

Data Submission Specifications for the Hospice Item Set (V2.00.0) DRAFT
Unduplicated Edits Report by Edit ID

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ID	Type	Severity	Text/Items
-3001	Format	Fatal	<p>If this item is not equal to one of the special values (if any) that are listed in the Item Values table of the Detailed Data Specifications Report, then the length of the submitted value must match exactly the maximum length that is listed for the item.</p> <p>Items: A0100A Facility National Provider Identifier (NPI) A0600A Social Security Number</p>
-3002	Format	Fatal	<p>If the value is not equal to [^], the first three characters must not be equal to [000].</p> <p>Items: A0600A Social Security Number</p>
-3003	Format	Fatal	<p>The value must not be equal to any of the following: [111111111, 333333333, 123456789, 999999999].</p> <p>Items: A0600A Social Security Number</p>
-3005	Format	Fatal	<p>If the first character is numeric [0 through 9], then the first 9 characters must be digits [0 through 9].</p> <p>Items: A0600B Patient Medicare/railroad insurance number</p>
-3006	Format	Fatal	<p>If the first character is alphabetic, then there must be 1, 2, or 3 alphabetic characters followed by 6 or 9 numbers, up to the length of the item.</p> <p>Items: A0600B Patient Medicare/railroad insurance number</p>
-3008	Consistency	Fatal	<p>A0900 (birthdate) cannot be more than 140 years earlier than the submission date.</p> <p>Items: A0900 Birthdate</p>
-3009	Format	Fatal	<p>Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.</p> <p>Items: ITM_SET_SYS_CD Item set system code ITM_SBST_CD Item subset code STATE_CD Provider's state postal code A0050 Type of record A0205 Site of service at admission A0250 Reason for record A0800 Gender A1000A Ethnicity: American Indian or Alaska Native A1000B Ethnicity: Asian A1000C Ethnicity: Black or African American A1000D Ethnicity: Hispanic or Latino A1000E Ethnicity: Native Hawaiian/Pacific Islander A1000F Ethnicity: White A1400A Payor: Medicare (FFS) A1400B Payor: Medicare (managed care/Part C/Mcr Advant.) A1400C Payor: Medicaid (FFS) A1400D Payor: Medicaid (managed care) A1400G Payor: Other Government A1400H Payor: Private insurance/Medigap A1400I Payor: Private managed care A1400J Payor: Self-pay A1400K Payor: No payor source A1400X Payor: Unknown</p>

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ID	Type	Severity	Text/Items
			<div> <div>Items:</div> <div> A1400Y A1802 A2115 F2000A F2100A F2200A F3000A I0010 J0900A J0900C J0900D J0905 J0910A J0910C1 J0910C2 J0910C3 J0910C4 J0910C5 J0910C6 J0910C7 J0910C9 J2030A J2030C J2040A J2040C1 J2040C2 J2040C3 J2040C4 N0500A N0510A N0520A O5000 O5020 </div> </div> <div> Payor: Other Admitted from Reason for discharge Was patient asked about CPR Was patient asked about treatments other than CPR Was patient asked about hospitalization Was patient asked spiritual/existential concerns Principal diagnosis Was patient screened for pain Patient's pain severity was Type of standardized pain tool used Is pain an active problem for the patient? Was comprehensive pain assessment done Pain asmt included: location Pain asmt included: severity Pain asmt included: character Pain asmt included: duration Pain asmt included: frequency Pain asmt included: what relieves/worsens Pain asmt included: effect function/quality life Pain asmt included: none of the above Was patient screened for shortness of breath Did screening indicate pt had shortness of breath Was treatment for shortness of breath initiated Type(s) treat for shortness of breath: opioids Type(s) treat for shortness of breath: other med Type(s) treat for shortness of breath: oxygen Type(s) treat for shortness of breath: non-med Was scheduled opioid initiated or continued Was PRN opioid initiated or continued Was bowel regimen initiated or continued Level of care in final 3 days Level of care in final 7 days </div>
-3010	Format	Fatal	<div> Values of Date Items: This item must contain either (a) a valid date in YYYYMMDD format, or (b) one of the special values (if any) that are listed in the "Item Values" table of the Detailed Data Specifications Report. Note that if a date in YYYYMMDD format is submitted, it must be 8 characters in length and each of the 8 characters must contain the digits 0 (zero) through 9. YYYY, MM, and DD must be zero filled, where necessary. For example, January 1, 2011 must be submitted as "20110101". </div> <div> <div>Items:</div> <div> A0220 A0245 A0270 F2000B F2100B F2200B F3000B J0900B J0910B J2030B J2040B N0500B N0510B </div> </div> <div> Admission date Date initial nursing assessment initiated Discharge date Date asked about CPR Date asked about treatment other than CPR Date asked about hospitalization Date asked about spiritual/existential concerns Date of first screening for pain Date of comprehensive pain assessment Date of first screening for shortness of breath Date treatment for shortness of breath initiated Date scheduled opioid initiated or continued Date PRN opioid initiated or continued </div>

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ID	Type	Severity	Text/Items
			Items: N0520B Date bowel regimen initiated or continued Z0500B Date of signature verifying record completion
-3011	Format	Fatal	<p>Formatting of Birthdate: This item must contain either (a) a valid date in YYYYMMDD, YYYYMM, or YYYY format, or (b) one of the special values (if any) that are listed in the "Item Values" table of the Detailed Data Specifications Report. Note that if a date in YYYYMMDD format is submitted, it must be 8 characters in length and each of the 8 characters must contain the digits 0 (zero) through 9. YYYY, MM, and DD must be zero filled, where necessary. For example, January 1, 1909 must be submitted as "19090101". If a date is submitted in YYYYMM format, it must be 6 characters in length and each of the 6 characters must contain the digits 0 (zero) through 9. YYYY and MM must be zero filled, where necessary. For example, January, 1909 must be submitted as "190901". If a date is submitted in YYYY format, it must be 4 characters in length and each of the 4 characters must contain the digits 0 (zero) through 9. YYYY must be zero filled, where necessary. For example, 1909 must be submitted as "1909".</p> Items: A0900 Birthdate
-3012	Format	Fatal	<p>Values of Numeric Items: Only the values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item. The submitted value must be greater than or equal to the minimum value listed in the table and less than or equal to the maximum value listed in the table, or it must match one of the remaining special values (if any) that are listed in the table. The length of the submitted value must not exceed the allowed maximum length for the item. Signed numbers (with a leading plus or minus sign) will not be accepted.</p> Items: CRCTN_NUM Correction number O5010A1 RN - Num visits - day of death O5010A2 RN - Num visits - one day prior to death O5010A3 RN - Num visits - two days prior to death O5010B1 Phys - Num visits - day of death O5010B2 Phys - Num visits - one day prior to death O5010B3 Phys - Num visits - two days prior to death O5010C1 Soc Wrk - Num visits - day of death O5010C2 Soc Wrk - Num visits - one day prior to death O5010C3 Soc Wrk - Num visits - two days prior to death O5010D1 Chaplain - Num visits - day of death O5010D2 Chaplain - Num visits - one day prior to death O5010D3 Chaplain - Num visits - two days prior to death O5010E1 Lic Nurse - Num visits - day of death O5010E2 Lic Nurse - Num visits - one day prior to death O5010E3 Lic Nurse - Num visits - two days prior to death O5010F1 Aide - Num visits - day of death O5010F2 Aide - Num visits - one day prior to death O5010F3 Aide - Num visits - two days prior to death O5030A1 RN - Num visits - three days prior to death O5030A2 RN - Num visits - four days prior to death O5030A3 RN - Num visits - five days prior to death O5030A4 RN - Num visits - six days prior to death O5030B1 Phys - Num visits - three days prior to death O5030B2 Phys - Num visits - four days prior to death O5030B3 Phys - Num visits - five days prior to death O5030B4 Phys - Num visits - six days prior to death O5030C1 Soc Wrk - Num visits - three days prior to death

