Q#####<br/> (M0245) Primary Payment Diagnosis</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications for this item to determine the acceptable format.<br/> Contact your software vendor for assistance.<br/> Contact you State Aspen Coordinator to determine correct Branch ID.</p> |

| MESSAGE NUMBER | MESSAGE  | MESSAGE DESCRIPTION  |
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| + 214          | Inconsistent<br>M0360/M0380 values: If M0100 (Reason for Assessment) = 1 or 3 AND M0360 (Primary Caregiver) response is 1, 2, 3, 4, or 5 is checked, then at least one item in M0380 (Type) must be checked. | <p><b>Cause:</b><br/>When M0090 is prior to 12/16/2002 applies when (M0100) Reason for Assessment is 01, 03, 04, or 05.<br/>When M0090 is 12/16/2002 or later applies to 01 or 03.<br/>IF (M0360) Primary Caregiver response 1, 2, 3, 4, or 5 is checked, THEN at least one response from (M0380) Type of Primary Caregiver must be checked.</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine valid values.<br/>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p>  |
| + 215          | Missing/Invalid Date: The required date for the identified item is either missing or contains an invalid date for the submitted record.  | <p><b>Causes:</b><br/>Any record is rejected if a date item identified is missing or contains an invalid date.<br/>RFA (M0100 - Reason for Assessment) determines the date items required for specific data records. If required on the record submitted, this message applies to the following date items:<br/> (M0030) Start of Care Date<br/> (M0032) Resumption of Care Date<br/> (M0066) Birth Date<br/> (M0090) Information Completion Date<br/> (M0180) Inpatient Discharge Date<br/> (M0903) Date of Last Home Visit<br/> (M0906) Discharge/Transfer/Death Date</p> <p><b>Definition:</b><br/>Invalid for the purposes of this message means that the date must contain a valid month, day, and year.</p> <p><b>Tips:</b><br/>Check the "Field or OASIS Items" and the "Invalid Data Submitted" identified on the Final Validation Report to determine the date item that is missing or invalid.<br/>The correct submission file format for all date fields is "YYYYMMDD". The date submitted displays on the Final Validation Report the way it is in the submission file. If it is submitted in the file as "MMDDYYYY", it is displayed this way on the Final Validation Report, indicating the reason for the message. This may mean your software vendor needs to be notified.<br/>A partial birth date (year only or month and year only) would not cause a record to reject.<br/>0000 (zero, zero, zero, zero) in the YYYY (year, year, year, year) portion of the date field is not acceptable.</p> <p><b>Examples:</b><br/>An invalid date is June 32, 1999, (19990632).<br/>A month of 40 or a day of 35 is not valid.</p> <p><b>Action:</b><br/>Make appropriate corrections to the submitted record and</p> |

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|                |  | resubmit.<br>Refer to the current data specifications to determine valid values.<br>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips and Appendix B.<br>Contact your software vendor for assistance.   |
| + 216          | Invalid format: The submitted value for this field must contain numbers only. Letters and/or special characters such as a dash (-) are invalid.  | <b>Cause:</b><br>A non-numerical value was submitted for the identified field. A numerical value is the only acceptable value for this field.<br><b>Action:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications.<br>Contact your software vendor for assistance.<br>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.  |
| + 217          | Inconsistent M0350/M0360 values: If M0100 (RFA) = 1 or 3 AND M0350 (Assisting Person) response 4 or UK is checked, then M0360 (Caregiver) must be blank in accordance with the skip patterns for OASIS.                | <b>Cause:</b><br>Applies when (M0100) Reason for Assessment is 01 or 03.<br>IF (M0350) Assisting Person(s)... response 4 or "UK" is checked, THEN (M0360) Primary Caregiver responses must not be checked.<br><b>Definition:</b><br>(M0350) Assisting Person(s) Other than Home Care Agency Staff<br><b>Tip:</b><br><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine valid values.<br>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.  |
| + 218          | Inconsistent M0350/M0360 values: If M0100 (Reason for Assessment) = 9 AND M0350 (Assisting Person) response is 4 or UK is checked, then M0360 (Caregiver) must be blank in accordance with the skip pattern for OASIS. | <b>Cause:</b><br>When M0090 is prior to 12/16/2002 applies when (M0100) Reason for Assessment is 04, 05, or 09.<br>When M0090 is 12/16/2002 or later applies to M0100 (Reason for Assessment) 09.<br>IF (M0350) Assisting Person(s)... response 4 is checked, THEN the (M0360) Primary Caregiver responses must not be checked.<br><b>Definition:</b><br>(M0350) Assisting Person(s) Other than Home Care Agency Staff<br><b>Tip:</b><br><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine valid values.<br>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips. |

| MESSAGE NUMBER | MESSAGE  | MESSAGE DESCRIPTION   |
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| + 219          | Inconsistent M0350-M0380 values: If M0100 (RFA) = 1 or 3 AND M0350 (Assisting Person) response 4 or UK OR M0360 (Caregiver) response 0 (zero) or UK is checked, then M0370 thru M0380 must be blank.           | <p><b>Cause:</b><br/>Applies when (M0100) Reason for Assessment is 01 or 03. IF (M0350) Assisting Person(s)... response 4 or "UK" is checked OR (M0360) Primary Caregiver response 0 (zero) or "UK" is checked, THEN (M0370) Frequency of Primary Caregiver Assistance thru (M0380) Type of Primary Caregiver Assistance must not be checked.</p> <p><b>Definition:</b><br/>(M0350) Assisting Person(s) Other than Home Care Agency Staff</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine valid values.<br/> Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p>   |
| + 220          | Inconsistent M0350-M0380 values: If M0100 (Reason for Assessment) = 9 AND M0350 (Assisting Person) item 4 is checked, then M0360 thru M0380 must be blank in accordance with the skip patterns for OASIS.      | <p><b>Cause:</b><br/> When M0090 is prior to 12/16/2002 applies when (M0100) Reason for Assessment 04, 05, or 09.<br/> When M0090 is 12/16/2002 or later applies when M0100 (Reason for Assessment) is 09.<br/> IF (M0350) Assisting Person(s)...response 4 or "UK" is checked, THEN (M0360) Primary Caregiver thru (M0380) Type of Primary Caregiver Assistance must not be checked.</p> <p><b>Definition:</b><br/>(M0350) Assisting Person(s) Other than Home Care Agency Staff</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine valid values.<br/> Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p> |
| + 221          | Inconsistent M0200/M0210 values: If M0100 (Reason for Assessment = 1, 3 or 9 AND M0200 (Med. Regimen) item 0 (zero) is checked, then M0210 (Medical Diagnosis) must be blank in accordance with skip patterns. | <p><b>Cause:</b><br/> When M0090 is prior to 12/16/2002 applies when (M0100) Reason for Assessment is 01, 03, 04, 05, or 09.<br/> When M0090 is 12/16/2002 or later applies when M0100 (Reason for Assessment) is 01, 03 or 09.<br/> IF (M0200) Medical or Treatment Regimen Change Within Past 14 Days has a value of No, THEN (M0210)...Medical Diagnosis... must not be checked.</p> <p><b>Definition:</b><br/>(M0210) List the patient's Medical Diagnoses and ICD code categories for those conditions requiring changed medical or treatment regimen.</p> <p><b>Tip:</b></p>  |

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|                |  | <input checked="" type="checkbox"/> A checked response displays as a “1” on the validation report.<br><input type="checkbox"/> A blank response (unchecked) displays as a “0” (zero) on the validation report.<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine valid values.<br>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.  |
| + 222          | Inconsistent HHA Medicare number: The HHA Medicare number submitted in the header record does not match the (M0010) response in the body record. | <b>Cause:</b><br>The HHA Medicare number in the header record of this submission file does not match the (M0010) Agency Medicare Provider Number in the body record.<br><b>Definition:</b><br>Header record: The header record contains basic identifying information for the HHA, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file.<br><b>Tips:</b><br>The number must be left justified, contain no embedded dashes or spaces, and any letters must be upper cased.<br>With most encoding software, the HHA Medicare number is inserted in the header record by the software when a file is created.<br><b>Actions:</b><br>Contact your software vendor for assistance with changing the header record data.<br>Make appropriate corrections to the submitted record and resubmit.   |
| + 229          | Inconsistent dates: The submitted effective date was less than the date in (M0066). The effective date cannot be earlier than the (M0066) date.  | <b>Cause:</b><br>Any record is rejected if the effective date is earlier than the (M0066) Birth Date.<br><b>Definition:</b><br>RFA (M0100 - Reason for Assessment) determines the effective dates required for specific data records. If required on the data record submitted, this message applies to the following date items:<br>(M0030) Start of Care Date for RFA 01<br>(M0032) Resumption of Care Date for RFA 03<br>(M0090) Information Completion Date for RFAs 04 & 05<br>(M0906) Discharge/Transfer/Death Date for RFAs 06, 07, 08, & 09<br><b>Tips:</b><br>Check the “Field or OASIS Items” and the “Invalid Data Submitted” identified on the Final Validation Report to determine the effective date that is less than the patient’s birth date (M0066).<br>The correct submission file format for all dates is “YYYYMMDD”. The date submitted displays on the Final Validation Report the way it is in the submission file. If it is submitted in the file as “MMDDYYYY”, it is displayed this way on the Final Validation Report, indicating the reason for the message. This may mean |

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|                |  | <p>your software vendor needs notified.<br/>Either the birth date and/or effective date may be incorrect.</p> <p><b>Actions:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine valid values.<br/>Contact your software vendor for assistance.</p>   |
| + 230          | Inconsistent dates: The submitted effective date was less than 07/19/1999. The effective date cannot be earlier than 07/19/1999.               | <p><b>Causes:</b><br/>The State System does not accept an any assessment with an effective date prior to 07/19/1999 when encoding OASIS data was required.<br/>RFA (M0100 - Reason for Assessment) determines the effective dates required for specific data records. If required on the data record submitted, this message applies to the following date items:<br/>(M0030) Start of Care Date for RFAs 01<br/>(M0032) Resumption of Care Date for RFA 03<br/>(M0090) Information Completion Date for RFAs 04 &amp; 05<br/>(M0906) Discharge/Transfer/Death Date for RFAs 06, 07, 08, &amp; 09</p> <p><b>Action:</b><br/>No correction to this record is necessary.</p>  |
| + 232          | Date too old: This required date is more than 140 years in the past. This date cannot be more than 140 years earlier than the submission date. | <p><b>Causes:</b><br/>Any record is rejected if the date item identified is more than 140 years prior to the current date.<br/>RFA (M0100 - Reason for Assessment) determines the date items required for specific data records. If required on the data record submitted, this message applies to the following date items:<br/>(M0030) Start of Care Date<br/>(M0032) Resumption of Care Date<br/>(M0066) Birth Date<br/>(M0090) Information Completion Date<br/>(M0180) Inpatient Discharge Date<br/>(M0903) Date of Last Home Visit<br/>(M0906) Discharge/Transfer/Death Date</p> <p><b>Definition:</b><br/>Current date refers to the date the file is submitted to the CMS OASIS system at the state.</p> <p><b>Tips:</b><br/>Check the "Field or OASIS Items" and the "Invalid Data Submitted" identified on the Final Validation Report to determine the effective date that is less than the patient's birth date.<br/>The correct submission file format for all dates is "YYYYMMDD". The date submitted displays on the Final Validation Report the way it is in the submission file. If it is submitted in the file as "MMDDYYYY", it should be displayed this way on the Final Validation Report, indicating the reason for the message. This may mean your software vendor needs notified.<br/>A partial birth date (year only or month and year only) would not cause a rejection.</p> <p><b>Actions:</b></p> |

