

## APPENDIX D: DETAILED MATRIX IDENTIFYING REQUIRED ITEMS ON THE LTCH CARE DATA SET VERSION 3.00

The following is an overall key for this matrix:

**N/A:** Not applicable

**V** = Voluntary. Please refer to the LTCH CARE Data Submission Specifications for item-level responses that the QIES ASAP submission system will accept as a valid response to an item on the LTCH CARE Data Set for data submission starting on April 1, 2016.

**R** = Required for submission because this item is **required** for measure calculation and/or system cannot accept record without a response (failure to provide an appropriate response for this item will lead to record rejection by the system) and/or item is used for internal consistency checks related to the measure's data logic algorithm. Please refer to the LTCH CARE Data Submission Specifications for item-level responses that the QIES ASAP submission system will accept as a valid response to an item on the LTCH CARE Data Set for data submission starting on April 1, 2016. Failure to respond to required items may subject your LTCH to a two percentage point reduction to the applicable FY annual payment update (APU). All responses should have corresponding documentation in the patient's medical record.

**RIAV** = Required if information is available, item is not required for measure calculation purposes, but may be important for record matching or other administrative purposes. Please refer to the LTCH CARE Data Submission Specifications for item-level responses that the QIES ASAP submission system will accept as a valid response to an item on the LTCH CARE Data Set for data submission starting on April 1, 2016.

If you have further questions, we invite you to submit your inquiry to CMS LTCH Quality Questions Help Desk at [LTCHQualityQuestions@cms.hhs.gov](mailto:LTCHQualityQuestions@cms.hhs.gov).

| LTCH CARE<br>Data Set<br>Item Number   | LTCH CARE Data Set<br>Item Name                                   | LTCH CARE Data Set Version 3.00 FINAL |                        |                      |         |
|--|---|---------------------------------------|------------------------|----------------------|---------|
|  |   | Admission                             | Unplanned<br>Discharge | Planned<br>Discharge | Expired |
| Section A – Administrative Information |   |                                       |                        |                      |         |
| A0050                                  | Type of Record  | R                                     | R                      | R                    | R       |
| A0100A                                 | National Provider Identifier (NPI)                                | R                                     | R                      | R                    | R       |
| A0100B                                 | CMS Certification Number (CCN)                                    | R                                     | R                      | R                    | R       |
| A0100C                                 | State Medicaid Provider Number                                    | RIAV                                  | RIAV                   | RIAV                 | RIAV    |
| 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  | RIAV                                  | RIAV                   | RIAV                 | RIAV    |
| A0500C                                 | Patient Last Name   | R                                     | R                      | R                    | R       |
| A0500D                                 | Patient Name Suffix   | RIAV                                  | RIAV                   | RIAV                 | RIAV    |
| A0600A <sup>1</sup>                    | Social Security Number  | R                                     | R                      | R                    | R       |
| A0600B                                 | Medicare/railroad insurance number                                | RIAV                                  | RIAV                   | RIAV                 | RIAV    |
| A0700                                  | Medicaid Number   | RIAV                                  | RIAV                   | RIAV                 | RIAV    |
| A0800                                  | Gender  | R                                     | R                      | R                    | R       |
| A0900                                  | Birth Date  | R                                     | R                      | R                    | R       |
| A1000A-F                               | Race/Ethnicity  | RIAV                                  | RIAV                   | RIAV                 | RIAV    |
| A1100A                                 | Does the patient need or want an interpreter                      | RIAV                                  | N/A                    | N/A                  | N/A     |
| A1100B                                 | Preferred language  | RIAV                                  | N/A                    | N/A                  | N/A     |
| A1200                                  | Marital Status  | RIAV                                  | N/A                    | N/A                  | N/A     |
| A1400A-K, X, Y                         | Payer Information   | RIAV                                  | RIAV                   | RIAV                 | RIAV    |
| A1802                                  | Admitted From   | R                                     | N/A                    | N/A                  | N/A     |
| A2110                                  | Discharge Location  | N/A                                   | R                      | R                    | N/A     |
| A2500                                  | Program Interruption(s)   | N/A                                   | R*                     | R*                   | N/A     |
| A2510                                  | Number of Program Interruptions During This Stay in This Facility | N/A                                   | R*                     | R*                   | N/A     |