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ID	Type	Severity	Text/Items
			Items: O5030C2 Soc Wrk - Num visits - four days prior to death O5030C3 Soc Wrk - Num visits - five days prior to death O5030C4 Soc Wrk - Num visits - six days prior to death O5030D1 Chaplain - Num visits - three days prior to death O5030D2 Chaplain - Num visits - four days prior to death O5030D3 Chaplain - Num visits - five days prior to death O5030D4 Chaplain - Num visits - six days prior to death O5030E1 Lic Nurse - Num visits - three days prior to death O5030E2 Lic Nurse - Num visits - four days prior to death O5030E3 Lic Nurse - Num visits - five days prior to death O5030E4 Lic Nurse - Num visits - six days prior to death O5030F1 Aide - Num visits - three days prior to death O5030F2 Aide - Num visits - four days prior to death O5030F3 Aide - Num visits - five days prior to death O5030F4 Aide - Num visits - six days prior to death
-3013	Format	Fatal	<p>Formatting of Positive Integer Numeric Items: Only positive integer values and the special values (if any) that are listed in the "Item Values" table of the Detailed Data Specifications Report will be accepted for this item. Leading zeroes may be included or omitted from the submitted value as long as the resulting length of the string does not exceed the allowed maximum length for the item. A decimal point and decimal values are not allowed. A sign will not be accepted.</p> <p>The following examples are allowable if the value to be submitted is equal to [1] and the maximum length is equal to 2: [1], [01]. The following values are NOT allowed and will lead to a fatal error: [1.], [1.0], [01.], [01.0], [1.1], [01.1], [1.01], [+1], [-2], [+1.3], [-4.5].</p> Items: CRCTN_NUM Correction number O5010A1 RN - Num visits - day of death O5010A2 RN - Num visits - one day prior to death O5010A3 RN - Num visits - two days prior to death O5010B1 Phys - Num visits - day of death O5010B2 Phys - Num visits - one day prior to death O5010B3 Phys - Num visits - two days prior to death O5010C1 Soc Wrk - Num visits - day of death O5010C2 Soc Wrk - Num visits - one day prior to death O5010C3 Soc Wrk - Num visits - two days prior to death O5010D1 Chaplain - Num visits - day of death O5010D2 Chaplain - Num visits - one day prior to death O5010D3 Chaplain - Num visits - two days prior to death O5010E1 Lic Nurse - Num visits - day of death O5010E2 Lic Nurse - Num visits - one day prior to death O5010E3 Lic Nurse - Num visits - two days prior to death O5010F1 Aide - Num visits - day of death O5010F2 Aide - Num visits - one day prior to death O5010F3 Aide - Num visits - two days prior to death O5030A1 RN - Num visits - three days prior to death O5030A2 RN - Num visits - four days prior to death O5030A3 RN - Num visits - five days prior to death O5030A4 RN - Num visits - six days prior to death O5030B1 Phys - Num visits - three days prior to death O5030B2 Phys - Num visits - four days prior to death O5030B3 Phys - Num visits - five days prior to death O5030B4 Phys - Num visits - six days prior to death O5030C1 Soc Wrk - Num visits - three days prior to death

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ID	Type	Severity	Text/Items
			Items: O5030C2 Soc Wrk - Num visits - four days prior to death O5030C3 Soc Wrk - Num visits - five days prior to death O5030C4 Soc Wrk - Num visits - six days prior to death O5030D1 Chaplain - Num visits - three days prior to death O5030D2 Chaplain - Num visits - four days prior to death O5030D3 Chaplain - Num visits - five days prior to death O5030D4 Chaplain - Num visits - six days prior to death O5030E1 Lic Nurse - Num visits - three days prior to death O5030E2 Lic Nurse - Num visits - four days prior to death O5030E3 Lic Nurse - Num visits - five days prior to death O5030E4 Lic Nurse - Num visits - six days prior to death O5030F1 Aide - Num visits - three days prior to death O5030F2 Aide - Num visits - four days prior to death O5030F3 Aide - Num visits - five days prior to death O5030F4 Aide - Num visits - six days prior to death
-3015	Format	Fatal	<p>Formatting of Numeric Text Items: If this item is not equal to one of the special values (if any) that are listed in the Item Values table of the Detailed Data Specifications Report, then it must contain a text string. This text string may contain only the following characters: a) The numeric characters: [0] through [9].</p> Items: SFTWR_VNDR_ID Software vendor federal employer tax ID A0100A Facility National Provider Identifier (NPI) A0550 Patient zip code A0600A Social Security Number
-3016	Format	Fatal	<p>Formatting of Alphanumeric Text Items: If this item is not equal to one of the special values (if any) that are listed in the Item Values table of the Detailed Data Specifications Report, then it must contain a text string. This text string may contain only the following characters: a) The numeric characters: [0] through [9]. b) The letters [A] through [Z] and [a] through [z].</p> Items: A0100B Facility CMS Certification Number (CCN) A0600B Patient Medicare/railroad insurance number A0700 Patient Medicaid number
-3017	Format	Fatal	<p>Formatting of Alphanumeric Text Items That Can Contain Dashes, Spaces, and Special Characters: If this item is not equal to one of the special values (if any) that are listed in the Item Values table of the Detailed Data Specifications Report, then it must contain a text string. This text string may contain only the following characters: a) The numeric characters: [0] through [9]. b) The letters [A] through [Z] and [a] through [z]. c) The character [-]. d) The following special characters: [@] (at sign) ['] (single quote) [/] (forward slash) [+] (plus sign) [,] (comma) [.] (period) [_] (underscore) e) Embedded spaces (spaces surrounded by any of the characters listed above). For example,</p>