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|                |   | Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine valid values.   |
| + 236          | Inconsistent M0030/LOCK DATE dates: (M0030) Start of Care Date must be earlier or equal to the LOCK DATE.                           | <p><b>Cause:</b><br/>(M0030) Start of Care Date must be earlier than or the same as the LOCK DATE.</p> <p><b>Definition:</b><br/>LOCK DATE is the date the assessment was locked in the HHA's encoding software.</p> <p><b>Tip:</b><br/>LOCK DATE is an item that may not be visible to the HHA User. It may be an item that is filled in by the vendor software when the record is copied to a submission file.<br/>Verify the date and time setting for the clock in the computer used to encode the OASIS data is set accurately. An inaccurate clock setting could cause submission of an improper LOCK DATE.</p> <p><b>Actions:</b><br/>Contact your software vendor to determine how your software handles the LOCK DATE.<br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine valid date sequencing.</p> |
| + 237          | Inconsistent M0030/M0032 dates: (M0030) Start of Care Date must be earlier than or equal to the (M0032) Resumption of Care Date.    | <p><b>Cause:</b><br/>(M0030) Start of Care Date must be earlier than or the same as the (M0032) Resumption of Care Date.</p> <p><b>Actions:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine valid date sequencing.</p>   |
| + 238          | Inconsistent M0030/M0090 dates: (M0030) Start of Care Date must be earlier than or equal to the (M0090) Assessment Completion Date. | <p><b>Cause:</b><br/>(M0030) Start of Care Date must be earlier than or the same as the (M0090) Information Completion Date.</p> <p><b>Actions:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine valid date sequencing.</p>   |
| + 239          | Invalid M0060 value: (M0060) Patient Zip Code cannot be blank.  | <p><b>Cause:</b><br/>(M0060) Patient Zip Code cannot be blank.<br/>The required (M0060) Patient Zip Code is missing from the submitted record.</p> <p><b>Actions:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine valid values.</p>  |



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| + 241          | Inconsistent M0180 values: If M0100 (RFA) = 1 or 3 AND M0180 (Inpatient Discharge Date) item UK is unchecked, then M0180 cannot be blank. | <p><b>Cause:</b><br/>IF (M0180) Inpatient Discharge Date response "UK" is not checked, THEN (M0180) Inpatient Discharge Date response cannot be left blank.</p> <p><b>Actions:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine valid values.</p>   |
| + 242          | Inconsistent MASK_VERSION_CODE value: If MASK_VERSION_CD is checked, then all required fields must be masked.                             | <p><b>Cause:</b><br/>IF MASK VERSION CODE has an acceptable value code of FIPS SHA-1, THEN the following fields must be masked:<br/>(M0020) Patient ID Number<br/>(M0040) Patient's First Name<br/>(M0040) Patient's Last Name<br/>(M0063) Medicare Number<br/>(M0064) Social Security Number<br/>(M0065) Medicaid Number<br/>The data submitted in these fields appears to be unmasked.</p> <p><b>Definitions:</b><br/>FIPS SHA-1 is the Federal Information Processing Standard publication about encryption. This standard specifies a Secure Hash Algorithm (SHA-1), which can be used to generate a condensed representation of a message called a message digest. Masking is a process of "jumbling" the contents of the following fields to make it impossible to determine the identity of a patient in a submitted record:<br/>(M0020) Patient ID Number<br/>(M0040) Patient's First Name<br/>(M0040) Patient's Last Name<br/>(M0063) Medicare Number<br/>(M0064) Social Security Number<br/>(M0065) Medicaid Number</p> <p><b>Tips:</b><br/>If this error occurs, the Rec_ID is changed from B1 to P1. Once this error is received, no further edit checks are performed on this rejected record.<br/>If (M0063) Medicare Number response "NA" is checked, then masking is not needed for (M0063). Submit blanks for (M0063). If "NA" is checked, then (M0063) should be left blank. Blanks should not be masked.<br/>If (M0064) Social Security Number response "UK" is checked, then masking is not needed for (M0064). Submit blanks for (M0064). If "UK" is checked, then (M0064) should be left blank. Blanks should not be masked.<br/>If (M0065) Medicaid Number response "NA" is checked, then masking is not needed for (M0065). Submit blanks for (M0065). If "NA" is checked, then (M0065) should be left blank. Blanks should not be masked.<br/>Masking is required to protect the identity of a patient unless a Medicare and/or Medicaid response 1, 2, 3, and/or 4 is checked in (M0150).<br/>The Final Validation Report does not display any identifying information.</p> |

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|                |  | <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Contact your software vendor to determine how your software handles the masking requirement.<br/> Refer to the current data specifications.</p>  |
| + 243          | Inconsistent MASK_VERSION_CODE value: If MASK_VERSION_CD is unchecked, then no field in the record is to be masked.                                  | <p><b>Cause:</b><br/> IF MASK VERSION CODE has a value of blank, THEN the following fields must not be masked:<br/> (M0020) Patient ID Number<br/> (M0040) Patient's First Name<br/> (M0040) Patient's Last Name<br/> (M0063) Medicare Number<br/> (M0064) Social Security Number<br/> (M0065) Medicaid Number<br/> The data submitted in these fields appears to be masked.</p> <p><b>Definitions:</b><br/> Masking is a process of "jumbling" the contents of the following fields to make it impossible to determine the identity of a patient in a submitted record:<br/> (M0020) Patient ID Number<br/> (M0040) Patient's First Name<br/> (M0040) Patient's Last Name<br/> (M0063) Medicare Number<br/> (M0064) Social Security Number<br/> (M0065) Medicaid Number</p> <p><b>Tip:</b><br/> If this error occurs, the Rec_ID is changed from B1 to N1.<br/> Once this error is received, no further edit checks are performed on this rejected record.<br/> Masking is required to protect the identity of a patient unless a Medicare and/or Medicaid response 1, 2, 3, and/or 4 is checked in (M0150).<br/> The Final Validation Report does not display any identifying information.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Contact your software vendor to determine how your software handles the masking requirement.<br/> Refer to the current data specifications.</p> |
| + 244          | Inconsistent M0150/MASK_VERSION_CODE values: If (M0150) Payment Sources items 1, 2, 3, or 4 are all unchecked, then MASK_VERSION_CD must be checked. | <p><b>Cause:</b><br/> Applies to all RFAs.<br/> IF all (M0150) Current Payment Source response(s) 1, 2, 3, and 4 are unchecked, THEN MASK VERSION CODE must be checked.</p> <p><b>Definitions:</b><br/> (M0150) Current Payment Source responses are:<br/> Response 1 = Medicare (traditional fee-for-service)<br/> Response 2 = Medicare (HMO/managed care)<br/> Response 3 = Medicaid (traditional fee-for-service)<br/> Response 4 = Medicaid (HMO/managed care)<br/> Masking is a process of "jumbling" the contents of the following</p>  |

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|                |  | <p>fields to make it impossible to determine the identity of a patient in a submitted record:<br/> (M0020) Patient ID Number<br/> (M0040) Patient's First Name<br/> (M0040) Patient's Last Name<br/> (M0063) Medicare Number<br/> (M0064) Social Security Number<br/> (M0065) Medicaid Number</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p>Once this error is received, no further edit checks are performed on this rejected record.</p> <p>Masking is required to protect the identity of a patient unless a Medicare and/or Medicaid response 1, 2, 3, and/or 4 is checked in (M0150).</p> <p>The Final Validation Report does not display any identifying information.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Contact your software vendor to determine how your software handles the masking requirement.<br/> Refer to the current data specifications.</p>   |
| + 245          | Inconsistent M0150/MASK_VERSION_CODE values: If (M0150) Payment Sources items 1, 2, 3, or 4 are checked, then MASK_VERSION_CD must be unchecked. | <p><b>Cause:</b><br/> Applies to all RFAs.<br/> IF (M0150) Current Payment Source response(s) 1, 2, 3, and/or 4 is/are checked, THEN MASK VERSION CODE must not be completed.</p> <p><b>Definitions:</b><br/> (M0150) Current Payment Source responses are:<br/> Response 1 = Medicare (traditional fee-for-service)<br/> Response 2 = Medicare (HMO/managed care)<br/> Response 3 = Medicaid (traditional fee-for-service)<br/> Response 4 = Medicaid (HMO/managed care)</p> <p>Masking is a process of "jumbling" the contents of the following fields to make it impossible to determine the identity of a patient in a submitted record:<br/> (M0020) Patient ID Number<br/> (M0040) Patient's First Name<br/> (M0040) Patient's Last Name<br/> (M0063) Medicare Number<br/> (M0064) Social Security Number<br/> (M0065) Medicaid Number</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p>Once this error is received, no further edit checks are performed on this rejected record.</p> <p>Masking is required to protect the identity of a patient unless a Medicare and/or Medicaid response 1, 2, 3, and/or 4 is checked</p> |

| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION  |
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|                |   | <p>in (M0150).<br/>The Final Validation Report does not display any identifying information.</p> <p><b>Actions:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Contact your software vendor to determine how your software handles the masking requirement.<br/>Refer to the current data specifications.</p>  |
| + 246          | <p>Inconsistent M0032/M0903/M0906/M090/LOCK DATE dates: If response (M0032) is completed, then (M0032) date must be prior to or the same date as (M0090), (M0903), (M0906), and the Lock Date.</p>                          | <p><b>Cause:</b><br/>IF (M0032) Resumption of Care Date response is completed, THEN (M0032) must be earlier than or the same as the following dates:<br/>(M0090) Information Completion Date<br/>(M0903) Date of the Last (Most Recent) Home Visit<br/>(M0906) Discharge/Transfer/Death Date<br/>LOCK DATE</p> <p><b>Definition:</b><br/>LOCK DATE is the date the assessment was locked in the HHA's encoding software.</p> <p><b>Tip:</b><br/>LOCK DATE is an item that may not visible to the HHA User. It may be an item that is filled in by the vendor software when the record is copied to a submission file.<br/>Verify the date and time setting for the clock in the computer used to encode the OASIS data is set accurately. An inaccurate clock setting could cause submission of an improper LOCK DATE.</p> <p><b>Actions:</b><br/>Contact your software vendor to determine how your software handles the LOCK DATE.<br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine valid date sequencing.</p> |
| + 247          | <p>Inconsistent M0100/Date values: If M0100 (RFA) = 1 AND M0180 (Inpatient Discharge Date) is completed, then M0180 must be prior to or the same as M0030 (Start of Care Date), M0090 (Completion Date), and LOCK DATE.</p> | <p><b>Cause:</b><br/>IF (M0100) Reason for Assessment response 1 is checked AND (M0180) Inpatient Discharge Date is completed, THEN (M0180) date must be earlier than or the same as the following dates:<br/>(M0030) Start of Care Date<br/>(M0090) Information Completion Date<br/>LOCK DATE</p> <p><b>Definitions:</b><br/>LOCK DATE is the date the assessment was locked in the HHA's encoding software.<br/>(M0100) Reason for Assessment response 1 is a Start of Care - further visits planned.</p> <p><b>Tip:</b><br/>LOCK DATE is an item that may not visible to the HHA User. It may be an item that is filled in by the vendor software when the record is copied to a submission file.<br/>Verify the date and time setting for the clock in the computer used to encode the OASIS data is set accurately. An inaccurate clock</p>   |

| MESSAGE NUMBER | MESSAGE  | MESSAGE DESCRIPTION  |
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|                |  | <p>setting could cause submission of an improper LOCK DATE.</p> <p><b>Actions:</b><br/> Contact your software vendor to determine how your software handles the LOCK DATE.<br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine valid date sequencing.</p>   |
| + 248          | Inconsistent M0100/Date values: If (M0100) response is 3 AND if (M0180) is completed, then (M0180) date must be prior to or the same date as (M0032), (M0090), and Lock Date.                  | <p><b>Cause:</b><br/> IF (M0100) Reason for Assessment response 3 is checked AND (M0180) Inpatient Discharge Date is completed, THEN (M0180) date must be earlier than or the same as the following dates:<br/> (M0032) Resumption of Care Date<br/> (M0090) Information Completion Date<br/> LOCK DATE</p> <p><b>Definition:</b><br/> LOCK DATE is the date the assessment was locked in the HHA's encoding software.<br/> (M0100) Reason for Assessment response 3 is Resumption of Care after an Inpatient Stay.</p> <p><b>Tip:</b><br/> LOCK DATE is an item that may not visible to the HHA User. It may be an item that is filled in by the vendor software when the record is copied to a submission file.<br/> Verify the date and time setting for the clock in the computer used to encode the OASIS data is set accurately. An inaccurate clock setting could cause submission of an improper LOCK DATE.</p> <p><b>Actions:</b><br/> Contact your software vendor to determine how your software handles the LOCK DATE.<br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine valid date sequencing.</p> |
| + 249          | Inconsistent M0090/LOCK DATE: The submitted date in (M0090) is later than the Lock Date. If (M0090) date is completed, then the response must be a date earlier than or same as the Lock Date. | <p><b>Cause:</b><br/> IF (M0090) Information Completion Date response is completed, THEN (M0090) date must be earlier than or the same date as the LOCK DATE.</p> <p><b>Definition:</b><br/> LOCK DATE is the date the assessment was locked in the HHA's encoding software.</p> <p><b>Tip:</b><br/> LOCK DATE is an item that may not visible to the HHA User. It may be an item that is filled in by the vendor software when the record is copied to a submission file.<br/> Verify the date and time setting for the clock in the computer used to encode the OASIS data is set accurately. An inaccurate clock setting could cause submission of an improper LOCK DATE.</p> <p><b>Actions:</b><br/> Contact your software vendor to determine how your software handles the LOCK DATE.<br/> Make appropriate corrections to the submitted record and</p>  |

