

APPENDIX D: DETAILED MATRIX IDENTIFYING REQUIRED AND VOLUNTARY ITEMS ON THE LTCH CARE DATA SET VERSION 2.01

This appendix provides an overview of which LTCH CARE Data Set items are required and which are voluntary in nature.

It is very important to note that this appendix is only an overview for reference purposes only, and is not the primary source for information pertaining to the data submission requirements. Appropriate use of this matrix ought to include a careful review of the LTCH CARE Data Submission Specifications, Version 1.01.0 and any associated Errata documents that are available on the LTCH Quality Reporting Technical Information Page:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCHTechnicalInformation.html>. The information provided in the Submission Specifications contains the “valid values” (data coding responses) that the QIES ASAP submission system will accept as a response to any given item on the LTCH CARE Data Set for data submission starting in Calendar Year 2014 for the Fiscal Year 2016 Payment Update Determination.

The following is an overall key for this matrix:

N/A: Not applicable

Required for submission and for measure calculation:

- **R** = System cannot accept record without response (failure to provide a response for this item will lead to record rejection by the system). Please refer to the LTCH CARE Data Submission Specifications.
- **M-R** = Required for submission because this element is **required** in the measure and/or is used in the submission specifications for internal consistency checks related to the measure’s data/logic algorithm. Please refer to the LTCH CARE Data Submission Specifications.
- **BYR** = Birth year required. At minimum, the provider must provide the birth year of the patient. Failure to provide this information will result in a rejection of the submission.

Voluntary: Note that for some of the voluntary data elements, failure to submit a response will not result in record rejection but omission of this data could result in (1) the inability to support additional internal consistency checks of the data’s integrity and (2) the inability to perform additional quality measure risk adjustment. Some voluntary data elements do require a coding “default” response so that the record can be submitted.

- **RC-V = Highly** Recommended for submission, but not required. Considered voluntary, but omission of data item will impair the LTCH's ability to modify and correct a record, or inactivate a record, and will impair the ability to apply internal consistency checks related to data. **Please note that some of the highly recommended items do require a default response**, such as "99", or a dash, or an "—" sign, if the LTCH does not wish to submit an answer. Please refer to the LTCH CARE Data Submission Specifications.
- **V** = Voluntary, and can be left blank. Please refer to the LTCH CARE Data Submission Specifications.
- **V-DR** = Voluntary Item with Default Response Required. Although some data elements are considered voluntary items, some of these data elements still require a response is submitted for programming purposes in the QIES ASAP system. If the LTCH chooses to complete these items, it may do so using a response from the list of appropriate responses for the item. If the LTCH chooses not to complete the item, a default response must be provided or the record will be rejected. Valid responses that a LTCH can use as a default response include a dash (-), which means not assessed or unknown; or "99" or "Z" which both indicate that "none of the above" apply. Please note that "99" or "Z" may only be selected if they are provided in the list of possible responses under a particular data item/question. Please refer to the LTCH CARE Data Set Submission Specifications for detailed information.

LTCH CARE Data Set Item Number	LTCH CARE Data Set Item Name	LTCH CARE Data Set: Admission	LTCH CARE Data Set: Unplanned Discharge	LTCH CARE Data Set: Planned Discharge	LTCH CARE Data Set: Expired
A0050	Type of record	R	R	R	R
A0100A	Facility National Provider Identifier (NPI)	V	V	V	V
A0100B	Facility CMS Certification Number (CCN)	RC-V	RC-V	RC-V	RC-V
A0100C	Facility State Medicaid provider number	V	V	V	V
A0200	Type of provider	R	R	R	R
A0210	Assessment reference date	R	R	R	R
A0220	Admission date	R	R	R	R
A0250	Reason for assessment	R	R	R	R
A0270	Discharge date (Date of Death on Expired Form)	N/A	R	R	R
A0500A	Patient first name	R	R	R	R
A0500B	Patient middle initial	V	V	V	V
A0500C	Patient last name	R	R	R	R
A0500D	Patient name suffix	V	V	V	V
A0600A	Social Security number	R*	R*	R*	R*
A0600B	Medicare/railroad insurance number	V	V	V	V
A0700	Medicaid number	V	V	V	V
A0800	Gender	R	R	R	R
A0900	Birth date	R(BYR)	R(BYR)	R(BYR)	R(BYR)
A1000A-F	Race/ethnicity	V-DR	V-DR	V-DR	V-DR
A1100A	Does the Patient need or want an interpreter	V-DR	N/A	N/A	N/A
A1100B	Preferred Language	V	N/A	N/A	N/A
A1200	Marital status	V-DR	N/A	N/A	N/A

*A0600A can be left blank if the patient does not have a Social Security Number or the facility does not have access to patient's SSN at the time of submission of the LTCH CARE Data Set.