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| LTCH CARE Data Set Item Number  | LTCH CARE Data Set Item Name   | LTCH CARE Data Set Version 3.00 FINAL |                     |                   |         |
|---|--|---------------------------------------|---------------------|-------------------|---------|
|   |  | Admission                             | Unplanned Discharge | Planned Discharge | Expired |
| <b>A2525A1</b>  | First Interruption Start Date  | N/A                                   | R*                  | R*                | N/A     |
| <b>A2525A2</b>  | First Interruption End Date  | N/A                                   | R*                  | R*                | N/A     |
| <b>A2525B1</b>  | Second Interruption Start Date                                       | N/A                                   | R*                  | R*                | N/A     |
| <b>A2525B2</b>  | Second Interruption End Date   | N/A                                   | R*                  | R*                | N/A     |
| <b>A2525C1</b>  | Third Interruption Start Date  | N/A                                   | R*                  | R*                | N/A     |
| <b>A2525C2</b>  | Third Interruption End Date  | N/A                                   | R*                  | R*                | N/A     |
| <b>A2525D1</b>  | Fourth Interruption Start Date                                       | N/A                                   | R*                  | R*                | N/A     |
| <b>A2525D2</b>  | Fourth Interruption End Date   | N/A                                   | R*                  | R*                | N/A     |
| <b>A2525E1</b>  | Fifth Interruption Start Date  | N/A                                   | R*                  | R*                | N/A     |
| <b>A2525E2</b>  | Fifth Interruption End Date  | N/A                                   | R*                  | R*                | N/A     |
| *Complete the program interruption items if it applies to the patient to fulfill LTCH QRP requirements. |  |                                       |                     |                   |         |
| Section B – Hearing, Speech, and Vision   |  |                                       |                     |                   |         |
| <b>B0100</b>  | Comatose   | R                                     | N/A                 | R                 | N/A     |
| <b>BB0700</b>   | Expression of Ideas and Wants  | R                                     | N/A                 | R                 | N/A     |
| <b>BB0800</b>   | Understanding Verbal Content   | R                                     | N/A                 | R                 | N/A     |
| Section C – Cognitive Patterns  |  |                                       |                     |                   |         |
| <b>C1610A</b>   | Acute Onset  | R                                     | R                   | R                 | N/A     |
| <b>C1610B</b>   | Fluctuating Course   | R                                     | R                   | R                 | N/A     |
| <b>C1610C</b>   | Inattention  | R                                     | R                   | R                 | N/A     |
| <b>C1610D</b>   | Disorganized Thinking  | R                                     | R                   | R                 | N/A     |
| <b>C1610E1</b>  | Altered Level of Consciousness – Alert                               | R                                     | R                   | R                 | N/A     |
| <b>C1610E2</b>  | Altered Level of Consciousness – Vigilant                            | R                                     | R                   | R                 | N/A     |
| Section GG – Functional Abilities and Goals – Prior Functioning: Everyday Activities                    |  |                                       |                     |                   |         |
| <b>GG0100B</b>  | Prior Functioning: Everyday Activities. Indoor Mobility (Ambulation) | R                                     | N/A                 | N/A               | N/A     |
| Section GG – Functional Abilities and Goals – Prior Device Use  |  |                                       |                     |                   |         |
| <b>GG0110</b>   | Prior Device Use   | R                                     | N/A                 | N/A               | N/A     |
| Section GG – Functional Abilities and Goals – Self-Care – Admission Performance                         |  |                                       |                     |                   |         |
| <b>GG0130A1</b>   | Self-Care Admission Performance: Eating                              | R                                     | N/A                 | N/A               | N/A     |
| <b>GG0130B1</b>   | Self-Care Admission Performance: Oral hygiene                        | R                                     | N/A                 | N/A               | N/A     |