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|                |   | resubmit.<br>Refer to the current data specifications to determine valid date sequencing.   |
| + 250          | Inconsistent M0903/LOCK DATE: The submitted date in (M0903) is later than the Lock Date. If (M0903) date is completed, then the response must be a date earlier than or same as the Lock Date.              | <p><b>Cause:</b><br/>IF (M0903) Date of Last (Most Recent) Home Visit response is completed, THEN (M0903) date must be earlier than or the same date as the LOCK DATE.</p> <p><b>Definition:</b><br/>LOCK DATE is the date the assessment was locked in the HHA's encoding software.</p> <p><b>Tip:</b><br/>LOCK DATE is an item that may not visible to the HHA User. It may be an item that is filled in by the vendor software when the record is copied to a submission file.<br/>Verify the date and time setting for the clock in the computer used to encode the OASIS data is set accurately. An inaccurate clock setting could cause submission of an improper LOCK DATE.</p> <p><b>Actions:</b><br/>Contact your software vendor to determine how your software handles the LOCK DATE.<br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine valid date sequencing.</p>                                    |
| + 251          | Inconsistent M0906/M0090/ LOCK DATE dates: (M0906) is later than (M0090) date or LOCK Date. If (M0906) date is completed, then it must be a date earlier than or the same as (M0090) date or the LOCK Date. | <p><b>Cause:</b><br/>IF (M0906) Discharge/Transfer/Death Date response is completed, THEN (M0906) date must be earlier than or the same date as the (M0090) Information Completion Date or the LOCK DATE.</p> <p><b>Definition:</b><br/>LOCK DATE is the date the assessment was locked in the HHA's encoding software.</p> <p><b>Tip:</b><br/>LOCK DATE is an item that may not visible to the HHA User. It may be an item that is filled in by the vendor software when the record is copied to a submission file.<br/>Verify the date and time setting for the clock in the computer used to encode the OASIS data is set accurately. An inaccurate clock setting could cause submission of an improper LOCK DATE.</p> <p><b>Actions:</b><br/>Contact your software vendor to determine how your software handles the LOCK DATE.<br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine valid date sequencing.</p> |

| MESSAGE NUMBER | MESSAGE  | MESSAGE DESCRIPTION  |
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| + 252          | Inconsistent<br>M0175/M0180/M0190 values: If (M0175) Inpatient Facilities item NA is checked, then (M0180) Inpatient Discharge Date and (M0190) Inpatient Diagnosis must be blank.             | <p><b>Cause:</b><br/>IF (M0175) From which of the following... "NA" is checked, THEN (M0180) Inpatient Discharge Date AND (M0190) Inpatient Diagnosis must be blank.</p> <p><b>Definition:</b><br/>(M0175) From which of the following Inpatient Facilities was the patient discharged during the past 14 days?</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/>           Make appropriate corrections to the submitted record and resubmit.<br/>           Refer to the current data specifications to determine the valid values.<br/>           Contact your software vendor for assistance.</p>                               |
| + 253          | Inconsistent<br>M0175/M0190 values: If M0100 (RFA) = 1 or 3 AND M0175 (Inpatient Facilities) 1, 2, 3, 4, or 5 is checked, then M0190 (Inpatient Diagnosis) cannot be blank.                    | <p><b>Cause:</b><br/>Applies to RFAs 01 and 03.<br/>IF (M0175) From which of the following... has response 1, 2, 3, 4, or 5 checked, THEN (M0190) Inpatient Diagnosis cannot be blank.</p> <p><b>Definition:</b><br/>(M0175) From which of the following Inpatient Facilities was the patient discharged during the past 14 days?</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/>           Make appropriate corrections to the submitted record and resubmit.<br/>           Refer to the current data specifications to determine the valid values.<br/>           Contact your software vendor for assistance.</p>             |
| + 254          | Inconsistent<br>M0175/M0200/M0220 values: Data in (M0220) is not consistent with the dates in (M0200) or (M0175). (M0220) "NA" must be checked if (M0175) "None" AND (M0200) "No" are checked. | <p><b>Cause:</b><br/>IF (M0175) From which of the following... Response 1, 2, 3, 4, or 5 OR (M0200) Medical or Treatment Regimen Change Within Past 14 Days "No" is checked, THEN (M0220) Conditions Prior to... "NA" must not be checked.</p> <p><b>Definition:</b><br/>(M0175) From which of the following Inpatient Facilities was the patient discharged during the past 14 days?<br/>(M0220) Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days.</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/>           Make appropriate corrections to the submitted record and resubmit.</p> |

| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION   |
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|                |   | Refer to the current data specifications to determine the valid values.<br>Contact your software vendor for assistance.   |
| + 255          | Inconsistent M0175/M0200/M0220 values: If M0100 (Reason for Assessment) = 1 or 3 AND M0175 (Inpatient Facilities) "NA" is checked AND M0200 (Regimen) "No" is checked then M0220 (Conditions Prior) "NA" must be checked. | <p><b>Cause:</b><br/>When M0090 is prior to 12/16/2002 applies when (M0100) RFA is 01, 03, 04, or 05.<br/>When M0090 is 12/16/2002 or later applies when M0100 (RFA) is 01 or 03.<br/>IF (M0175) From which of the following... "NA" is checked AND (M0200) Medical or Treatment Regimen Change Within Past 14 Days "No" is checked, THEN (M0220) Conditions Prior to NA must be checked.</p> <p><b>Definition:</b><br/>(M0175) From which of the following Inpatient Facilities was the patient discharged during the past 14 days?<br/>(M0220) Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days.</p> <p><b>Tip:</b><br/><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Actions:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine the valid values.<br/>Contact your software vendor for assistance.</p> |
| + 256          | Inconsistent HIPPS_CODE/HIPPS_VERSION: If HIPPS_CODE is completed, then HIPPS_VERSION cannot be blank   | <p><b>Cause:</b><br/>IF the HIPPS_CODE contains a valid code, THEN the HIPPS_VERSION cannot be blank and MUST contain a valid code.</p> <p><b>Definitions:</b><br/>HIPPS_CODE is the HIPPS Grouper Code.<br/>HIPPS_VERSION must be equal to "01.30 or 01.04" for this release.</p> <p><b>Actions:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine the valid values.<br/>Contact your software vendor for assistance.</p>   |
| + 258          | Inconsistent M0100/M0825/HIPPS_CODE: If M0100 (RFA) = 1, 3, 4 or 5 AND M0825 (Therapy Need) is "Yes" or "No", then HIPPS_CODE cannot be blank.  | <p><b>Cause:</b><br/>IF the (M0100) Reason for Assessment type is 01, 03, 04, or 05 AND (M0825) High Therapy Need is checked "Yes" or "No", THEN the HIPPS_CODE cannot be blank.</p> <p><b>Definition:</b><br/>HIPPS_CODE is the HIPPS Group Code.</p> <p><b>Actions:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine the valid values.</p>  |



| MESSAGE NUMBER | MESSAGE  | MESSAGE DESCRIPTION   |
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|                |  | Contact your software vendor for assistance.  |
| + 259          | Inconsistent M0100/M0825/HIPPS_CODE: If M0100 (RFA) = 1, 3, 4 or 5 AND M0825 (Therapy Need) item "NA" is checked, then HIPPS_CODE must be blank. | <p><b>Cause:</b><br/>IF the (M0100) Reason for Assessment type is 01, 03, 04, or 05 AND (M0825) High Therapy Need is checked "NA", THEN the HIPPS_CODE must be blank.</p> <p><b>Definition:</b><br/>HIPPS_CODE is the HIPPS Group Code.</p> <p><b>Actions:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine the valid values.<br/>Contact your software vendor for assistance.</p>  |
| + 260          | Missing/Invalid Date: The (M0090) date is either missing or contains an invalid date for the submitted record.                                   | <p><b>Cause:</b><br/>Any record is rejected if the (M0090) Information Completion Date is missing or contains an invalid date.</p> <p><b>Definition:</b><br/>Invalid for the purposes of this message means that the date must contain a valid month, day, and year.</p> <p><b>Tips:</b><br/>Check the "Field" and the "Invalid Data" identified on the Final Validation Report to determine the date item that is missing or invalid.<br/>The correct submission file format for all date fields is "YYYYMMDD". The date submitted displays on the Final Validation Report the way it is in the submission file. If it is submitted in the file as "MMDDYYYY"; it is displayed this way on the Final Validation Report and indicating the reason for the message. This may mean your software vendor needs to be notified.<br/>0000 (zero, zero, zero, zero) in the YYYY (year, year, year, year) portion of the date field is not acceptable.</p> <p><b>Examples:</b><br/>An invalid date is June 32, 1999.<br/>A month of 40 or a day of 35 is not valid.</p> <p><b>Actions:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine valid values.<br/>Refer to the OASIS Implementation Manual Chapter 8: Item-by-Item Tips and Appendix B.<br/>Contact your software vendor for assistance.</p> |

| MESSAGE NUMBER | MESSAGE  | MESSAGE DESCRIPTION   |
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| +261           | Inconsistent Version Number: This field must contain the version number for the data specifications used for submission. 1.10 and 1.20 is active for assessments with a M0090 date between 10/1/2000 – 10/1/2003. 1.30 is active for assessments with a M0090 date between 12/16/2002-10/1/2003. | <p><b>Cause:</b><br/>IF the Version Number field contains anything other than 01.10, 01.20, or 01.30 THEN the record is rejected.<br/>Data Specification Version 1.10 and 1.20 are active for assessments with M0090 date between 10/1/2000 until 10/1/2003<br/>Data Specification Version 1.30 active for assessments with M0090 date from 12/16/2002 until 10/1/2003.</p> <p><b>Definition:</b><br/>(M0090) Completion Date</p> <p><b>Action:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Contact your software vendor for assistance.</p> |
| + 263          | Inconsistent HIPPS_CODE/HIPPS_VERSION: If HIPPS_CODE is blank, then HIPPS_VERSION must be blank.   | <p><b>Cause:</b><br/>IF the HIPPS_CODE field is blank, THEN the HIPPS_VERSION field must be blank.</p> <p><b>Definition:</b><br/>HIPPS_CODE is the HIPPS Grouper Code.<br/>HIPPS_VERSION must be equal to "01.00" for this release.</p> <p><b>Action:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Contact your software vendor for assistance.</p>   |
| + 266          | Inconsistent M0066/M0090 dates: The required (M0066) Birth Date is less than 18 years in the past. The (M0066) Birth Date cannot be less than 18 years from the (M0090) date.  | <p><b>Cause:</b><br/>IF the (M0066) Patient's Birth Date is less than 18 years from the (M0090) Information Completion Date, THEN the record is rejected.</p> <p><b>Tip:</b><br/>If this error occurs the Rec_ID is changed from B1 to D1.</p> <p><b>Action:</b><br/>If the patient's Birth Date is correct, no further action is necessary.</p>  |
| +267           | Invalid Info_Completed_Dt (M0090): Unable to process record due to this date being outside acceptable date ranges. Info_Completed_Dt cannot precede 07/19/1999 and cannot be later than the current date.  | <p><b>Cause:</b><br/>If the M0090 date is earlier than 07/19/1999 the record is rejected.</p> <p><b>Action:</b><br/>Verify M0090 date was entered correctly and resubmit the record.</p>  |
| +269           | Inconsistent M0440/M0445 values: If M0440 is checked yes then M0445 cannot be blank.   | <p><b>Cause:</b><br/>(M0445) Does the patient have a Pressure Ulcer must not be blank if (M0440) Does the patient have a Skin Lesion or Open Wound is marked "yes"<br/>When M0090 is prior to 12/16/2002 applies to M0100 (RFA) 01, 03, 04, 05, and 09.<br/>When M0090 is 12/16/2002 or later applies to M0100 (RFA) 01, 03, and 09.</p>  |