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ID	Type	Severity	Text/Items
			[LEGAL TEXT] would be allowed.
			<div>Items:</div> <div> <div>SFTWR_PROD_VRSN_CD</div> <div>A0500A</div> <div>A0500C</div> <div>A0500D</div> </div> <div> <div>Software product version code</div> <div>Patient first name</div> <div>Patient last name</div> <div>Patient name suffix</div> </div>
-3018	Format	Fatal	<p>Formatting of Alphanumeric Text Items That Can Contain Special Characters:</p> <p>If this item is not equal to one of the special values (if any) that are listed in the Item Values table of the Detailed Data Specifications Report, then it must contain a text string. This text string may contain only the following characters:</p> <p>a) The numeric characters: [0] through [9].</p> <p>b) The letters [A] through [Z] and [a] through [z].</p> <p>c) The following special characters:</p> <div> <div>[@] (at sign)</div> <div>['] (single quote)</div> <div>[/] (forward slash)</div> <div>[+] (plus sign)</div> <div>[,] (comma)</div> <div>[.] (period)</div> <div>[_] (underscore)</div> </div> <div>Items:</div> <div> <div>A0500B</div> <div>Patient middle initial</div> </div>
-3019	Format	Fatal	<p>Formatting of email address.</p> <p>Any valid email address will be accepted. The text string may contain any printable characters except the following:</p> <div> <div>' single quote</div> <div>" double quote</div> <div>, comma</div> <div>; semi-colon</div> <div>: colon</div> <div>\ back slash</div> <div>() right and left parentheses</div> <div>[] right and left brackets</div> <div>{ } right and left braces</div> <div>< less than</div> <div>> greater than</div> <div>space (embedded space)</div> </div> <div>Items:</div> <div> <div>SFTWR_VNDR_EMAIL_ADR</div> <div>Software vendor email address</div> </div>
-3020	Consistency	Fatal	<p>FAC_ID is the facility/provider ID.</p> <p>a) This must be the FAC_ID assigned to the provider upon registration. The submitted value must match the FAC_ID in the QIES Assessment Processing System for the facility or provider.</p> <p>b) A user submitting a file for a provider must be authorized to submit for the provider identified by the FAC_ID item in the file.</p> <div>Items:</div> <div> <div>FAC_ID</div> <div>Assigned provider submission ID</div> </div>
-3021	Consistency	Warning	<p>The value submitted for A0100B (provider's CMS Certification Number -- CCN) will be compared with the value that is currently in the ASAP database. If the values do not match, a warning will be issued.</p> <div>Items:</div> <div> <div>A0100B</div> <div>Facility CMS Certification Number (CCN)</div> </div>

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ID	Type	Severity	Text/Items																
-3022	Format	Fatal	<p>This is a required text item. A valid non-blank value must be submitted.</p> <p>Items:</p> <table><tr><td>FAC_ID</td><td>Assigned provider submission ID</td></tr><tr><td>SFTWR_VNDR_ID</td><td>Software vendor federal employer tax ID</td></tr><tr><td>SFTWR_VNDR_NAME</td><td>Software vendor company name</td></tr><tr><td>SFTWR_VNDR_EMAIL_ADR</td><td>Software vendor email address</td></tr></table>	FAC_ID	Assigned provider submission ID	SFTWR_VNDR_ID	Software vendor federal employer tax ID	SFTWR_VNDR_NAME	Software vendor company name	SFTWR_VNDR_EMAIL_ADR	Software vendor email address								
FAC_ID	Assigned provider submission ID																		
SFTWR_VNDR_ID	Software vendor federal employer tax ID																		
SFTWR_VNDR_NAME	Software vendor company name																		
SFTWR_VNDR_EMAIL_ADR	Software vendor email address																		
-3023	Consistency	Fatal	<p>In order to modify or inactivate a record that has previously been accepted by the submission system, the system must be able to locate the previous record. Appropriate values from the record to be corrected must therefore be submitted for the following locator items:</p> <p>a) A0250 (reason for record) b) A0500A (patient first name) c) A0500C (patient last name) d) A0800 (gender) e) A0600A (social security number) f) A0900 (birth date) g) A0220 (admission date) h) A0270 (discharge date)</p> <p>If a matching previously accepted record cannot be located, a fatal error will result and the submitted record will be rejected.</p> <p>Items:</p> <table><tr><td>A0220</td><td>Admission date</td></tr><tr><td>A0250</td><td>Reason for record</td></tr><tr><td>A0270</td><td>Discharge date</td></tr><tr><td>A0500A</td><td>Patient first name</td></tr><tr><td>A0500C</td><td>Patient last name</td></tr><tr><td>A0600A</td><td>Social Security Number</td></tr><tr><td>A0800</td><td>Gender</td></tr><tr><td>A0900</td><td>Birthdate</td></tr></table>	A0220	Admission date	A0250	Reason for record	A0270	Discharge date	A0500A	Patient first name	A0500C	Patient last name	A0600A	Social Security Number	A0800	Gender	A0900	Birthdate
A0220	Admission date																		
A0250	Reason for record																		
A0270	Discharge date																		
A0500A	Patient first name																		
A0500C	Patient last name																		
A0600A	Social Security Number																		
A0800	Gender																		
A0900	Birthdate																		
-3024	Consistency	Fatal	<p>If any item A1000A through A1000F is equal to [-], then all items from A1000A through A1000F must equal [-].</p> <p>Items:</p> <table><tr><td>A1000A</td><td>Ethnicity: American Indian or Alaska Native</td></tr><tr><td>A1000B</td><td>Ethnicity: Asian</td></tr><tr><td>A1000C</td><td>Ethnicity: Black or African American</td></tr><tr><td>A1000D</td><td>Ethnicity: Hispanic or Latino</td></tr><tr><td>A1000E</td><td>Ethnicity: Native Hawaiian/Pacific Islander</td></tr><tr><td>A1000F</td><td>Ethnicity: White</td></tr></table>	A1000A	Ethnicity: American Indian or Alaska Native	A1000B	Ethnicity: Asian	A1000C	Ethnicity: Black or African American	A1000D	Ethnicity: Hispanic or Latino	A1000E	Ethnicity: Native Hawaiian/Pacific Islander	A1000F	Ethnicity: White				
A1000A	Ethnicity: American Indian or Alaska Native																		
A1000B	Ethnicity: Asian																		
A1000C	Ethnicity: Black or African American																		
A1000D	Ethnicity: Hispanic or Latino																		
A1000E	Ethnicity: Native Hawaiian/Pacific Islander																		
A1000F	Ethnicity: White																		
-3025	Consistency	Fatal	<p>The first record that is submitted to correct or inactivate an existing record must have a value of "01" in CRCTN_NUM (correction number). If that correction/inactivation is accepted and if a subsequent correction/inactivation is required, it must have a value of "02", and so on. In other words, the correction number in CRCTN_NUM on the first correction/inactivation must be "01", and the value on each subsequent correction/inactivation must be incremented by 1. If the value submitted in CRCTN_NUM is incorrect, a fatal error will result and the submitted record will be rejected.</p> <p>Items:</p> <table><tr><td>CRCTN_NUM</td><td>Correction number</td></tr></table>	CRCTN_NUM	Correction number														
CRCTN_NUM	Correction number																		
-3026	Format	Fatal	<p>The length of the text submitted for a free-form text item must not exceed the maximum length specified for that item.</p> <p>Items:</p> <table><tr><td>SFTWR_VNDR_ID</td><td>Software vendor federal employer tax ID</td></tr><tr><td>SFTWR_VNDR_NAME</td><td>Software vendor company name</td></tr><tr><td>SFTWR_VNDR_EMAIL_ADR</td><td>Software vendor email address</td></tr></table>	SFTWR_VNDR_ID	Software vendor federal employer tax ID	SFTWR_VNDR_NAME	Software vendor company name	SFTWR_VNDR_EMAIL_ADR	Software vendor email address										
SFTWR_VNDR_ID	Software vendor federal employer tax ID																		
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ID	Type	Severity	Text/Items
			<div>SFTWR_PROD_NAME Software product name</div> <div>SFTWR_PROD_VRSN_CD Software product version code</div> <div>A0100A Facility National Provider Identifier (NPI)</div> <div>A0100B Facility CMS Certification Number (CCN)</div> <div>A0500A Patient first name</div> <div>A0500B Patient middle initial</div> <div>A0500C Patient last name</div> <div>A0500D Patient name suffix</div> <div>A0600A Social Security Number</div> <div>A0600B Patient Medicare/railroad insurance number</div> <div>A0700 Patient Medicaid number</div>
-3027	Consistency	Fatal	<p>a) If SFTWR_PROD_NAME is equal to [^], then SFTWR_PROD_VRSN_CD must be equal to [^]. b) If SFTWR_PROD_NAME is not equal to [^], then SFTWR_PROD_VRSN_CD must not be equal to [^].</p> <p>Items: SFTWR_PROD_NAME Software product name SFTWR_PROD_VRSN_CD Software product version code</p>
-3028	Consistency	Fatal	<p>The Item Subset Code (ISC) is a two-character code that indicates the type of record that is being submitted. The set of active items is controlled by the ISC. The submission system will recalculate the ISC and compare the recalculated value with the value that is submitted in ITM_SBST_CD. If the recalculated value does not match the value submitted in ITM_SBST_CD, a fatal error will result. The ISC is defined as follows: If A0050 = [1,2] and A0250 = [01] then ITM_SBST_CD = [HA] If A0050 = [1,2] and A0250 = [09] then ITM_SBST_CD = [HD] If A0050 = [3] and A0250 = [01,09] then ITM_SBST_CD = [XX] For a more complete explanation of the meaning and use of the ISC codes, please refer to the documentation that accompanies these data specifications.</p> <p>Items: ITM_SBST_CD Item subset code A0050 Type of record A0250 Reason for record</p>
-3029	Format	Fatal	<p>Formatting of Alphanumeric Text Items That Can Contain Dashes, Spaces, Ampersands, and Other Special Characters: If this item is not equal to one of the special values (if any) that are listed in the Item Values table of the Detailed Data Specifications Report, then it must contain a text string. This text string may contain only the following characters: a) The numeric characters: [0] through [9]. b) The letters [A] through [Z] and [a] through [z]. c) The character [-]. d) The following special characters: [&] (ampersand) [@] (at sign) ['] (single quote) [/] (forward slash) [+] (plus sign) [,] (comma) [.] (period) [_] (underscore) e) Embedded spaces (spaces surrounded by any of the characters listed above). For example, [LEGAL TEXT] would be allowed.</p>