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| LTCH CARE Data Set Item Number  | LTCH CARE Data Set Item Name                                    | LTCH CARE Data Set Version 3.00 FINAL |                     |                   |         |
|---|---|---------------------------------------|---------------------|-------------------|---------|
|   |   | Admission                             | Unplanned Discharge | Planned Discharge | Expired |
| <b>GG0130C1</b>   | Self-Care Admission Performance: Toileting hygiene              | R                                     | N/A                 | N/A               | N/A     |
| <b>GG0130D1</b>   | Self-Care Admission Performance: Wash upper body                | R                                     | N/A                 | N/A               | N/A     |
| Section GG – Functional Abilities and Goals – Self-Care – Discharge Goals**   |   |                                       |                     |                   |         |
| <b>GG0130A2</b>   | Self-Care Discharge Goal: Eating                                | R**                                   | N/A                 | N/A               | N/A     |
| <b>GG0130B2</b>   | Self-Care Discharge Goal: Oral hygiene                          | R**                                   | N/A                 | N/A               | N/A     |
| <b>GG0130C2</b>   | Self-Care Discharge Goal: Toileting hygiene                     | R**                                   | N/A                 | N/A               | N/A     |
| <b>GG0130D2</b>   | Self-Care Discharge Goal: Wash upper body                       | R**                                   | N/A                 | N/A               | N/A     |
| **At least one discharge goal is required for one of the GG0130, Self-Care, or GG0170, Mobility, items on the Admission assessment to fulfill requirements of the LTCH QRP. |   |                                       |                     |                   |         |
| Section GG – Functional Abilities and Goals – Self-Care – Discharge Performance   |   |                                       |                     |                   |         |
| <b>GG0130A3</b>   | Self-Care Discharge Performance: Eating                         | N/A                                   | N/A                 | R                 | N/A     |
| <b>GG0130B3</b>   | Self-Care Discharge Performance: Oral hygiene                   | N/A                                   | N/A                 | R                 | N/A     |
| <b>GG0130C3</b>   | Self-Care Discharge Performance: Toileting hygiene              | N/A                                   | N/A                 | R                 | N/A     |
| <b>GG0130D3</b>   | Self-Care Discharge Performance: Wash upper body                | N/A                                   | N/A                 | R                 | N/A     |
| Section GG – Functional Abilities and Goals – Mobility – Admission Performance  |   |                                       |                     |                   |         |
| <b>GG0170A1</b>   | Mobility Admission Performance: Roll left and right             | R                                     | N/A                 | N/A               | N/A     |
| <b>GG0170B1</b>   | Mobility Admission Performance: Sit to lying                    | R                                     | N/A                 | N/A               | N/A     |
| <b>GG0170C1</b>   | Mobility Admission Performance: Lying to sitting on side of bed | R                                     | N/A                 | N/A               | N/A     |
| <b>GG0170D1</b>   | Mobility Admission Performance: Sit to stand                    | R                                     | N/A                 | N/A               | N/A     |
| <b>GG0170E1</b>   | Mobility Admission Performance: Chair/ bed-to-chair-transfer    | R                                     | N/A                 | N/A               | N/A     |