| MESSAGE NUMBER | MESSAGE  | MESSAGE DESCRIPTION  |
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|                |  | <b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine valid values.   |
| +270           | Inconsistent<br>M0440/M0468 values: If M0440 is checked yes then M0468 cannot be blank.                    | <b>Cause:</b><br>(M0468) Does the patient have a Stasis Ulcer must not be blank if (M0440) Does the patient have a Skin Lesion or Open Wound is response "1" is checked.<br>When M0090 is prior to 12/16/2002 applies to M0100 (RFA) 01, 03, 04, 05, and 09<br>When M0090 is 12/16/2002 or later applies to M0100 (RFA) 01, 03, and 09.<br><b>Tip:</b><br><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine valid values.   |
| +271           | Inconsistent<br>M0468/M0470-M0476: values: If M0468 is checked yes, then M0470 thru M0476 cannot be blank. | <b>Cause:</b><br>If (M0468) response 1 is checked, then M0470 thru M0476 cannot be blank (unchecked).<br>When M0090 is prior to 12/16/2002 applies to M0100 (RFA) 01, 03, 04, 05, and 09.<br>When M0090 is 12/16/2002 or later applies to M0100 (RFA) 01, 03 and 09.<br><b>Definition:</b><br>(M0468) Does the patient have a Stasis Ulcer?<br>(M0470) Current number of Observable Stasis Ulcers.<br>(M0474) Does the patient have at least one Stasis Ulcer that Cannot be Observed due to the presence of a nonremovable dressing?<br>(M0476) Status of Most Problematic Stasis Ulcer:<br><b>Tip:</b><br><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine valid values. |
| +272           | Inconsistent<br>M0440/M0482 values: If M0440 is checked yes, then M0482 cannot be blank.                   | <b>Cause:</b><br>When M0090 is prior to 12/16/2002, applies to M0100 (RFA) 01, 02, 03, 04, 05, or 09.<br>When M0090 is 12/16/2002 or later applies to M0100 (RFA) 01, 03, or 09.<br>If (M0440) is checked "yes" then M0482 must not be blank.<br><b>Definition:</b><br>(M0440) Does the patient have an Open Wound or Skin Lesion?<br>(M0482) Does the patient have a Surgical Wound?<br><b>Tip:</b>   |

| MESSAGE NUMBER | MESSAGE  | MESSAGE DESCRIPTION   |
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|                |  | <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine valid values.  |
| +273           | Inconsistent M0482-M0488 values: If M0482 is checked yes, then M0484 thru M0488 cannot be blank.   | <b>Cause:</b><br>When M0090 is prior to 12/16/02 applies to M0100 (RFA) 01, 03, 04, 05, or 09.<br>When M0090 is 12/16/02 or later applies to M0100 (RFA) 01, 03, or 09.<br>If M0482 is checked "yes" then M0484-M0488 must not be blank.<br><b>Definition:</b><br>(M0482) Does the patient have a Surgical Wound?<br>(M0484) Current Number of (Observable) Surgical Wound:<br>(M0486) Does the patient have at least one Surgical Wound the Cannot be Observed due to the presence of a nonremovable dressing?<br>(M0488) Status of Most Problematic (Observable) Surgical Wound:<br><b>Tip:</b><br><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine valid values.   |
| +274           | Inconsistent M0100/M0220 values: If M0100 (Reason for Assessment) = 1 or 3 at least one item from M0220 (Conditions Prior) must be checked. Also, all items in M0220 that are unchecked must be submitted as 0 (zero). | <b>Cause:</b><br>If M0090 is prior to 12/16/2002 AND M0100 is 01, 03, 04, or 05 then something in (M0220) 1-7 must be checked.<br>If M0090 is 12/16/2002 or later AND M0100 is 01 or 03 then something in (M0220) 1-7 must be checked.<br><b>Definition:</b><br>(M0100) Reason for Assessment 01 is a Start of Care – further visits planned.<br>(M0100) Reason for Assessment 02 is Start of Care – no further visits planned.<br>(M0100) Reason for Assessment 03 is Resumption of Care.<br>(M0100) Reason for Assessment 04 is Recertification (follow-up) reassessment.<br>(M0100) Reason for Assessment 05 is Other follow-up.<br><b>Tips:</b><br><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine valid values. |

| MESSAGE NUMBER | MESSAGE  | MESSAGE DESCRIPTION  |
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| +275           | Inconsistent<br>M0520/M0530 values: If M0520 is checked yes, then M0530 cannot be blank.   | <p><b>Cause:</b><br/>When M0090 is prior to 12/16/2002 <i>OR</i> on or after 12/26/2007 applies to M0100 (RFA) 01, 03, 04, 05, or 09.<br/>When M0090 is between 12/16/2002 and 12/26/2007 applies to M0100 (RFA) 01, 03, or 09.<br/>If (M0520) response 1 is checked, then (M0530) must not be blank.</p> <p><b>Definition:</b><br/>(M0520) is Urinary Incontinence or Urinary Catheter Presence.<br/>(M0530) is When does Urinary Incontinence occur?</p> <p><b>Tips:</b><br/><input checked="" type="checkbox"/> A checked response displays as a “1” on the validation report.<br/><input type="checkbox"/> A blank response (unchecked) displays as a “0” (zero) on the validation report.</p> <p><b>Actions:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine valid values.</p>   |
| +276           | Inconsistent<br>M0100/M0830/M0840 values: If M0100 (Reason for Assessment) = 6, 7 or 9 AND M0830 (Emergent Care) 1, 2 or 3 is checked, at least one M0840 (Emergent Care Reason) must be checked. Unchecked M0840 items must be submitted as 0 (zero). | <p><b>Cause:</b><br/>When M0090 is prior to 12/16/2002 applies to M0100 (RFA) 04, 05, 06, 07, or 09 and (M0830) response 1, 2, or 3 is checked then M0840 must not be blank.<br/>When M0090 is 12/16/2002 or later applies to M0100 (RFA) 06, 07, or 09.</p> <p><b>Definition:</b><br/>(M0100) Reason for Assessment 04 is Recertification (follow-up) reassessment.<br/>(M0100) Reason for Assessment 05 is Other follow-up.<br/>(M0100) Reason for Assessment 06 is Transferred to an inpatient facility – patient not discharged from agency.<br/>(M0100) Reason for Assessment 07 is Transferred to an inpatient facility – patient discharged from agency.<br/>(M0100) Reason for Assessment 09 is Discharge from agency.<br/>(M0830) is Emergent Care: Since the last time OASIS data was collected, has the patient utilized any of the following services for emergent care (other than home care agency services)?<br/>(M0840) is Emergent Care Reason: For what reason(s) did the patient/family seek emergent care?</p> <p><b>Tips:</b><br/><input checked="" type="checkbox"/> A checked response displays as a “1” on the validation report.<br/><input type="checkbox"/> A blank response (unchecked) displays as a “0” (zero) on the validation report.</p> <p><b>Actions:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine valid values.</p> |

| MESSAGE NUMBER | MESSAGE  | MESSAGE DESCRIPTION   |
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| +278           | The field must contain the correct version number of data specifications based on the M0090 date. 1.40 is active on 10/1/2003 and 1.50 is active on 6/21/2006. Both versions end where the RFA=4 or 5 and M0090 is 12/27/2007 or greater OR the RFA=1, 3, 6, 7, 8 or 9 and M0090 is 1/1/2008 or greater. | <p><b>Cause:</b><br/>IF the M0090 (Completion Date) is on or after October 1, 2003 and before June 21, 2006 AND the Version Number field contains anything other than 01.40 THEN the record is rejected.<br/>IF the M0090 (Completion Date) is on or after June 21, 2006 and prior to 12/27/2007 for Reason for Assessment 04 and 05 OR 1/1/2008 for Reason for Assessment 01, 03, 06, 07, 08 or 09 AND the Version number field contains anything other than 01.40 OR 01.50 THEN the record is rejected.</p> <p><b>Action:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Contact your software vendor for assistance.</p> |
| +279           | Inconsistent M0016 value: The M0016 (Branch ID) submitted in this assessment does not match the State database.  | <p><b>Cause:</b><br/>(M0016) Branch ID in the record does no match the Branch ID in the State database.<br/>IF the M0090 (Completion Date) is on or after January 1, 2004 THEN the Branch ID must match the CMS assigned Branch ID in the database.</p> <p><b>Definition:</b><br/>M0016: Branch identification code as defined by CMS effective January 1, 2004.</p> <p><b>Action:</b><br/>Contact your State for the correct Branch ID.<br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine the valid values.<br/>Contact your software vendor for assistance.</p>            |
| +282           | Inconsistent M0032/M0903/M0906/M0090 Date: If response M0032 (Resumption of Care) Date is completed, then (M0032) must be prior to or the same date as M0090 (Completion Date), M0903 (Date of Last Visit) and M0906 (Discharge Date)  | <p><b>Cause:</b><br/>IF (M0032) Resumption of Care Date response is completed, THEN (M0032) must be earlier than or the same as the following dates:<br/>(M0090) Information Completion Date<br/>(M0903) Date of the Last (Most Recent) Home Visit<br/>(M0906) Discharge/Transfer/Death Date</p> <p><b>Actions:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine valid date sequencing</p>  |
| +283           | Inconsistent M0100/Date values: If M0100 (RFA) response is 1 AND M0180 (Inpatient Discharge Date) is completed, then M0180 must be prior to or the same as M0030 (Start of Care Date) and M0090 (Completion Date).   | <p><b>Cause:</b><br/>IF (M0100) Reason for Assessment response 1 is checked AND (M0180) Inpatient Discharge Date is completed, THEN (M0180) date must be earlier than or the same as the following dates:<br/>(M0030) Start of Care Date<br/>(M0090) Information Completion Date</p> <p><b>Definitions:</b><br/>(M0100) Reason for Assessment response 1 is a Start of Care - further visits planned.</p> <p><b>Actions:</b><br/>Make appropriate corrections to the submitted record and</p>   |

| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION  |
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|                |   | resubmit.<br>Refer to the current data specifications to determine valid date sequencing.  |
| +284           | Inconsistent M0100/Date Values: If M0100 (RFA) response is 3 AND M0180 (Inpatient Discharge Date) is completed, then M0180 must be prior to or the same as M0032 (Resumption of Care) Date and M0090 (Completion) Date. | <p><b>Cause:</b><br/>IF (M0100) Reason for Assessment response 3 is checked AND (M0180) Inpatient Discharge Date is completed, THEN (M0180) date must be earlier than or the same as the following dates:<br/>(M0032) Resumption of Care Date<br/>(M0090) Information Completion Date</p> <p><b>Definition:</b><br/>(M0100) Reason for Assessment response 3 is Resumption of Care after an Inpatient Stay.</p> <p><b>Tip:</b><br/>Verify the date and time setting for the clock in the computer used to encode the OASIS data is set accurately. An inaccurate clock setting could cause submission of an improper LOCK DATE.</p> <p><b>Actions:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine valid date sequencing.</p> |
| +285           | Inconsistent M0906/M0090 dates: M0906 (Discharge Date) is later than M0090 (Completion Date). If (M00906) date is completed, then it must be a date earlier than or the same as (M0090) date.                           | <p><b>Cause:</b><br/>IF (M0906) Discharge/Transfer/Death Date response is completed, THEN (M0906) date must be earlier than or the same date as the (M0090) Information Completion Date.</p> <p><b>Actions:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine valid date sequencing.</p>  |
| +288           | Inconsistent M0450/M0460: When M0450 (Number of Pressure Ulcers Stage 1 thru 4 = 01, 02, 03 or 04, then M0460 (Stage of Most Problematic Pressure Ulcer) must be 01, 02, 03 or 04.                                      | <p><b>Cause:</b><br/>IF (M0450) Number of Pressure Ulcers Stage 1 thru 4 = 01, 02, 03 or 04, THEN M0460 (Stage of Most Problematic Observable Pressure Ulcer) must be 01, 02, 03, or 04.</p> <p><b>Action:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine valid date sequencing.</p>   |
| +289           | Inconsistent M0450/M0464: When (M0450) Number of Pressure Ulcers Stage 1 thru 4 is equal to 01, 02, 03 or 04, then M0464 (Status of Most Problematic Observable Pressure Ulcer) must be equal to 01, 02 or 03.          | <p><b>Cause:</b><br/>IF (M0450) Number of Pressure Ulcers Stage 1 thru 4 = 01, 02, 03 or 04, THEN M0464 (Status of Most Problematic Observable Pressure Ulcer) must be 01, 02 or 03.</p> <p><b>Action:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine valid date sequencing.</p>   |

| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION   |
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| +290           | Inconsistent<br>M0482/M0484/M0486: If M0482 (Does the patient have a Surgical Wound) is '1' (yes) then M0484 (Number of Observable Surgical Wounds) must be 1, 2, 3 or 4 OR M0486 (Does the patient have any unobservable Surgical Wounds) must be '1' (yes). | <p><b>Cause:</b><br/>IF M0482 (Does the patient have a Surgical Wound) is '1' (yes) then M0484 (Number of Observable Surgical Wounds) must be 1, 2, 3 or 4 OR M0486 (Does the patient have any unobservable Surgical Wounds) must be '1' (yes).</p> <p><b>Definition:</b><br/>M0482 is Does the patient have a Surgical Wound?<br/>M0484 is Current Number of (Observable) Surgical Wounds?</p> <p><b>Tips:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Action:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine valid date sequencing.</p>                     |
| +291           | Inconsistent<br>M0484/M0488: If M0484 (Number of Observable Surgical Wounds) = 1, 2, 3, or 4, then M0488 (Status of Most Problematic observable Surgical Wounds) must = 1, 2 or 3.  | <p><b>Cause:</b><br/>IF M0484 (Number of Observable Surgical Wounds) = 1, 2, 3, or 4, then M0488 (Status of Most Problematic observable Surgical Wounds) must = 1, 2 or 3.</p> <p><b>Definition:</b><br/>M0484 is Current Number of (Observable) Surgical Wounds?<br/>M0488 is Status of Most Problematic (Observable) Surgical Wound?</p> <p><b>Tips:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Action:</b><br/>Make appropriate corrections to the submitted record and resubmit.<br/>Refer to the current data specifications to determine valid date sequencing.</p>  |
| +292           | Inconsistent<br>M0468/M0470/M0474: If M0468 (Does the patient have a stasis ulcer) = '1' (yes), then M0470 (Number of Observable Stasis Ulcers) must = 1, 2, 3 or 4 OR M0474 (Presence of unobservable stasis ulcer) must = '1' (yes).                        | <p><b>Cause:</b><br/>IF M0468 (Does the patient have a stasis ulcer) = '1' (yes), then M0470 (Number of Observable Stasis Ulcers) must = 1, 2, 3 or 4 OR M0474 (Presence of unobservable stasis ulcer) must = '1' (yes).</p> <p><b>Definition:</b><br/>M0468 is Does the patient have a Stasis Ulcer?<br/>M0470 is Current Number of Observable Stasis Ulcers?<br/>M0474 is Does this patient have at least one Stasis Ulcer that Cannot be Observed due to presence of a nonremovable dressing?</p> <p><b>Tips:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.</p> <p><b>Action:</b><br/>Make appropriate corrections to the submitted record and resubmit.</p> |



| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION  |
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|                |   | Refer to the current data specifications to determine valid date sequencing.   |
| +293           | Inconsistent<br>M0470/M0476: If M0470 (Number of Observable Stasis Ulcers) = 1, 2, 3 or 4 then M0476 (Status of Most Problematic Observable Stasis Ulcer must = 1, 2 or 3 | <b>Cause:</b><br>IF M0470 (Number of Observable Stasis Ulcers) = 1, 2, 3 or 4 then M0476 (Status of Most Problematic Observable Stasis Ulcer must = 1, 2 or 3<br><b>Definition:</b><br>M0470 is Does the patient have a Stasis Ulcer?<br>M0476 is Status of Most Problematic (Observable) Stasis Ulcer<br><b>Tips:</b><br><input checked="" type="checkbox"/> A checked response displays as a "1" on the validation report.<br><input type="checkbox"/> A blank response (unchecked) displays as a "0" (zero) on the validation report.<br><b>Action:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine valid date sequencing. |
| +295           | Inconsistent<br>M0110/HIPPS_CODE: If the HIPPS_CODE is not blank then M0110 (Episode Timing) must not be 'NA'   | <b>Cause:</b><br>IF the (M0100) Reason for Assessment type is 01, 03, 04 or 05 AND (M0110) is 'NA' THEN the HIPPS_CODE must be blank.<br><b>Definition:</b><br>HIPPS_CODE is the HIPPS Group Code.<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine the valid values.<br>Contact your software vendor for assistance.   |
| +296           | Inconsistent M0246<br>Column 3/M0246 Column 4: If M0246 Column 3 is blank then the corresponding M0246 Column 4 must be blank.  | <b>Cause:</b><br>IF the (M0100) Reason for Assessment type is 01, 03, 04, 05 AND M0246 Column 3 is blank then M0246 Column 4 should also be blank for the same row. (Example: IF M0246 B3 is blank then M0246 B4 should also be blank)<br><b>Definition:</b><br>(M0246) Case Mix Diagnoses<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine the valid values.<br>Contact your Software vendor for assistance.   |
| +297           | Inconsistent<br>M0230/M0246: If M0230 (Primary Diagnosis) is blank, then M0246 (Diagnosis ICD A3 and/or Diagnosis A4) must also be blank.                                 | <b>Cause:</b><br>IF M0230 (Primary Diagnosis) is blank, then M0246 (Case Mix Diagnoses) A3 and/or A4 must be blank.<br><b>Definition:</b><br>(M0230) Primary Diagnosis<br>(M0246) Case Mix Diagnoses<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.  |

| MESSAGE NUMBER | MESSAGE  | MESSAGE DESCRIPTION  |
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|                |  | Refer to the current data specifications to determine the valid values.<br>Contact your Software vendor for assistance.  |
| +298           | Inconsistent M0240/M0246: If M0240 is blank then the corresponding M0246 Column 3 must also be blank.            | <b>Cause:</b><br>IF M0240 (Other Diagnoses) is blank then, the corresponding M0246 (Case Mix Diagnoses) Column 3 must also be blank. (Example: If M0240 b is blank then M0246 B3 must also be blank).<br><b>Definition:</b><br>(M0240) Other Diagnoses<br>(M0246) Case Mix Diagnoses<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine the valid values.<br>Contact your Software vendor for assistance. |
| +299           | Inconsistent M0826: IF M0826 – Therapy Need NA is checked, then M0826 – Number of Therapy Visits must be blank.  | <b>Cause:</b><br>IF M0826 (Therapy Need – NA ‘No case mix group defined by this assessment’) is checked THEN M0826 (Therapy Need ‘Number of Visits Indicated’ should be blank.<br><b>Definition:</b><br>(M0826) Therapy Need<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine the valid values.<br>Contact your Software vendor for assistance.   |
| +300           | Inconsistent M0826: If M0826 Therapy Need NA is unchecked then M0826 Number of Therapy Visits must not be blank. | <b>Cause:</b><br>IF M0826 (Therapy Need – NA ‘No case mix group defined by this assessment’) is unchecked THEN M0826 (Therapy Need – Number of Visits Indicated) must not be blank.<br><b>Definition:</b><br>(M0826) Therapy Need<br><b>Actions:</b><br>Make appropriate corrections to the submitted record and resubmit.<br>Refer to the current data specifications to determine the valid values.<br>Contact your Software vendor for assistance.  |

| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION   |
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| +301           | The field must contain a version number of the data specifications used for submission. The current allowable version is 1.60. Version 1.60 is effective for assessments where M0100 = 04 or 05 AND M0090 is 12/27/2007 or greater OR M0100 = 01, 03, 06, 07, 08 or 09 AND M0090 Date is 1/1/2008 or greater. | <p><b>Cause:</b><br/> IF M0100 (Reason for Assessment) = 04 or 05 THEN the OASIS Data Specification Version 1.60 is required for assessments with a M0090 (Completion) Date of 12/27/2007 or greater.<br/> IF M0100 (Reason for Assessment) = 01, 03, 06, 07, 08 or 09 THEN the OASIS Data Specification Version 1.60 is required for assessments with a M0090 (Completion) Date of 1/1/2008 or greater.</p> <p><b>Definition:</b><br/> (M0100) Reason for Assessment</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications to determine the valid values.<br/> Contact your Software vendor for assistance.</p>   |
| + 1000         | Duplicate assessment:<br>The record submitted is a duplicate of a previously submitted record.  | <p><b>Cause:</b><br/> This record is a duplicate of a previously submitted record for this patient.</p> <p><b>Definition:</b><br/> Duplicate records are based on all of the following fields:<br/> Identical HHA_AGENCY_ID (Header Record)<br/> Identical (M0100) Reason for Assessment<br/> Identical Effective Date<br/> The effective date is based on the RFA value. If required on the data record submitted, this message applies to the following date items:<br/> (M0030) Start of Care Date for RFA types 01<br/> (M0032) Resumption of Care Date for RFA type 03<br/> (M0090) Information Completion Date for RFA types 04 &amp; 05<br/> (M0906) Discharge/Transfer/Death Date for RFA types 06, 07, 08, &amp; 09<br/> Identical Patient (Last Name, Birth Date, &amp; SSN)<br/> Identical Correction Number<br/> An Identical Patient is determined by using the Resident (Patient) Matching Criteria. Patient identifying information is checked against the resident (patient) table on the CMS OASIS system at the State. This table contains information for all the persons who have records in the database. If a match is found, the fields identified (in the tip below) are checked for matching information and the fields are updated if they do not match.<br/> HHA Internal ID is an ID that the state system automatically generates internally along with the state-assigned HHA ID. The HHA Internal ID is part of the resident matching criteria. Only one HHA Internal ID is allowed on the "resident" table and it is always associated with the most current episode of care. If another health care provider (i.e., Skilled Nursing Facility or another HHA) had previously provided care and sent an assessment into the state system, then this field is updated with this information.</p> <p><b>Examples:</b><br/> When every record in a file was rejected as a duplicate assessment, the SEND button may have been double clicked and the file was sent twice, very quickly.</p> |

| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION   |
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|                |   | <p>The record was accidentally placed in a submission file after it had already been submitted, so it was sent twice in two separate files.</p> <p><b>Tips:</b><br/> Refer to the Message Description for Warning Message 81 for the OASIS items used for matching residents.<br/> This message occurs if the duplicates are in the same file and file is submitted as a production file. The first record is subject to normal editing and the second is edited as a duplicate record and rejected.<br/> This message does not occur if the duplicates are in the same file and the file is submitted as a test. The first record is not stored thus eliminating the duplicate files.<br/> The OASIS items used for matching patients are the following:<br/> (M0040) Patient Last Name<br/> (M0040) Patient First Name<br/> (M0040) Patient Middle Initial<br/> (M0063) Medicare Number<br/> (M0064) Social Security Number<br/> (M0065) Medicaid Number<br/> (M0066) Birth Date<br/> (M09060) Death Date (only applies to RFA type 08 - death at home)<br/> HHA Internal ID (State-Assigned ID)</p> <p><b>Actions:</b><br/> Check to see why this record was sent more than once.<br/> DO NOT resubmit this record as it is already in the database.</p> |
| + 1004         | Inconsistent CORR_NUM value: CORR_NUM must be one number greater than the number on the originally stored or previously corrected assessment. | <p><b>Cause:</b><br/> The Correction Number must be 1 number greater than the number on the originally stored or previously corrected assessment with identical key fields.<br/> In other words, this assessment went through the duplicate assessment check and passed, the Correction Number was a numerical value - but, the Correction Number was not incremented by 1.</p> <p><b>Definitions:</b><br/> The key fields are as follows:<br/> HHA ID<br/> Correction Number<br/> (M0040) Patient's Last Name<br/> (M0040) Patient's First Name<br/> (M0064) Social Security Number<br/> (M0066) Birth Date<br/> (M0069) Gender<br/> (M0100) Reason for Assessment<br/> Effective Dates:<br/> (M0030) Start of Care Date for RFA 01<br/> (M0032) Resumption of Care Date for RFA 03<br/> (M0090) Information Completion Date for RFA 04 and 05<br/> (M0906) Discharge/Transfer/Death Date for RFA 06, 07, 08, and 09.</p> <p><b>Example:</b><br/> Previously stored assessment's Correction Number is 00 (zero,</p>  |

| MESSAGE NUMBER | MESSAGE  | MESSAGE DESCRIPTION   |
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|                |  | <p>zero) and the Correction Number for this assessment is 02 (zero, two).</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit.<br/> Refer to the current data specifications on submission of correction records.</p>   |
| + 1007         | No match found: No matching record was found in the database for the submitted record. | <p><b>Cause:</b><br/> No matching record was found in the state's database for the submitted record.<br/> The correction request may have been submitted twice.<br/> An inactivation request may have been already submitted for this record.</p> <p><b>Actions:</b><br/> Make appropriate corrections to the submitted record and resubmit to the state system.<br/> Refer to the current data specifications on submission of correction records.</p> |