Data Submission Specifications for the Hospice Item Set (V2.00.0) DRAFT

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			Items: SFTWR_VNDR_NAME Software vendor company name SFTWR_PROD_NAME Software product name
-3032	Consistency	Fatal	<p>DATE ITEM CONSISTENCY RULES</p> <p>Date items fall into three groups - designated Group A, Group B and Group C - see below. Each group has its own consistency rules.</p> <p>-----</p> <p>GROUP A RULES (Edit –3032a)</p> <p>Group A items are listed below. Each active item in this list that contains a valid date (not blank or dash) must be in the specified order:</p> <p>A0900 (birth date) <=</p> <p>A0220 (admission date) <=</p> <p>A0245 (date initial nursing assessment initiated) <=</p> <p>A0270 (discharge date) <=</p> <p>Z0500B (date of signature verifying record completion) <=</p> <p>submission date</p> <p>-----</p> <p>GROUP B RULES (Edit –3032b)</p> <p>Group B items are listed below. Each active item in this list that contains a valid date (not blank or dash) must obey all of the following rules:</p> <ol style="list-style-type: none"> 1. Each Group B date must be greater than or equal to A0220 (admission date). 2. Each Group B date must be less than or equal to Z0500B (date record completion was verified). 3. For date pairs shown below, the first date listed must be less than or equal to the second date listed. 4. Otherwise, the Group B dates may be in any order. <p>The following is a list of Group B dates:</p> <p>a) J0900B (date of first screening for pain) <= J0910B (date of comprehensive pain assessment)</p> <p>b) J2030B (date of first screening for shortness of breath)</p> <p>c) J2040B (date treatment for shortness of breath initiated)</p> <p>d) N0500B (date scheduled opioid initiated or continued)</p> <p>e) N0510B (date PRN opioid initiated or continued)</p> <p>f) N0520B (date bowel regimen initiated or continued)</p> <p>-----</p> <p>GROUP C RULES (Edit –3032c)</p> <p>Group C items are listed below. Each Group C date must be less than or equal to Z0500B (date record completion was verified).</p> <p>The following is a list of Group C dates:</p> <p>a) F2000B (date asked about CPR)</p> <p>b) F2100B (date asked about treatment other than CPR)</p> <p>c) F2200B (date asked about hospitalization)</p> <p>d) F3000B (date asked about spiritual/existential concerns)</p> <p>Items: A0220 Admission date A0245 Date initial nursing assessment initiated A0270 Discharge date A0900 Birthdate F2000B Date asked about CPR F2100B Date asked about treatment other than CPR F2200B Date asked about hospitalization F3000B Date asked about spiritual/existential concerns J0900B Date of first screening for pain J0910B Date of comprehensive pain assessment J2030B Date of first screening for shortness of breath J2040B Date treatment for shortness of breath initiated</p>