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| LTCH CARE Data Set Item Number  | LTCH CARE Data Set Item Name                                 | LTCH CARE Data Set Version 3.00 FINAL |                     |                   |         |
|---|--|---------------------------------------|---------------------|-------------------|---------|
|   |  | Admission                             | Unplanned Discharge | Planned Discharge | Expired |
| <b>GG0170F1</b>   | Mobility Admission Performance: Toilet Transfer              | R                                     | N/A                 | N/A               | N/A     |
| <b>GG0170H1</b>   | Does the patient walk?                                       | R                                     | N/A                 | N/A               | N/A     |
| <b>GG0170I1</b>   | Mobility Admission Performance: Walk 10 feet                 | R                                     | N/A                 | N/A               | N/A     |
| <b>GG0170J1</b>   | Mobility Admission Performance: Walk 50 feet with two turns  | R                                     | N/A                 | N/A               | N/A     |
| <b>GG0170K1</b>   | Mobility Admission Performance: Walk 150 feet                | R                                     | N/A                 | N/A               | N/A     |
| <b>GG0170Q1</b>   | Does the patient use a wheelchair/ scooter?                  | R                                     | N/A                 | N/A               | N/A     |
| <b>GG0170R1</b>   | Mobility Admission Performance: Wheel 50 feet with two turns | R                                     | N/A                 | N/A               | N/A     |
| <b>GG0170RR1</b>  | Indicate the type of wheelchair/ scooter used.               | R                                     | N/A                 | N/A               | N/A     |
| <b>GG0170S</b>  | Mobility Admission Performance: Wheel 150 feet               | R                                     | N/A                 | N/A               | N/A     |
| <b>GG0170SS1</b>  | Indicate the type of wheelchair/ scooter used.               | R                                     | N/A                 | N/A               | N/A     |
| Section GG – Functional Abilities and Goals – Mobility – Discharge Goal** |  |                                       |                     |                   |         |
| <b>GG0170A2</b>   | Mobility Discharge Goal: Roll left and right                 | R**                                   | N/A                 | N/A               | N/A     |
| <b>GG0170B2</b>   | Mobility Discharge Goal: Sit to lying                        | R**                                   | N/A                 | N/A               | N/A     |
| <b>GG0170C2</b>   | Mobility Discharge Goal: Lying to sitting on side of bed     | R**                                   | N/A                 | N/A               | N/A     |
| <b>GG0170D2</b>   | Mobility Discharge Goal: Sit to stand                        | R**                                   | N/A                 | N/A               | N/A     |
| <b>GG0170E2</b>   | Mobility Discharge Goal: Chair/ bed-to-chair-transfer        | R**                                   | N/A                 | N/A               | N/A     |
| <b>GG0170F2</b>   | Mobility Discharge Goal: Toilet Transfer                     | R**                                   | N/A                 | N/A               | N/A     |
| <b>GG0170I2</b>   | Mobility Discharge Goal: Walk 10 feet                        | R**                                   | N/A                 | N/A               | N/A     |
| <b>GG0170J2</b>   | Mobility Discharge Goal: Walk 50 feet with two turns         | R**                                   | N/A                 | N/A               | N/A     |

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| LTCH CARE Data Set Item Number  | LTCH CARE Data Set Item Name                                    | LTCH CARE Data Set Version 3.00 FINAL |                     |                   |         |
|---|---|---------------------------------------|---------------------|-------------------|---------|
|   |   | Admission                             | Unplanned Discharge | Planned Discharge | Expired |
| <b>GG0170K2</b>   | Mobility Discharge Goal: Walk 150 feet                          | R**                                   | N/A                 | N/A               | N/A     |
| <b>GG0170R2</b>   | Mobility Discharge Goal: Wheel 50 feet with two turns           | R**                                   | N/A                 | N/A               | N/A     |
| <b>GG0170S2</b>   | Mobility Discharge Goal: Wheel 150 feet                         | R**                                   | N/A                 | N/A               | N/A     |
| **At least one discharge goal is required for one of the GG0130, Self-Care, or GG0170, Mobility, items on the Admission assessment to fulfill requirements of the LTCH QRP. |   |                                       |                     |                   |         |
| Section GG – Functional Abilities and Goals – Mobility – Discharge Performance  |   |                                       |                     |                   |         |
| <b>GG0170A3</b>   | Mobility Discharge Performance: Roll left and right             | N/A                                   | N/A                 | R                 | N/A     |
| <b>GG0170B3</b>   | Mobility Discharge Performance: Sit to lying                    | N/A                                   | N/A                 | R                 | N/A     |
| <b>GG0170C3</b>   | Mobility Discharge Performance: Lying to sitting on side of bed | N/A                                   | N/A                 | R                 | N/A     |
| <b>GG0170D3</b>   | Mobility Discharge Performance: Sit to stand                    | N/A                                   | N/A                 | R                 | N/A     |
| <b>GG0170E3</b>   | Mobility Discharge Performance: Chair/ bed-to-chair-transfer    | N/A                                   | N/A                 | R                 | N/A     |
| <b>GG0170F3</b>   | Mobility Discharge Performance: Toilet Transfer                 | N/A                                   | N/A                 | R                 | N/A     |
| <b>GG0170H3</b>   | Does the patient walk?  | N/A                                   | N/A                 | R                 | N/A     |
| <b>GG0170I3</b>   | Mobility Discharge Performance: Walk 10 feet                    | N/A                                   | N/A                 | R                 | N/A     |
| <b>GG0170J3</b>   | Mobility Discharge Performance: Walk 50 feet with two turns     | N/A                                   | N/A                 | R                 | N/A     |
| <b>GG0170K3</b>   | Mobility Discharge Performance: Walk 150 feet                   | N/A                                   | N/A                 | R                 | N/A     |
| <b>GG0170Q3</b>   | Does the patient use a wheelchair/ scooter?                     | N/A                                   | N/A                 | R                 | N/A     |
| <b>GG0170R3</b>   | Mobility Discharge Performance: Wheel 50 feet with two turns    | N/A                                   | N/A                 | R                 | N/A     |
| <b>GG0170RR3</b>  | Indicate the type of wheelchair/ scooter used.                  | N/A                                   | N/A                 | R                 | N/A     |
| <b>GG0170S3</b>   | Discharge Performance: Wheel 150 feet                           | N/A                                   | N/A                 | R                 | N/A     |
| <b>GG0170SS3</b>  | Indicate the type of wheelchair/ scooter used.                  | N/A                                   | N/A                 | R                 | N/A     |