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## WARNING MESSAGES

The following errors are considered warning errors and are displayed on the Final Validation Report. Warning errors encompass consistency, valid value, and range errors.

| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION  |
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| + 3            | Software Vendor information updated: Submitted software Vendor Tax ID number was not found in the State database. Vendor information has been added to the database. Verify the Vendor Tax ID number. | <b>Cause:</b><br>The software vendor in the header record of this submission file does not match with any vendor entered in the State database.<br><b>Actions:</b><br>The software vendor information was added to the State database.<br>If this is a new vendor, no action is needed. If this is not a new vendor, contact your State Coordinator to check the Vendor Tax ID.  |
| + 14           | Inconsistent HHA Medicare Number: The HHA Medicare Number submitted in the header record does not match the HHA Medicare Number in the State database.  | <b>Cause:</b><br>The HHA Medicare Number in the header record of this submission file does not match the HHA Medicare Number in the State database.<br><b>Definition:</b><br>Header record: The header record contains basic identifying information for the HHA, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file.<br><b>Tips:</b><br>The number must be left justified, contain no embedded dashes or spaces, and any letters must be UPPERCASED.<br>With most encoding software, the HHA Medicare Number is inserted in the header record by the software when a file is created.<br><b>Actions:</b><br>Contact your State to find the correct HHA Medicare Number.<br>Change the HHA Medicare Number in the HHA software to match the State database or contact your State Coordinator to have the HHA Medicare number in the state database changed to match the HHA software.<br>Contact your software vendor for assistance with changing header record data. |
| + 16           | Inconsistent HHA telephone number: The HHA telephone number submitted in the header record does not match the HHA telephone number in the State database.   | <b>Cause:</b><br>The HHA telephone number in the header record of this submission file does not match the HHA telephone number in the State database.<br><b>Definitions:</b><br>HHA telephone number is the (voice line) number used to reach the HHA contact person. It is not the computer modem (data line) number.<br>Header record: The header record contains basic identifying information for the HHA, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file.<br>Contact person: This is the person at the HHA to call if there is a question about a submission. It could be the OASIS coordinator,  |

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|                |  | <p>data entry person, or someone else designated by the HHA.</p> <p><b>Tips:</b><br/>The number must include the area code and contain no embedded nonnumeric characters.<br/>With most encoding software, the HHA telephone number is inserted in the header record by the software when a file is created.</p> <p><b>Actions:</b><br/>Change the HHA telephone number in the HHA software to match the State database or contact your State Coordinator to have the HHA telephone number in the State database changed to match the HHA software.<br/>Contact your software vendor for assistance with changing the header record data.</p>  |
| + 17           | File creation date missing: There was no file creation date submitted in the header record. Contact your software vendor.            | <p><b>Cause:</b><br/>The header record of this submission file does not contain the file creation date. This is the date the submission file was created.</p> <p><b>Definitions:</b><br/>Header record: The header record contains basic identifying information for the HHA, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file.<br/>File creation date: This is the date the file was created. It is the date on the computer that created the file.</p> <p><b>Tip:</b><br/>With most encoding software, the file creation date is inserted in the header record by the software when a file is created.</p> <p><b>Action:</b><br/>Contact your software vendor for assistance with changing the header record data.</p> |
| + 20           | HHA address missing: The HHA address was missing from the header record. Update the HHA information in your OASIS encoding software. | <p><b>Cause:</b><br/>The header record of the submission files does not contain the HHA address.</p> <p><b>Definition:</b><br/>Header record: The header record contains basic identifying information for the HHA, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file.</p> <p><b>Tip:</b><br/>With most encoding software, the HHA address is inserted in the header record by the software when a file is created.</p> <p><b>Action:</b><br/>Contact your software vendor for assistance with changing the header record data.</p>   |
| + 21           | HHA city missing: The HHA city was missing from the header record. Update the HHA information in your OASIS encoding software.       | <p><b>Cause:</b><br/>The header record of the submission files does not contain the HHA's city.</p> <p><b>Definition:</b><br/>Header record: The header record contains basic identifying information for the HHA, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file.</p> <p><b>Tip:</b><br/>With most encoding software, the HHA city is inserted in the</p>   |

| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION  |
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|                |   | header record by the software when a file is created.<br><b>Action:</b><br>Contact your software vendor for assistance with changing the header record data.   |
| + 22           | HHA state is missing:<br>The HHA state was missing from the header record. Update the HHA information in your OASIS encoding software.                | <b>Cause:</b><br>The header record of the submission files does not contain the HHA's state.<br><b>Definition:</b><br>Header record: The header record contains basic identifying information for the HHA, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file.<br><b>Tip:</b><br>With most encoding software, the HHA state is inserted in the header record by the software when a file is created.<br><b>Action:</b><br>Contact your software vendor for assistance with changing the header record data.  |
| + 23           | HHA zip code is missing:<br>The HHA zip code was missing from the header record. Update the HHA information in your OASIS encoding software.          | <b>Cause:</b><br>The header record of the submission files does not contain the HHA's zip code.<br><b>Definition:</b><br>Header record: The header record contains basic identifying information for the HHA, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file.<br><b>Tip:</b><br>With most encoding software, the HHA zip code is inserted in the header record by the software when a file is created.<br><b>Action:</b><br>Contact your software vendor for assistance with changing the header record data.  |
| + 24           | HHA contact person is missing: The HHA contact person was missing from the header record. Update the HHA information in your OASIS encoding software. | <b>Cause:</b><br>The header record of the submission files does not contain the HHA's contact person.<br><b>Definition:</b><br>Header record: The header record contains basic identifying information for the HHA, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file.<br>Contact person: This is the person at the HHA to call if there is a question about a submission. It could be the OASIS coordinator, data entry person, or someone else designated by the HHA.<br><b>Tip:</b><br>With most encoding software, the HHA contact person is inserted in the header record by the software when a file is created.<br><b>Action:</b><br>Contact your software vendor for assistance with changing the header record data. |



| MESSAGE NUMBER | MESSAGE   | MESSAGE DESCRIPTION   |
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| + 52           | Field left justified: The submitted data in the above field was not left justified. Accepted record has been modified (left justified). Verify justification with your software vendor. | <p><b>Cause:</b><br/>Current data specifications require that the identified field must be left justified. The data submitted in this record was not left justified. The CMS OASIS system at the State stored this data in a left justified format.</p> <p><b>Action:</b><br/>Contact your software vendor for assistance to have the format for this item corrected for future submissions.</p>  |
| + 81           | Patient information updated: Submitted data in the above field is not the same as the data previously submitted for this patient. Verify that the "new" information is correct.         | <p><b>Causes:</b><br/>If patient information in this record is similar enough to patient information on the State database based on a set of patient matching criteria, a match occurs and certain fields on the patient (resident) table in the State database are updated. Patient's first name was spelled differently, the birth date was entered incorrectly, or the home health agency may be submitting information that was unknown previously (such as the Medicare or Medicaid number).</p> <p><b>Definition:</b><br/>Resident (Patient) Matching Criteria: Patient identifying information is checked against the resident (patient) table on the CMS OASIS system at the State. This table contains information for all the persons who have records in the database. If a match is found, the fields identified (in the tip below) are checked for matches and are updated if they do not match.</p> <p><b>Tips:</b><br/>Fields that may be updated are:<br/>(M0040) Patient Last Name<br/>(M0040) Patient First Name<br/>(M0040) Patient Middle Initial<br/>(M0063) Medicare Number<br/>(M0064) Social Security Number<br/>(M0065) Medicaid Number<br/>(M0066) Birth Date<br/>(M0069) Gender<br/>(M0906) Death Date (only on RFA type 08: died at home)<br/>HHA Indicator</p> |
| +82            | Patient provider updated: This resident was previously cared for by the 'prior' provider identified above.  | <p><b>Cause:</b><br/>Occurs when the patient is in the database under one agency and now is in a different agency. The current agency ID is updated in the State database.</p> <p><b>Definition:</b><br/>The current agency ID is the unique State assigned Agency ID (Facid).</p> <p><b>Tip:</b><br/>"Old" is the previous MDS or HHA agency, the 'prior' provider.<br/>"New" is the current agency this assessment was submitted for, the current provider.</p> <p><b>Action:</b><br/>No action needed.</p>   |

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| + 102          | Inconsistent LOCK_DATE: The submitted record was not locked within CMS timing guidelines. The LOCK_DATE should be no earlier than the (M0090) date AND no more than 7 days after the (M0090) date.             | <p><b>Causes:</b><br/>The submitted assessment was not completed within CMS timing guidelines.<br/>There should be no more than 7 calendar days from the LOCK DATE to the (M0090) Information Completion Date.</p> <p><b>Definition:</b><br/>LOCK DATE is the date the assessment was locked in the HHA's encoding software. This date must be less than or equal to the current date.</p> <p><b>Tip:</b><br/>LOCK DATE is an item that may not be visible to the HHA User. It may be an item that is filled in by the vendor software when the record is copied to an upload file.</p> <p><b>Actions:</b><br/>Contact your software vendor to determine how your software handles the LOCK DATE.<br/>No action is required for this submission.<br/>To avoid this in the future, review the assessment schedule and verify that all assessments are locked in a timely manner.</p> |
| + 103          | Inconsistent M0090 date: The submitted assessment was not completed within CMS timing guidelines. The (M0090) date should be no earlier than the (M0030) date AND no more than 5 days after the (M0030) date.  | <p><b>Causes:</b><br/>Applies when (M0100) Reason for Assessment is a 01.<br/>The submitted assessment was not completed within CMS timing guidelines.<br/>There should be no more than 5 calendar days from the (M0030) Start of Care Date to the (M0090) Information Completion Date.</p> <p><b>Definition:</b><br/>Start of Care: Reason for Assessment type 01 is done upon admission of a patient meeting a classification for required OASIS data collection.</p> <p><b>Actions:</b><br/>No action is required for this submission.<br/>To avoid this in the future, review the assessment schedule and verify that all assessments are completed in a timely manner.</p>   |
| + 104          | Inconsistent M0030 date: The submitted assessment was not completed within CMS timing guidelines. The (M0030) date should be no earlier than the (M0180) date AND no more than 14 days after the (M0180) date. | <p><b>Cause:</b><br/>Applies when (M0100) Reason for Assessment is a 01.<br/>There should be no more than 14 calendar days from the (M0030) Start of Care Date to the (M0180) Inpatient Discharge Date.</p> <p><b>Tip:</b><br/>(M0180) Inpatient Discharge Date should only be entered when the patient was discharged from an inpatient facility within the past 14 days prior to admission to a home health agency.</p> <p><b>Actions:</b><br/>Make appropriate corrections to the record and resubmit.<br/>To avoid this message in the future, select response "NA" in the (M0170) Discharged Past 14 Days when the Inpatient Stay date is more than 14 days from the (M0030) Start of Care Date.<br/>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p>   |