Data Submission Specifications for the Hospice Item Set (V2.00.0) DRAFT
Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			<div> <div>Items:</div> <div> <div>N0500B</div> <div>N0510B</div> <div>N0520B</div> <div>Z0500B</div> </div> <div> <div>Date scheduled opioid initiated or continued</div> <div>Date PRN opioid initiated or continued</div> <div>Date bowel regimen initiated or continued</div> <div>Date of signature verifying record completion</div> </div> </div>
-3034	Consistency	Warning	<p>RECORD SUBMISSION TIMING RULES</p> <p>The following rules specify the maximum number of days which should elapse between each date listed and the submission date. Violation of these rules will result in warnings. These rules apply only to new records (where A0050=[1]). They do not apply to modification or inactivation records (where A0050=[2,3]).</p> <p>a) If A0250=[01] (admission record), then submission date minus A0220 (admission date) should be less than or equal to 30 days.</p> <p>b) If A0250=[09] (discharge record), then submission date minus A0270 (discharge date) should be less than or equal to 30 days.</p> <div> <div>Items:</div> <div> <div>A0050</div> <div>A0220</div> <div>A0250</div> <div>A0270</div> </div> <div> <div>Type of record</div> <div>Admission date</div> <div>Reason for record</div> <div>Discharge date</div> </div> </div>
-3035	Skip pattern	Fatal	<p>a) If F2000A=[0], then if F2000B is active it must equal [^].</p> <p>b) If F2000A=[1,2], then if F2000B is active it must not equal [^].</p> <div> <div>Items:</div> <div> <div>F2000A</div> <div>F2000B</div> </div> <div> <div>Was patient asked about CPR</div> <div>Date asked about CPR</div> </div> </div>
-3036	Skip pattern	Fatal	<p>a) If F2100A=[0], then if F2100B is active it must equal [^].</p> <p>b) If F2100A=[1,2], then if F2100B is active it must not equal [^].</p> <div> <div>Items:</div> <div> <div>F2100A</div> <div>F2100B</div> </div> <div> <div>Was patient asked about treatments other than CPR</div> <div>Date asked about treatment other than CPR</div> </div> </div>
-3037	Skip pattern	Fatal	<p>a) If F2200A=[0], then if F2200B is active it must equal [^].</p> <p>b) If F2200A=[1,2], then if F2200B is active it must not equal [^].</p> <div> <div>Items:</div> <div> <div>F2200A</div> <div>F2200B</div> </div> <div> <div>Was patient asked about hospitalization</div> <div>Date asked about hospitalization</div> </div> </div>
-3038	Skip pattern	Fatal	<p>a) If F3000A=[0], then if F3000B is active it must equal [^].</p> <p>b) If F3000A=[1,2], then if F3000B is active it must not equal [^].</p> <div> <div>Items:</div> <div> <div>F3000A</div> <div>F3000B</div> </div> <div> <div>Was patient asked spiritual/existential concerns</div> <div>Date asked about spiritual/existential concerns</div> </div> </div>
-3039	Skip pattern	Fatal	<p>***THIS EDIT WAS DELETED IN V2.00.0 OF THE DATA SPECS.</p> <div> <div>Items:</div> <div> <div>J0900A</div> <div>J0900B</div> <div>J0900C</div> <div>J0900D</div> <div>J0910A</div> <div>J0910B</div> <div>J0910C1</div> <div>J0910C2</div> <div>J0910C3</div> <div>J0910C4</div> <div>J0910C5</div> </div> <div> <div>Was patient screened for pain</div> <div>Date of first screening for pain</div> <div>Patient's pain severity was</div> <div>Type of standardized pain tool used</div> <div>Was comprehensive pain assessment done</div> <div>Date of comprehensive pain assessment</div> <div>Pain asmt included: location</div> <div>Pain asmt included: severity</div> <div>Pain asmt included: character</div> <div>Pain asmt included: duration</div> <div>Pain asmt included: frequency</div> </div> </div>

Data Submission Specifications for the Hospice Item Set (V2.00.0) DRAFT
Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			Items: J0910C6 Pain asmt included: what relieves/worsens J0910C7 Pain asmt included: effect function/quality life J0910C9 Pain asmt included: none of the above
-3040	Skip pattern	Fatal	<p>a) If J0910A=[0], then all active items from J0910B through J0910C9 must equal [^]. b) If J0910A=[1], then all active items from J0910B through J0910C9 must not equal [^].</p> Items: J0910A Was comprehensive pain assessment done J0910B Date of comprehensive pain assessment J0910C1 Pain asmt included: location J0910C2 Pain asmt included: severity J0910C3 Pain asmt included: character J0910C4 Pain asmt included: duration J0910C5 Pain asmt included: frequency J0910C6 Pain asmt included: what relieves/worsens J0910C7 Pain asmt included: effect function/quality life J0910C9 Pain asmt included: none of the above
-3041	None of above	Fatal	<p>If J0910C1 through J0910C7 and J0910C9 are all active, then the following rules apply: a) If J0910C9=[0], then at least one item from J0910C1 through J0910C7 must equal [1]. b) If J0910C9=[1], then all items from J0910C1 through J0910C7 must equal [0]. c) If any item J0910C1 through J0910C9 is equal to [-], then all items from J0910C1 through J0910C9 must equal [-].</p> Items: J0910C1 Pain asmt included: location J0910C2 Pain asmt included: severity J0910C3 Pain asmt included: character J0910C4 Pain asmt included: duration J0910C5 Pain asmt included: frequency J0910C6 Pain asmt included: what relieves/worsens J0910C7 Pain asmt included: effect function/quality life J0910C9 Pain asmt included: none of the above
-3042	Skip pattern	Fatal	<p>***THIS EDIT WAS DELETED IN V2.00.0 OF THE DATA SPECS.</p> Items: J0900A Was patient screened for pain J0900B Date of first screening for pain J0900C Patient's pain severity was
-3043	Skip pattern	Fatal	<p>If J2030A=[0], then all active items from J2030B through J2040C4 must equal [^].</p> Items: J2030A Was patient screened for shortness of breath J2030B Date of first screening for shortness of breath J2030C Did screening indicate pt had shortness of breath J2040A Was treatment for shortness of breath initiated J2040B Date treatment for shortness of breath initiated J2040C1 Type(s) treat for shortness of breath: opioids J2040C2 Type(s) treat for shortness of breath: other med J2040C3 Type(s) treat for shortness of breath: oxygen J2040C4 Type(s) treat for shortness of breath: non-med
-3044	Skip pattern	Fatal	<p>If J2030A=[1], then all active items from J2030B through J2030C must not equal [^].</p> Items: J2030A Was patient screened for shortness of breath J2030B Date of first screening for shortness of breath J2030C Did screening indicate pt had shortness of breath