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| LTCH CARE<br>Data Set<br>Item Number   | LTCH CARE Data Set<br>Item Name   | LTCH CARE Data Set Version 3.00 FINAL |                        |                      |         |
|--|---|---------------------------------------|------------------------|----------------------|---------|
|  |   | Admission                             | Unplanned<br>Discharge | Planned<br>Discharge | Expired |
| Section H – Bladder and Bowel  |   |                                       |                        |                      |         |
| H0350  | Bladder Continence  | R                                     | N/A                    | R                    | N/A     |
| H0400  | Bowel Continence  | R                                     | N/A                    | N/A                  | N/A     |
| Section I – Active Diagnoses   |   |                                       |                        |                      |         |
| I0050  | Active diagnoses: Indicate the patient’s primary medical condition category.  | R                                     | N/A                    | N/A                  | N/A     |
| I0050A   | Other Medical Condition ICD code  | R***                                  | N/A                    | N/A                  | N/A     |
| ***If 5, Other medical condition, is selected for I0050, Indicate the patient’s primary medical condition category, then an ICD code in I0050A must be entered to fulfill the LTCH QRP requirements. |   |                                       |                        |                      |         |
| Section I – Active Diagnoses – Comorbidities and Co-existing Conditions****  |   |                                       |                        |                      |         |
| I0101  | Active diagnoses: Severe and Metastatic Cancers   | R****                                 | N/A                    | N/A                  | N/A     |
| I0900  | Active diagnoses: Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)                                | R****                                 | N/A                    | N/A                  | N/A     |
| I1501  | Active diagnoses: Chronic Kidney Disease, Stage 5   | R****                                 | N/A                    | N/A                  | N/A     |
| I1502  | Active diagnoses: Acute Renal Failure   | R****                                 | N/A                    | N/A                  | N/A     |
| I2101  | Active diagnoses: Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock                                     | R****                                 | N/A                    | N/A                  | N/A     |
| I2600  | Active diagnoses: Central Nervous System Infections, Opportunistic Infections, Bone/ Joint/ Muscle Infections/ Necrosis | R****                                 | N/A                    | N/A                  | N/A     |
| I2900  | Active diagnoses: Diabetes Mellitus (DM)  | R****                                 | N/A                    | N/A                  | N/A     |
| I4100  | Active diagnoses: Major Lower Limb Amputation   | R****                                 | N/A                    | N/A                  | N/A     |
| I4501  | Active diagnoses: Stroke  | R****                                 | N/A                    | N/A                  | N/A     |
| I4801  | Active diagnoses: Dementia  | R****                                 | N/A                    | N/A                  | N/A     |
| I4900  | Active diagnoses: Hemiplegia or Hemiparesis   | R****                                 | N/A                    | N/A                  | N/A     |
| I5000  | Active diagnoses: Paraplegia  | R****                                 | N/A                    | N/A                  | N/A     |