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| + 108          | Inconsistent M0090 date: The submitted assessment was not completed within CMS timing guidelines. The (M0090) date should be no earlier than the (M0032) date AND no more than 2 days after the (M0032) date. | <p><b>Causes:</b><br/>Applies when (M0100) Reason for Assessment is a 03. The submitted Resumption of Care assessment was not completed within CMS timing guidelines. The assessment needs to be completed within 2 days after the (M0032) Resumption of Care Date.<br/>There should be no more than 2 calendar days after the (M0032) Resumption of Care Date to the (M0090) Information Completion Date.</p> <p><b>Definition:</b><br/>Resumption of Care: (M0100) RFA type 03 requires a comprehensive assessment conducted within 2 days of when the patient resumes care following an inpatient stay of 24 hours or longer (for reasons other than diagnostic testing).</p> <p><b>Actions:</b><br/>No action is required for this submission.<br/>To avoid this in the future, review the assessment schedule and verify that all assessments are completed in a timely manner.</p> |
| + 109          | Inconsistent M0032 date: The submitted assessment (M0032) date was late. The (M0032) date should be no earlier than the (M0180) date AND no more than 14 days after the (M0180) date.                         | <p><b>Cause:</b><br/>Applies when (M0100) Reason for Assessment is a 03. There should be no more than 14 calendar days from the (M0180) Inpatient Discharge Date to the (M0032) Resumption of Care Date.</p> <p><b>Tip:</b><br/>The (M0180) Inpatient Discharge Date should only be entered when the patient was discharged from an inpatient facility within the past 14 days prior to admission to a home health agency.</p> <p><b>Actions:</b><br/>No action is required for this assessment.</p>   |
| + 129          | Inconsistent M0090 date: Discharge record was not completed within CMS timing guidelines. (M0090) date should be no earlier than (M0906) date AND no more than the 2 days after (M0906) date.                 | <p><b>Causes:</b><br/>Applies only to (M0100) Reason for Assessment 09. The submitted Discharge assessment was not completed within CMS timing guidelines. There should be no more than 2 calendar days from the (M0906) Discharge/Transfer/Death Date to the (M0090) Information Completion Date.</p> <p><b>Definition:</b><br/>Discharge: (M0100) RFA type 09 requires a comprehensive assessment conducted within 2 days from when the patient is discharged from the home health agency</p> <p><b>Actions:</b><br/>No action is required for this submission.<br/>To avoid this in the future, review the assessment timing schedule in the data specifications and verify that all assessments are completed in a timely manner.</p>  |
| + 223          | Inconsistent HHA Medicaid number: The HHA Medicaid number submitted in the header record does not match the (M0012) response in the body record.  | <p><b>Cause:</b><br/>The HHA Medicaid number in the header record of this submission file does not match the (M0012) Agency Medicaid Provider Number in the body record.</p> <p><b>Definition:</b><br/>Header record: The header record contains basic identifying information for the HHA, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file.</p>  |

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|                |   | <p><b>Tips:</b><br/>The number must be left justified, contain no embedded dashes or spaces, and any letters must be upper cased.<br/>With most encoding software, the HHA Medicaid number is inserted in the header record by the software when a file is created.</p> <p><b>Actions:</b><br/>Contact your software vendor for assistance with changing the header record data.<br/>Make appropriate corrections to the submitted record and resubmit.</p>   |
| + 234          | Inconsistent LOCK DATE/Submission Date: The submitted assessment was not submitted within CMS timing guidelines. The submission month was later than the month following the Lock Date. | <p><b>Cause:</b><br/>The assessment was not submitted within the CMS timing guidelines.<br/>Assessments should be submitted to the State no later than the month after the month in which the assessment was locked.</p> <p><b>Examples:</b><br/>The assessment was locked in the HHA's encoding software on March 1st. The assessment must be submitted no later than April 30th.<br/>The assessment was locked in the HHA's encoding software on March 31st. The assessment must be submitted no later than April 30th.</p> <p><b>Tips:</b><br/>Recommend submitting OASIS data more than one time a month. Avoid waiting to submit at the end of a month in case of hardware failure, record rejection, etc.</p> <p><b>Actions:</b><br/>No action is required for this submission.<br/>To avoid this in the future, review the assessment timing schedule in the data specifications and verify that all assessments are submitted in a timely manner.</p> |
| + 240          | Invalid M0060 value: Submitted data in (M0060) is not in the valid range of acceptable values.  | <p><b>Cause:</b><br/>(M0060) Patient Zip Code does not have a valid range. The valid ranges are as follows:<br/>(M0060) Patient Zip Code bytes 1 through 5 must contain five numbers<br/>(M0060) Patient Zip Code bytes 6 through 9 must contain four numbers OR all blanks. 0000 (zero, zero, zero, zero) is acceptable.<br/>(M0060) Patient Zip Code bytes 10 and 11 must contain only blanks</p> <p><b>Action</b><br/>Contact your software vendor for assistance.</p>   |
| + 257          | The submitted HIPPS_CODE/HIPPS_VERSION must match the calculated values.  | <p><b>Causes:</b><br/>The HIPPS_CODE value on this assessment does not match the HIPPS_CODE value that was calculated by the state system.</p> <p><b>Actions:</b><br/>Contact your software vendor for assistance.</p>  |

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| + 262          | Inconsistent M0090 date: RFA 04 (M0090) does not meet CMS timing guidelines. RFAs 04 must be done on an every 60 day cycle; (M0090) is no earlier than day 56 and no later than day 60 of that Follow-up cycle. | <p><b>Causes:</b><br/>Applies when (M0100) Reason for Assessment is a 04. The submitted Recertification assessment was not completed within CMS timing guidelines. A recertification assessment must be completed on an every 60 day cycle (when still receiving care) following the (M0030) Start of Care Date; (M0090) Information Completion Date should be no earlier than day 56 and no later than day 60 of that follow-up (recertification) period.</p> <p><b>Definition:</b><br/>(M0100) Reason for Assessment 04: Recertification – Follow Up Assessment: Requires a comprehensive assessment conducted during the last five days of the recertification period.</p> <p><b>Actions:</b><br/>No action is required for this submission. To avoid this in the future, review the assessment schedule and verify that all assessments are completed in a timely manner.</p> |
| + 264          | Invalid Version Code: This field must contain the Version Code for the data specifications used for submission.   | <p><b>Causes:</b><br/>The assessment contained a version code number that was not B1-0800 or B1-1202.</p> <p><b>Definition:</b><br/>Version Code 1 is the version of the OASIS actually completed. Version _CD1 is found in the body record bytes 23-34.</p> <p><b>Tip:</b><br/>Data may be transmitting inaccurately, if you are using a previous software version.</p> <p><b>Actions:</b><br/>No action is required for this submission. Contact your software vendor for assistance to make sure you are using the most current software version. Refer to current data specification requirements.</p>  |
| + 265          | New Patient: A new person has been created in the database of the CMS OASIS system at the state.  | <p><b>Cause:</b><br/>In the patient identification fields, the submission contained enough changes or the 1st record submitted has an RFA other than 01, that this assessment was assigned to a new patient, different from the original assessment.</p> <p><b>Definition:</b><br/>Fields used to match patients include:<br/>HHA ID<br/>(M0064) SSN<br/>(M0040) Patient's First and Last Name<br/>(M0066) Birth Date<br/>(M0069) Gender</p> <p><b>Action:</b><br/>Check the data to be certain there were no errors. If there are no errors, then no action is required. If there are errors, correct using the OASIS Correction Policy.</p>   |
| +268           | Test File: The identified agency does not have a Medicare nor Medicaid number on the database. The file was processed as a test file.   | <p><b>Cause:</b><br/>If an agency has not been assigned a Medicaid and/or Medicare number on the state database, the system assumes the agency to be a test agency and all files submitted to be test files.</p> <p><b>Action:</b><br/>If you have been issued a provider number, contact your state coordinator to verify this number is on the state database.</p>  |

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| +277           | Test File: The identified agency is a test agency. The file was processed as a test file.   | <p><b>Cause:</b><br/>If an agency currently has a test agency designation, the system processes the file as a test file only.</p> <p><b>Action:</b><br/>If you are no longer a test agency and have passed all requirements for certification, contact you state coordinator to verify this distinction.</p>  |
| +280           | Inconsistent M0230/M0245: If M0230 (Primary Diag) is not a V-code, then optional field M0245 (Primary Payment Diag) is not used to calculate the HIPPS Code on this assessment. Use M0245 (Primary Payment Diag) only if a V-code is used in place of a case mix diagnosis in M0230 (Primary Diag). | <p><b>Cause:</b><br/>When M0090 (Completion Date) is 10/1/2003 or later, applies to M0100 (Reason for Assessment) 01, 03, 04 or 05. M0245 is completed and M0230 is not a V-code.</p> <p><b>Definition:</b><br/>M0230 – Primary Diagnosis<br/>M0245 – Primary and Secondary Payment Diagnosis</p> <p><b>Action:</b><br/>A non-key field correction can be completed if appropriate.</p>   |
| +281           | Inconsistent M0016 data: The Branch ID submitted in this assessment does not match the current Branch ID in the State database.   | <p><b>Cause:</b><br/>Applies when M0090 (Completion Date) is 1/1/2004 or later. The Branch ID in M0016 of the submitted file is not the most current Branch ID for this agency. However, the record was accepted and stored in the database.</p> <p><b>Definition:</b><br/>M0016 – Agency Branch ID<br/>N – Agency is not a branch nor a Parent<br/>P – Agency is a Parent<br/>##Q##### - Indicates the agency is a branch</p> <p><b>Action:</b><br/>None required for this submission. Contact State OASIS Education Coordinator for updated Branch ID.</p>  |
| +286           | Inconsistent M0090/Submission Date: The submitted assessment was not submitted within CMS timing guidelines. The submission date is more than 30 days from the M0090 (Completion Date).   | <p><b>Cause:</b><br/>The assessment was not submitted within the CMS timing guidelines. Assessments should be submitted to the State no later than the month after the month in which the assessment was locked.</p> <p><b>Examples:</b><br/>The assessment was locked in the HHA's encoding software on March 1st. The assessment must be submitted no later than April 30th.<br/>The assessment was locked in the HHA's encoding software on March 31st. The assessment must be submitted no later than April 30th.</p> <p><b>Tips:</b><br/>Recommend submitting OASIS data more than one time a month. Avoid waiting to submit at the end of a month in case of hardware failure, record rejection, etc.</p> <p><b>Actions:</b><br/>No action is required for this submission.<br/>To avoid this in the future, review the assessment timing schedule in the data specifications and verify that all assessments are</p> |