Data Submission Specifications for the Hospice Item Set (V2.00.0) DRAFT
Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-3045	Skip pattern	Fatal	<p>If J2030C=[0], then all active items from J2040A through J2040C4 must equal [^].</p> <p>Items: J2030C Did screening indicate pt had shortness of breath J2040A Was treatment for shortness of breath initiated J2040B Date treatment for shortness of breath initiated J2040C1 Type(s) treat for shortness of breath: opioids J2040C2 Type(s) treat for shortness of breath: other med J2040C3 Type(s) treat for shortness of breath: oxygen J2040C4 Type(s) treat for shortness of breath: non-med</p>
-3046	Skip pattern	Fatal	<p>If J2030C=[1], then if J2040A is active it must not equal [^].</p> <p>Items: J2030C Did screening indicate pt had shortness of breath J2040A Was treatment for shortness of breath initiated</p>
-3047	Skip pattern	Fatal	<p>a) If J2040A=[0,1], then all active items from J2040B through J2040C4 must equal [^]. b) If J2040A=[2], then all active items from J2040B through J2040C4 must not equal [^].</p> <p>Items: J2040A Was treatment for shortness of breath initiated J2040B Date treatment for shortness of breath initiated J2040C1 Type(s) treat for shortness of breath: opioids J2040C2 Type(s) treat for shortness of breath: other med J2040C3 Type(s) treat for shortness of breath: oxygen J2040C4 Type(s) treat for shortness of breath: non-med</p>
-3048	Consistency	Fatal	<p>If J2040A=[2], then at least one active item from J2040C1 through J2040C4 must equal [1,-].</p> <p>Items: J2040A Was treatment for shortness of breath initiated J2040C1 Type(s) treat for shortness of breath: opioids J2040C2 Type(s) treat for shortness of breath: other med J2040C3 Type(s) treat for shortness of breath: oxygen J2040C4 Type(s) treat for shortness of breath: non-med</p>
-3049	Skip pattern	Fatal	<p>a) If N0500A=[0], then if N0500B is active it must equal [^]. b) If N0500A=[1], then if N0500B is active it must not equal [^].</p> <p>Items: N0500A Was scheduled opioid initiated or continued N0500B Date scheduled opioid initiated or continued</p>
-3050	Skip pattern	Fatal	<p>a) If N0510A=[0], then if N0510B is active it must equal [^]. b) If N0510A=[1], then if N0510B is active it must not equal [^].</p> <p>Items: N0510A Was PRN opioid initiated or continued N0510B Date PRN opioid initiated or continued</p>
-3051	Skip pattern	Fatal	<p>a) If N0520A=[0,1], then if N0520B is active it must equal [^]. b) If N0520A=[2], then if N0520B is active it must not equal [^].</p> <p>Items: N0520A Was bowel regimen initiated or continued N0520B Date bowel regimen initiated or continued</p>
-3052	Consistency	Fatal	<p>If A0050=[1], then CRCTN_NUM must equal [00].</p> <p>Items: CRCTN_NUM Correction number A0050 Type of record</p>
-3053	Consistency	Fatal	<p>a) If A0050=[3] (inactivation record) and A0250=[01] (admission record), then A0270 (discharge</p>

Data Submission Specifications for the Hospice Item Set (V2.00.0) DRAFT

ID	Type	Severity	Text/Items
			date) must equal [^]. b) If A0050=[3] (inactivation record) and A0250=[09] (discharge record), then A0270 (discharge date) must not equal [^]. Items: A0050 Type of record A0250 Reason for record A0270 Discharge date
-3054	Format	Fatal	SFTWR_VNDR_ID must contain an Employer ID Number which is 9 digits long. Items: SFTWR_VNDR_ID Software vendor federal employer tax ID
-3055	Consistency	Warning	Failure to provide information by submitting a dash [-] indicates incomplete record keeping and could impact measure calculation. Items: F2000B Date asked about CPR F2100B Date asked about treatment other than CPR F2200B Date asked about hospitalization F3000B Date asked about spiritual/existential concerns J0900B Date of first screening for pain J0900C Patient's pain severity was J0900D Type of standardized pain tool used J0910B Date of comprehensive pain assessment J0910C1 Pain asmt included: location J0910C2 Pain asmt included: severity J0910C3 Pain asmt included: character J0910C4 Pain asmt included: duration J0910C5 Pain asmt included: frequency J0910C6 Pain asmt included: what relieves/worsens J0910C7 Pain asmt included: effect function/quality life J0910C9 Pain asmt included: none of the above J2030B Date of first screening for shortness of breath J2040B Date treatment for shortness of breath initiated J2040C1 Type(s) treat for shortness of breath: opioids J2040C2 Type(s) treat for shortness of breath: other med J2040C3 Type(s) treat for shortness of breath: oxygen J2040C4 Type(s) treat for shortness of breath: non-med N0500B Date scheduled opioid initiated or continued N0510B Date PRN opioid initiated or continued N0520B Date bowel regimen initiated or continued
-3058	Consistency	Fatal	If any item J2040C1 through J2040C4 is equal to [-], then all items from J2040C1 through J2040C4 must equal [-]. Items: J2040C1 Type(s) treat for shortness of breath: opioids J2040C2 Type(s) treat for shortness of breath: other med J2040C3 Type(s) treat for shortness of breath: oxygen J2040C4 Type(s) treat for shortness of breath: non-med
-3059	Consistency	Fatal	If N0500A=[1] or N0510A=[1], then if N0520A is active it must not equal [^]. Items: N0500A Was scheduled opioid initiated or continued N0510A Was PRN opioid initiated or continued N0520A Was bowel regimen initiated or continued
-3060	Consistency	Fatal	If N0500A=[0] and N0510A=[0], then all active items from N0520A through N0520B must equal [^].