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A1400A-K, X, Y	Payer information: Current Payment Source(s)	V-DR	V-DR	V-DR	V-DR
A1802	Admitted from	V-DR	N/A	N/A	N/A
A2110	Discharge location	N/A	V-DR	V-DR	N/A
A2500	Program Interruption(s)	N/A	V-DR	V-DR	N/A
A2510	Number of Program Interruptions During This Stay in This Facility	N/A	V-DR	V-DR	N/A
A2520A1	Most Recent Interruption Start Date	N/A	V-DR	V-DR	N/A
A2520A2	Most Recent Interruption End Date	N/A	V-DR	V-DR	N/A
A2520B1	Second Most Recent Interruption Start Date	N/A	V-DR	V-DR	N/A
A2520B2	Second Most Recent Interruption End Date	N/A	V-DR	V-DR	N/A
A2520C1	Third Most Recent Interruption Start Date	N/A	V-DR	V-DR	N/A
A2520C2	Third Most Recent Interruption End Date	N/A	V-DR	V-DR	N/A
B0100	Comatose	V-DR	N/A	N/A	N/A
GG0160A	Functional mobility: Roll left and right	V-DR	N/A	N/A	N/A
GG0160B	Functional mobility: Sit to lying	V-DR	N/A	N/A	N/A
GG0160C	Functional mobility: Lying to sitting on side of bed	M-R	N/A	N/A	N/A
H0400	Bowel continence	M-R	N/A	N/A	N/A

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I0900	Active diagnoses: Peripheral vascular disease (PVD) or peripheral arterial disease (PAD)	M-R	N/A	N/A	N/A
I2900	Active diagnoses: Diabetes mellitus (DM)	M-R	N/A	N/A	N/A
I5600	Active diagnoses: Malnutrition (protein or calorie) or at risk for malnutrition	V-DR	N/A	N/A	N/A
K0200A	Height (in inches)	M-R	N/A	N/A	N/A
K0200B	Weight (in pounds)	M-R	N/A	N/A	N/A
M0210	Unhealed pressure ulcer(s)	R	R	R	N/A
M0300A	Stage 1: Number of stage 1 pressure ulcers	RC-V	RC-V	RC-V	N/A
M0300B1	Stage 2: Number of stage 2 pressure ulcers	M-R	M-R	M-R	N/A
M0300B2	Stage 2: Number of these stage 2 pressure ulcers that were present upon admission	RC-V	RC-V	RC-V	N/A
M0300C1	Stage 3: Number of stage 3 pressure ulcers	M-R	M-R	M-R	N/A
M0300C2	Stage 3: Number of these stage 3 pressure ulcers that were present upon admission	RC-V	RC-V	RC-V	N/A
M0300D1	Stage 4: Number of stage 4 pressure ulcers	M-R	M-R	M-R	N/A

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M0300D2	Stage 4: Number of these stage 4 pressure ulcers that were present upon admission	RC-V	RC-V	RC-V	N/A
M0300E1	Unstageable – Non-removable dressing: Number of unstageable pressure ulcers due to non-removable dressing/device	RC-V	RC-V	RC-V	N/A
M0300E2	Unstageable - Non-removable dressing: Number of these unstageable pressure ulcers that were present upon admission	RC-V	RC-V	RC-V	N/A
M0300F1	Unstageable – Slough and/or eschar: Number of unstageable pressure ulcers due to slough/and or eschar	RC-V	RC-V	RC-V	N/A
M0300F2	Unstageable - Slough and/or eschar: Number of these unstageable pressure ulcers that were present upon admission	RC-V	RC-V	RC-V	N/A
M0300G1	Unstageable – deep tissue injury: Number of unstageable pressure ulcers due to deep tissue injury	RC-V	RC-V	RC-V	N/A

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M0300G2	Unstageable - deep tissue injury: Number of these unstageable pressure ulcers that were present upon admission	RC-V	RC-V	RC-V	N/A
M0800A	Worsening in Pressure Ulcer Status since Prior Assessment: Stage 2	N/A	M-R	M-R	N/A
M0800B	Worsening in Pressure Ulcer Status since Prior Assessment: Stage 3	N/A	M-R	M-R	N/A
M0800C	Worsening in Pressure Ulcer Status Since Prior Assessment: Stage 4	N/A	M-R	M-R	N/A
O0250A	Influenza Vaccine: Did the patient receive the influenza vaccine in this facility for this year's influenza vaccination season?	M-R	M-R	M-R	N/A
O0250B	Influenza Vaccine: Date influenza vaccine received	M-R	M-R	M-R	N/A
O0250C	Influenza Vaccine: If influenza vaccine not received, state reason	M-R	M-R	M-R	N/A
Z0400 A-L	Signature of Persons Completing the Assessment: Title, section(s), date section completed	Item not transmitted to CMS as part of the LTCH CARE Data Set	Item not transmitted to CMS as part of the LTCH CARE Data Set	Item not transmitted to CMS as part of the LTCH CARE Data Set	Item not transmitted to CMS as part of the LTCH CARE Data Set

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Z0500A	Signature of person verifying assessment completion	Item not transmitted to CMS as part of the LTCH CARE Data Set	Item not transmitted to CMS as part of the LTCH CARE Data Set	Item not transmitted to CMS as part of the LTCH CARE Data Set	Item not transmitted to CMS as part of the LTCH CARE Data Set
Z0500B	LTCH CARE Data Set Completion Date	R	R	R	R