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|                |   | submitted in a timely manner.  |
| +287           | Inconsistent M0230 Primary Diagnosis/M0230 Severity Rating: The Severity Rating for the Primary Diagnosis should not be '00'.   | <b>Causes:</b><br>The record submitted contains a value of '00' for M0230 Severity Rating.<br><b>Definition:</b><br>M0230 – Primary Diagnosis<br><b>Action:</b><br>Check Final Validation Report to assure that all assessments are submitted timely.<br>Refer to the current data specifications on record sequencing and timing rules.   |
| +294           | Inconsistent NPI: The NPI number submitted in this record is not consistent with the NPI number submitted in the header record.   | <b>Causes:</b><br>NPI in the header file is not an exact match to the NPI in the identified assessment.<br><b>Definition:</b><br>NPI – National Provider Identifier<br><b>Action:</b><br>Check Final Validation Report to assure that all assessments are submitted timely.<br>Refer to the current data specifications on record sequencing and timing rules.   |
| +302           | Inconsistent M0230/M0246 values: If M0246 A3 or M0246 A4 is not blank then M0230 should be a V-code.  | <b>Cause:</b><br>IF M0230 (Primary Diagnosis) is not a V-code then M0246 A3 and A4 (Case Mix Diagnoses) should be blank.<br><b>Definition:</b><br>(M0230) Primary Diagnosis<br>(M0246) Case Mix Diagnoses<br><b>Actions:</b><br>Refer to the current data specifications to determine the valid values.<br>Contact your Software vendor for assistance.  |
| +303           | Inconsistent M0240/M0246 values: If M0246 B3-F3 or M0246 B4-F4 is not blank then the corresponding M0240 field should be a V-code.  | <b>Cause:</b><br>IF M0240 (Other Diagnoses) is not a V-code then M0246 B3-F3 and B4-F4 (Case Mix Diagnoses) should be blank.<br><b>Definition:</b><br>(M0240) Other Diagnoses<br>(M0246) Case Mix Diagnoses<br><b>Actions:</b><br>Refer to the current data specifications to determine the valid values.<br>Contact your Software vendor for assistance.  |
| + 1002         | Inconsistent record sequence: The submitted record does not satisfy the sequence guidelines. The submitted (M0100) does not logically follow the (M0100) previously accepted by the state system. | <b>Causes:</b><br>The record submitted does not satisfy the sequence guidelines. Home Health Agency may have missed submitting a record. The patient's identifying information may not have matched exactly on a previous record submitted and a new row in the resident (patient) table may have been created on the CMS OASIS system at the State for the record causing a failure in the sequencing order.<br><b>Definition:</b><br>Row on the "resident (patient) table": Each person with data in the database has a "row on the resident (patient) table" in the CMS OASIS system at the State. This "row" contains that person's identifying information and is used to link subsequent records for |

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|----------------|--|---|
|                |  | <p>that person as they are submitted. If the data submitted for a patient does not match a "row", a new "row" is created, thereby making a "new person" in the database that was linked to the record. In some instances, the state system may think that one patient is really two different patients.</p> <p><b>Example:</b><br/>The initial record for a patient in a home health agency is a RFA type 01 (Start of Care with further visits anticipated). The next RFA type submitted is RFA type 03 (Resumption of Care). RFA types 01 or 03 cannot follow a RFA type 01. Therefore, an "Out of Sequence - 1002" is received on the RFA type 03.</p> <p><b>Tip:</b><br/>When more than one record for the same patient is submitted in the same test file, this sequence edit only compares those records in the file with records previously submitted to the database. The records in the file are not sequenced with each other. Therefore, sequence warnings may appear on the Final Validation Report for a test file but the same production file may not result in the sequence warning.</p> <p><b>Actions:</b><br/>There are a limited number of exceptions to the sequence guidelines. If you are certain this record is correct due to an exception, no action is needed.<br/>If this message occurred because a record was completed and not submitted, submit the missing record.<br/>If after reviewing the HHA Online Web-Duplicate Patients Report you believe a new patient may have been created in error, contact your state OASIS coordinator.<br/>Review the Late Assessment Report to assure that all records are submitted timely.</p> |
| + 1003         | Inconsistent effective date sequence: The record submitted does not satisfy the sequence guidelines. The effective date of this record submitted is a date earlier than the effective date of the most current record in the state system. | <p><b>Cause:</b><br/>The effective date of the record submitted is earlier than the effective date of the most current record stored in the State system.</p> <p><b>Definition:</b><br/>The effective date is based on the RFA value. If required on the data record submitted, this message applies to the following date items:<br/>(M0030) Start of Care Date for RFA type 01 (M0032) Resumption of Care Date for RFA type 03<br/>(M0090) Information Completion Date for RFA types 04 &amp; 05<br/>(M0906) Discharge/Transfer/Death Date for RFA types 06, 07, 08, &amp; 09</p> <p><b>Example:</b><br/>RFA 06 (M0100) has an effective date (M0906) of March 1st and was submitted on April 15th. Then RFA 03 (M0100) with an effective date (M0032) of February 1st and was submitted on April 30th.</p> <p><b>Tip:</b><br/>When a record is missed and completed late, it must not be back dated to the date it was actually due. Records cannot be back dated.</p> <p><b>Action:</b><br/>Check Final Validation Report to assure that all assessments are</p>  |



| MESSAGE<br>NUMBER | MESSAGE | MESSAGE DESCRIPTION  |
|-------------------|---------|--|
|                   |         | submitted timely.<br>Refer to the current data specifications on record sequencing and timing rules. |

## DATA SPECIFICATION 1.04 MESSAGES

The following Errors messages are consistent with Data Specifications 1.04 only – affected by records with a M0090 (Completion Date) prior to 10/1/2000.

| MESSAGE NUMBER             | MESSAGE   | MESSAGE DESCRIPTION   |
|----------------------------|---|---|
| + 107 –<br>Warning         | Inconsistent with M0090 date: The submitted assessment was not completed within CMS timing guidelines. RFA 4 must be completed every 2 months from the (M0030) date; no earlier than 5 days before and no later than 1 day before the (M0030) date. | <p><b>Causes:</b><br/>Applies when (M0100) Reason for Assessment is a 04. The submitted Recertification assessment was not completed within CMS timing guidelines. A recertification assessment must be completed every two months (when still receiving care) following (M0030) Start of Care Date, should be no earlier than 5 calendar days before and no later 1 calendar day before the care began.</p> <p><b>Definition:</b><br/>(M0100) Reason for Assessment 04: Recertification – Follow Up Assessment: Requires a comprehensive assessment conducted during the last five days of the recertification period.</p> <p><b>Example:</b><br/>(M0030) Start of Care Date is January 22. Recertification assessment is due in March (every two months). The last five days of the recertification period is 17, 18, 19, 20 and 21 (22 minus 5 = 17, then count out the 5 day window). The recertification assessment's (M0090) Information Completion Date must fall within the five-day window. Otherwise, the assessment receives this warning message.</p> <p><b>Actions:</b><br/>No action is required for this submission. To avoid this in the future, review the assessment schedule and verify that all assessments are completed in a timely manner.</p> |
| + 135 –<br>Fatal<br>Record | Inconsistent M0170/M0180/M0190 values: If (M0170) Inpatient Facilities “NA” is checked, then (M0180) Inpatient Discharge Date and (M0190) Inpatient Diagnosis must be blank.  | <p><b>Cause:</b><br/>IF the submitted (M0170) “NA” response is checked, THEN (M0180) Inpatient Discharge Date and (M0190) Inpatient ICD-9 responses must be blank.</p> <p><b>Tip:</b><br/><input checked="" type="checkbox"/> A checked response displays as a “1” on the validation report.<br/><input type="checkbox"/> A blank response (unchecked) displays as a “0” (zero) on the validation report.</p> <p><b>Actions:</b><br/>Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications on record sequencing and timing rules. Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips. Contact your software vendor for assistance.</p>  |
| +139 –<br>Fatal<br>Record  | Inconsistent M0170/M0190 values: If M0170 Inpatient Facilities response 1, 2, 3 or 4 has been checked, then (M0190) Inpatient Diagnoses cannot be blank.  | <p><b>Cause:</b><br/>IF (M0170) From which of the following Inpatient Facilities... response 1, 2, 3 or 4 is checked, THEN (M0190) Inpatient Diagnoses field(s) cannot be blank. You may have submitted a blank or a value that is not accepted by your state.</p> <p><b>Definition:</b><br/>(M0170) From which of the following Inpatient Facilities was the</p>   |

| MESSAGE NUMBER       | MESSAGE  | MESSAGE DESCRIPTION  |
|----------------------|--|--|
|                      |  | <p>patient discharged during the past 14 days?</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a “1” on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a “0” (zero) on the validation report.</p> <p><b>Actions:</b><br/>           Make appropriate corrections to the submitted record and resubmit.<br/>           Refer to the current data specifications on record sequencing and timing rules.<br/>           Contact your state OASIS Coordinator for a list of values that are not accepted by your state.</p>  |
| + 148 – Fatal Record | Inconsistent M0170/M0200/M0220 values: If (M0170) Inpatient Facilities response = 1-4 OR (M0200) Regimen “Yes” is checked, then (M0220) Conditions “NA” must be blank. | <p><b>Cause:</b><br/>           Applies when (M0100) Reason for Assessment is a 01, or 03. IF (M0170) From which of the following Inpatient Facilities... response 1, 2, 3 or 4 is checked OR (M0200) Medical or Treatment Regimen Change... is checked “Yes”, THEN (M0220) Conditions Prior to... “NA” response must be unchecked.</p> <p><b>Definitions:</b><br/>           (M0170) From which of the following Inpatient Facilities was the patient discharged during the past 14 days?<br/>           (M0200) Medical or Treatment Regimen Change Within Past 14 Days<br/>           (M0220) Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a “1” on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a “0” (zero) on the validation report.</p> <p><b>Actions:</b><br/>           Make appropriate corrections to the submitted record and resubmit.<br/>           Refer to the current data specifications on record sequencing and timing rules.<br/>           Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p> |
| +149 – Fatal Record  | Inconsistent M0170/M0200/M0220 values: If (M0170) response “NA” is checked AND (M0200) “No” is unchecked, then (M0220) “NA” must be checked.                           | <p><b>Cause:</b><br/>           Applies when (M0100) Reason for Assessment is a 01 or 03. IF (M0170) Which of the following inpatient Facilities... “NA” AND (M0200) Medical or Treatment Regimen Change... “No” have both been checked, THEN (M0220) Conditions Prior to... “NA” field must be checked.</p> <p><b>Definition:</b><br/>           (M0170) From which of the following Inpatient Facilities was the patient discharged during the past 14 days?<br/>           (M0200) Medical or Treatment Regimen Change Within Past 14 Days<br/>           (M0220) Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days</p> <p><b>Tip:</b><br/> <input checked="" type="checkbox"/> A checked response displays as a “1” on the validation report.<br/> <input type="checkbox"/> A blank response (unchecked) displays as a “0” (zero) on the validation report.</p> <p><b>Actions:</b></p>   |

| MESSAGE NUMBER  | MESSAGE   | MESSAGE DESCRIPTION  |
|-----------------|---|--|
|                 |   | <p>Make appropriate corrections to the submitted record and resubmit.</p> <p>Refer to the current data specifications on record sequencing and timing rules.</p> <p>Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.</p>  |
| + 235 – Warning | Inconsistent Version Number: This field must contain the version number for the data specifications used for submission. The current and only allowable version number is 1.04. | <p><b>Cause:</b><br/>The assessment contained a version number for the data specifications used for submissions that was not the current version number of 1.04.</p> <p><b>Definition:</b><br/>Data Specifications version 1.04, Revision 1 are the specifications used for OASIS B-1 submission files for submissions from the home health agency to their respective state.<br/>The Layout Submitted Version Code is found in the body record bytes 35 through 39.</p> <p><b>Tip:</b><br/>Data may be transmitting inaccurately, if you are using a previous software version.</p> <p><b>Actions:</b><br/>No action is required for this submission.<br/>Contact your software vendor for assistance to make sure you are using the most current software version.<br/>Refer to current data specification requirements.</p> |

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**INACTIVE MESSAGES**

| MESSAGE NUMBER | MESSAGE  |
|----------------|--|
| 2              | HHA Agency ID in the header was not found in the State database.   |
| 15             | Inconsistent HHA Medicaid Number: The HHA Medicaid Number submitted in the header record does not match the HHA Medicaid number in the State database.                                     |
| 35             | This was a private pay record and has not been accepted by the state system – record was rejected.   |
| 123            | Inconsistent M0066/M0090 dates: The data submitted in the (M0066) response is not consistent with the data in (M0090). The (M0066) date must be earlier than or equal to the (M0090) date. |
| 225            | Birth date is invalid: This required date contains an invalid date for the submitted record.   |
| 226            | Date in future: The birth date is later than the current date. The birth date must precede or be the same as the current date.   |
| 227            | Date too old: The birth date is more than 140 years in the past. The birth date cannot be more than 140 years in the past.   |
| 228            | Effective date was > current date – record was rejected.   |
| 233            | Invalid (M0064) length: The submitted data in (M0064) is incorrect length: If the (M0064) response contains numbers only, the (M0064) must be the 9 numbers in length.                     |
| 1005           | Invalid Correction Record: The submitted CORR_NUM is greater than 0 (zero). The original assessment to be corrected does not exist on the state's database.                                |
| 1006           | Invalid Correction Record: Submitted CORR_NUM on this record is not consistent with the patient information on the state database. The patient was not found on the state's database.      |