Data Submission Specifications for the Hospice Item Set (V2.00.0) DRAFT
Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			Items: N0500A Was scheduled opioid initiated or continued N0510A Was PRN opioid initiated or continued N0520A Was bowel regimen initiated or continued N0520B Date bowel regimen initiated or continued
-3061	Consistency	Fatal	<p>***THIS EDIT WAS DELETED IN V2.00.0 OF THE DATA SPECS.</p> Items: J0900C Patient's pain severity was J0900D Type of standardized pain tool used J0910A Was comprehensive pain assessment done J0910B Date of comprehensive pain assessment J0910C1 Pain asmt included: location J0910C2 Pain asmt included: severity J0910C3 Pain asmt included: character J0910C4 Pain asmt included: duration J0910C5 Pain asmt included: frequency J0910C6 Pain asmt included: what relieves/worsens J0910C7 Pain asmt included: effect function/quality life J0910C9 Pain asmt included: none of the above
-3062	Consistency	Fatal	<p>***THIS EDIT WAS DELETED IN V2.00.0 OF THE DATA SPECS.</p> Items: J0900C Patient's pain severity was J0900D Type of standardized pain tool used J0910A Was comprehensive pain assessment done
-3063	Consistency	Warning	<p>If any of the items F2000B, F2100B, F2200B, or F3000B are active, they should be greater than or equal to A0220 (admission date) minus 7 days.</p> Items: A0220 Admission date F2000B Date asked about CPR F2100B Date asked about treatment other than CPR F2200B Date asked about hospitalization F3000B Date asked about spiritual/existential concerns
-3064	Consistency	Warning	<p>A0245 (Date Initial Nursing Assessment Initiated) contains a dash. A dash should only be used when the patient was discharged prior to the start of the initial nursing assessment.</p> Items: A0245 Date initial nursing assessment initiated
-3065	Format	Warning	<p>Version Code Values: The version code submitted should match one of the values listed in the "Item Values" table of the Detailed Data Specifications Report.</p> Items: ITM_SET_VRSN_C Item set version code SPEC_VRSN_CD Specifications version code
-3066	Skip pattern	Fatal	<p>a) If J0900A=[0], then all active items from J0900B through J0900D must equal [^]. b) If J0900A=[1], then all active items from J0900B through J0900D must not equal [^].</p> Items: J0900A Was patient screened for pain J0900B Date of first screening for pain J0900C Patient's pain severity was J0900D Type of standardized pain tool used
-3067	Skip pattern	Fatal	<p>If J0905=[0], then all active items J0910A through J0910C9 must equal [^].</p> Items: J0905 Is pain an active problem for the patient?

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Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			Items: J0910A Was comprehensive pain assessment done J0910B Date of comprehensive pain assessment J0910C1 Pain asmt included: location J0910C2 Pain asmt included: severity J0910C3 Pain asmt included: character J0910C4 Pain asmt included: duration J0910C5 Pain asmt included: frequency J0910C6 Pain asmt included: what relieves/worsens J0910C7 Pain asmt included: effect function/quality life J0910C9 Pain asmt included: none of the above
-3068	Format	Fatal	The patient ZIP code must be either 5 or 9 bytes in length. Do not include a dash if a ZIP+4 code is submitted. Items: A0550 Patient zip code
-3069	Consistency	Warning	If A1400K=[1], then A1400A through A1400D, A1400G through A1400J, A1400X and A1400Y must equal [0]. Items: A1400A Payor: Medicare (FFS) A1400B Payor: Medicare (managed care/Part C/Mcr Advant.) A1400C Payor: Medicaid (FFS) A1400D Payor: Medicaid (managed care) A1400G Payor: Other Government A1400H Payor: Private insurance/Medigap A1400I Payor: Private managed care A1400J Payor: Self-pay A1400K Payor: No payor source A1400X Payor: Unknown A1400Y Payor: Other
-3070	Skip pattern	Fatal	If O5000=[0], then all active items from O5010A1 through O5010F3 must not be equal to [^]. Items: O5000 Level of care in final 3 days O5010A1 RN - Num visits - day of death O5010A2 RN - Num visits - one day prior to death O5010A3 RN - Num visits - two days prior to death O5010B1 Phys - Num visits - day of death O5010B2 Phys - Num visits - one day prior to death O5010B3 Phys - Num visits - two days prior to death O5010C1 Soc Wrk - Num visits - day of death O5010C2 Soc Wrk - Num visits - one day prior to death O5010C3 Soc Wrk - Num visits - two days prior to death O5010D1 Chaplain - Num visits - day of death O5010D2 Chaplain - Num visits - one day prior to death O5010D3 Chaplain - Num visits - two days prior to death O5010E1 Lic Nurse - Num visits - day of death O5010E2 Lic Nurse - Num visits - one day prior to death O5010E3 Lic Nurse - Num visits - two days prior to death O5010F1 Aide - Num visits - day of death O5010F2 Aide - Num visits - one day prior to death O5010F3 Aide - Num visits - two days prior to death
-3071	Skip pattern	Fatal	If O5000=[1], then all active items from O5010A1 through O5030F4 must be equal to [^]. Items: O5000 Level of care in final 3 days

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Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			Items: O5010A1 RN - Num visits - day of death O5010A2 RN - Num visits - one day prior to death O5010A3 RN - Num visits - two days prior to death O5010B1 Phys - Num visits - day of death O5010B2 Phys - Num visits - one day prior to death O5010B3 Phys - Num visits - two days prior to death O5010C1 Soc Wrk - Num visits - day of death O5010C2 Soc Wrk - Num visits - one day prior to death O5010C3 Soc Wrk - Num visits - two days prior to death O5010D1 Chaplain - Num visits - day of death O5010D2 Chaplain - Num visits - one day prior to death O5010D3 Chaplain - Num visits - two days prior to death O5010E1 Lic Nurse - Num visits - day of death O5010E2 Lic Nurse - Num visits - one day prior to death O5010E3 Lic Nurse - Num visits - two days prior to death O5010F1 Aide - Num visits - day of death O5010F2 Aide - Num visits - one day prior to death O5010F3 Aide - Num visits - two days prior to death O5020 Level of care in final 7 days O5030A1 RN - Num visits - three days prior to death O5030A2 RN - Num visits - four days prior to death O5030A3 RN - Num visits - five days prior to death O5030A4 RN - Num visits - six days prior to death O5030B1 Phys - Num visits - three days prior to death O5030B2 Phys - Num visits - four days prior to death O5030B3 Phys - Num visits - five days prior to death O5030B4 Phys - Num visits - six days prior to death O5030C1 Soc Wrk - Num visits - three days prior to death O5030C2 Soc Wrk - Num visits - four days prior to death O5030C3 Soc Wrk - Num visits - five days prior to death O5030C4 Soc Wrk - Num visits - six days prior to death O5030D1 Chaplain - Num visits - three days prior to death O5030D2 Chaplain - Num visits - four days prior to death O5030D3 Chaplain - Num visits - five days prior to death O5030D4 Chaplain - Num visits - six days prior to death O5030E1 Lic Nurse - Num visits - three days prior to death O5030E2 Lic Nurse - Num visits - four days prior to death O5030E3 Lic Nurse - Num visits - five days prior to death O5030E4 Lic Nurse - Num visits - six days prior to death O5030F1 Aide - Num visits - three days prior to death O5030F2 Aide - Num visits - four days prior to death O5030F3 Aide - Num visits - five days prior to death O5030F4 Aide - Num visits - six days prior to death
-3072	Skip pattern	Fatal	<p>If A2115=[02,03,04,05,06], then all active items from O5000 through O5030F4 must be equal to [^].</p> Items: A2115 Reason for discharge O5000 Level of care in final 3 days O5010A1 RN - Num visits - day of death O5010A2 RN - Num visits - one day prior to death O5010A3 RN - Num visits - two days prior to death O5010B1 Phys - Num visits - day of death O5010B2 Phys - Num visits - one day prior to death