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|---|---|---------------------------------------|---------------------|-------------------|---------|
|   |   | Admission                             | Unplanned Discharge | Planned Discharge | Expired |
| <b>I5101</b>  | Active diagnoses: Complete Tetraplegia  | R****                                 | N/A                 | N/A               | N/A     |
| <b>I5102</b>  | Active diagnoses: Incomplete Tetraplegia  | R****                                 | N/A                 | N/A               | N/A     |
| <b>I5110</b>  | Active diagnoses: Other Spinal Cord Disorder/Injury                                   | R****                                 | N/A                 | N/A               | N/A     |
| <b>I5200</b>  | Active diagnoses: Multiple Sclerosis (MS)   | R****                                 | N/A                 | N/A               | N/A     |
| <b>I5250</b>  | Active diagnoses: Huntington's Disease  | R****                                 | N/A                 | N/A               | N/A     |
| <b>I5300</b>  | Active diagnoses: Parkinson's Disease   | R****                                 | N/A                 | N/A               | N/A     |
| <b>I5450</b>  | Active diagnoses: Amyotrophic Lateral Sclerosis                                       | R****                                 | N/A                 | N/A               | N/A     |
| <b>I5460</b>  | Active diagnoses: Locked-in State   | R****                                 | N/A                 | N/A               | N/A     |
| <b>I5470</b>  | Active diagnoses: Severe Anoxic Brain Damage, Cerebral Edema, or Compression of Brain | R****                                 | N/A                 | N/A               | N/A     |
| <b>I5601</b>  | Active diagnoses: Malnutrition  | R****                                 | N/A                 | N/A               | N/A     |
| <b>I5602</b>  | Active diagnoses: At Risk for Malnutrition  | R****                                 | N/A                 | N/A               | N/A     |
| <b>I7900</b>  | None of the above   | R****                                 | N/A                 | N/A               | N/A     |
| ****Check all comorbidities and co-existing conditions that apply OR check None of the above (I7900) to fulfill requirements of the LTCH QRP. |   |                                       |                     |                   |         |
| Section J – Health Conditions   |   |                                       |                     |                   |         |
| <b>J1800</b>  | Any Falls Since Admission   | N/A                                   | R                   | R                 | R       |
| <b>J1900A</b>   | Number of Falls Since Admission: No injury  | N/A                                   | RIAV                | RIAV              | RIAV    |
| <b>J1900B</b>   | Number of Falls Since Admission: Injury (except major)                                | N/A                                   | RIAV                | RIAV              | RIAV    |
| <b>J1900C</b>   | Number of Falls Since Admission: Major injury   | N/A                                   | R                   | R                 | R       |
| Section K – Swallowing/Nutritional Status   |   |                                       |                     |                   |         |
| <b>K0200A</b>   | Height (in inches)  | R                                     | N/A                 | N/A               | N/A     |
| <b>K0200B</b>   | Weight (in pounds)  | R                                     | N/A                 | N/A               | N/A     |

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|--------------------------------------|--|---------------------------------------|------------------------|----------------------|---------|
|                                      |  | Admission                             | Unplanned<br>Discharge | Planned<br>Discharge | Expired |
| Section M – Skin Conditions          |  |                                       |                        |                      |         |
| M0210                                | Unhealed Pressure Ulcer(s)   | R                                     | R                      | R                    | N/A     |
| M0300A                               | Stage 1: Number of Stage 1 pressure ulcers   | V                                     | V                      | V                    | N/A     |
| M0300B1                              | Stage 2: Number of Stage 2 pressure ulcers   | R                                     | R                      | R                    | N/A     |
| M0300B2                              | Stage 2: Number of these Stage 2 pressure ulcers that were present upon admission  | N/A                                   | R                      | R                    | N/A     |
| M0300C1                              | Stage 3: Number of Stage 3 pressure ulcers   | R                                     | R                      | R                    | N/A     |
| M0300C2                              | Stage 3: Number of these Stage 3 pressure ulcers that were present upon admission  | N/A                                   | R                      | R                    | N/A     |
| M0300D1                              | Stage 4: Number of Stage 4 pressure ulcers   | R                                     | R                      | R                    | N/A     |
| M0300D2                              | Stage 4: Number of these Stage 4 pressure ulcers that were present upon admission  | N/A                                   | R                      | R                    | N/A     |
| M0300E1                              | Unstageable – Non-removable dressing: Number of unstageable pressure ulcers due to non- removable dressing/device          | R                                     | V                      | V                    | N/A     |
| M0300E2                              | Unstageable - Non-removable dressing: Number of these unstageable pressure ulcers that were present upon admission         | N/A                                   | V                      | V                    | N/A     |
| M0300F1                              | Unstageable – Slough and/or eschar: Number of unstageable pressure ulcers due to coverage of wound by slough/and or eschar | R                                     | V                      | V                    | N/A     |
| M0300F2                              | Unstageable - Slough and/or eschar: Number of these unstageable pressure ulcers that were present upon admission           | N/A                                   | V                      | V                    | N/A     |
| M0300G1                              | Unstageable - Deep tissue injury: Number of unstageable pressure ulcers with suspected deep tissue injury in evolution     | R                                     | V                      | V                    | N/A     |