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Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			<div> <div>Items:</div> <div> O5010B3 O5010C1 O5010C2 O5010C3 O5010D1 O5010D2 O5010D3 O5010E1 O5010E2 O5010E3 O5010F1 O5010F2 O5010F3 O5020 O5030A1 O5030A2 O5030A3 O5030A4 O5030B1 O5030B2 O5030B3 O5030B4 O5030C1 O5030C2 O5030C3 O5030C4 O5030D1 O5030D2 O5030D3 O5030D4 O5030E1 O5030E2 O5030E3 O5030E4 O5030F1 O5030F2 O5030F3 O5030F4 </div> </div> <div> Phys - Num visits - two days prior to death Soc Wrk - Num visits - day of death Soc Wrk - Num visits - one day prior to death Soc Wrk - Num visits - two days prior to death Chaplain - Num visits - day of death Chaplain - Num visits - one day prior to death Chaplain - Num visits - two days prior to death Lic Nurse - Num visits - day of death Lic Nurse - Num visits - one day prior to death Lic Nurse - Num visits - two days prior to death Aide - Num visits - day of death Aide - Num visits - one day prior to death Aide - Num visits - two days prior to death Level of care in final 7 days RN - Num visits - three days prior to death RN - Num visits - four days prior to death RN - Num visits - five days prior to death RN - Num visits - six days prior to death Phys - Num visits - three days prior to death Phys - Num visits - four days prior to death Phys - Num visits - five days prior to eath Phys - Num visits - six days prior to death Soc Wrk - Num visits - three days prior to death Soc Wrk - Num visits - four days prior to death Soc Wrk - Num visits - five days prior to death Soc Wrk - Num visits - six days prior to death Chaplain - Num visits - three days prior to death Chaplain - Num visits - four days prior to death Chaplain - Num visits - five days prior to death Chaplain - Num visits - six days prior to death Lic Nurse - Num visits - three days prior to death Lic Nurse - Num visits - four days prior to death Lic Nurse - Num visits - five days prior to death Lic Nurse - Num visits - six days prior to death Aide - Num visits - three days prior to death Aide - Num visits - four days prior to death Aide - Num visits - five days prior to death Aide - Num visits - six days prior to death </div>

Data Submission Specifications for the Hospice Item Set (V2.00.0) DRAFT
Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			Items: O5030B4 Phys - Num visits - six days prior to death O5030C1 Soc Wrk - Num visits - three days prior to death O5030C2 Soc Wrk - Num visits - four days prior to death O5030C3 Soc Wrk - Num visits - five days prior to death O5030C4 Soc Wrk - Num visits - six days prior to death O5030D1 Chaplain - Num visits - three days prior to death O5030D2 Chaplain - Num visits - four days prior to death O5030D3 Chaplain - Num visits - five days prior to death O5030D4 Chaplain - Num visits - six days prior to death O5030E1 Lic Nurse - Num visits - three days prior to death O5030E2 Lic Nurse - Num visits - four days prior to death O5030E3 Lic Nurse - Num visits - five days prior to death O5030E4 Lic Nurse - Num visits - six days prior to death O5030F1 Aide - Num visits - three days prior to death O5030F2 Aide - Num visits - four days prior to death O5030F3 Aide - Num visits - five days prior to death O5030F4 Aide - Num visits - six days prior to death
-3075	Consistency	Warning	<p>If J0900C=[1,2,3], then J0900D should not be equal to dash [-]. Since pain was rated mild, moderate, or severe, the type of pain rating tool should be identified. If no tool was used, then J0900D should be equal to [9]</p> <p>Items: J0900C Patient's pain severity was J0900D Type of standardized pain tool used</p>
-3076	Consistency	Fatal	<p>If J0900C=[1,2,3], then J0905 must be equal to [1].</p> <p>Items: J0900C Patient's pain severity was J0905 Is pain an active problem for the patient?</p>
-3077	Consistency	Warning	<p>If N0500A=[1] or N0510A=[1], then J0905 should be equal to [1] if opioids were used to treat pain.</p> <p>Items: J0905 Is pain an active problem for the patient? N0500A Was scheduled opioid initiated or continued N0510A Was PRN opioid initiated or continued</p>
-9001	Information	None	<p>Vendor's version number for the software that was used to create the hospice data submission file.</p> <p>Items: SFTWR_PROD_VRSN_CD Software product version code</p>
-9003	Information	None	<p>Valid federal tax ID (EIN) for the company that developed the software used to create the hospice data submission file.</p> <p>Items: SFTWR_VNDR_ID Software vendor federal employer tax ID</p>
-9004	Information	None	<p>Name of the software that was used to create the hospice data submission file.</p> <p>Items: SFTWR_PROD_NAME Software product name</p>
-9005	Information	None	<p>Email address of the vendor who created the software that was used to produce the hospice submission file.</p> <p>Items: SFTWR_VNDR_EMAIL_ADR Software vendor email address</p>

Data Submission Specifications for the Hospice Item Set (V2.00.0) DRAFT
Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-9006	Information	None	<p>Any letters that are contained in this item may be submitted as lower case or upper case, but will be converted and stored as upper case by the ASAP system. System reports will therefore display upper case values.</p> <p>Items: SFTWR_VNDR_NAME Software vendor company name SFTWR_PROD_NAME Software product name SFTWR_PROD_VRSN_CD Software product version code A0100B Facility CMS Certification Number (CCN) A0500A Patient first name A0500B Patient middle initial A0500C Patient last name A0500D Patient name suffix A0600B Patient Medicare/railroad insurance number A0700 Patient Medicaid number</p>
-9007	Information	None	<p>Submit [+] (the plus sign) to indicate that Medicaid number is pending.</p> <p>Items: A0700 Patient Medicaid number</p>
-9008	Information	None	<p>Submit [N] to indicate that the resident is non-Medicaid.</p> <p>Items: A0700 Patient Medicaid number</p>
-9009	Information	None	<p>a) If A0250=[01] (admission record), then TARGET_DATE is equal to A0220 (admission date). b) If A0250=[09] (discharge record), then TARGET_DATE is equal to A0270 (discharge date).</p> <p>Items: A0250 Reason for record A0270 Discharge date TARGET_DATE Target date</p>
-9011	Information	None	<p>The CMS Certification Number (CCN) for hospices is currently 6 digits in length and only contains numbers. However, the specs for this item allow letters and a maximum length of 12 to accommodate changes to the CCN that might occur in the future.</p> <p>Items: A0100B Facility CMS Certification Number (CCN)</p>