(continued)

| LTCH CARE Data Set Item Number  | LTCH CARE Data Set Item Name   | LTCH CARE Data Set Version 3.00 FINAL |                     |                   |         |
|---|--|---------------------------------------|---------------------|-------------------|---------|
|   |  | Admission                             | Unplanned Discharge | Planned Discharge | Expired |
| <b>M0300G2</b>  | Unstageable - Deep tissue injury: Number of these unstageable pressure ulcers that were present upon admission | N/A                                   | V                   | V                 | N/A     |
| <b>M0800A</b>   | Worsening in Pressure Ulcer Status Since Admission: Stage 2  | N/A                                   | R                   | R                 | N/A     |
| <b>M0800B</b>   | Worsening in Pressure Ulcer Status Since Admission: Stage 3  | N/A                                   | R                   | R                 | N/A     |
| <b>M0800C</b>   | Worsening in Pressure Ulcer Status Since Admission: Stage 4  | N/A                                   | R                   | R                 | N/A     |
| <b>M0800D</b>   | Worsening in Pressure Ulcer Status Since Admission: Unstageable - Non-removable dressing                       | N/A                                   | V                   | V                 | N/A     |
| <b>M0800E</b>   | Worsening in Pressure Ulcer Status Since Admission: Unstageable - Slough and/or eschar                         | N/A                                   | V                   | V                 | N/A     |
| <b>M0800F</b>   | Worsening in Pressure Ulcer Status Since Admission: Unstageable – Deep tissue injury                           | N/A                                   | V                   | V                 | N/A     |
| Section O – Special Treatments, Procedures, and Programs*****   |  |                                       |                     |                   |         |
| <b>O0100F3</b>  | Invasive Mechanical Ventilator: weaning  | R*****                                | N/A                 | N/A               | N/A     |
| <b>O0100F4</b>  | Invasive Mechanical Ventilator: non-weaning  | R*****                                | N/A                 | N/A               | N/A     |
| <b>O0100G</b>   | Non-invasive Ventilator (BIPAP, CPAP)  | R*****                                | N/A                 | N/A               | N/A     |
| <b>O0100J</b>   | Dialysis   | R*****                                | N/A                 | N/A               | N/A     |
| <b>O0100N</b>   | Total Parenteral Nutrition   | R*****                                | N/A                 | N/A               | N/A     |
| <b>O0100Z</b>   | None of the above  | R*****                                | N/A                 | N/A               | N/A     |
| *****Check all treatments that apply OR check None of the above (O0100Z) to fulfill requirements of the LTCH QRP. |  |                                       |                     |                   |         |

(continued)

| LTCH CARE Data Set Item Number        | LTCH CARE Data Set Item Name  | LTCH CARE Data Set Version 3.00 FINAL |                     |                   |         |
|---------------------------------------|---|---------------------------------------|---------------------|-------------------|---------|
|                                       |   | Admission                             | Unplanned Discharge | Planned Discharge | Expired |
| Section O – Influenza Vaccine         |   |                                       |                     |                   |         |
| O0250A                                | Influenza Vaccine: Did the patient receive the influenza vaccine in this facility for this year's influenza vaccination season? | R                                     | R                   | R                 | R       |
| O0250B                                | Influenza Vaccine: Date influenza vaccine received  | RIAV                                  | RIAV                | RIAV              | RIAV    |
| O0250C                                | Influenza Vaccine: If influenza vaccine not received, state reason  | R                                     | R                   | R                 | R       |
| Section Z – Assessment Administration |   |                                       |                     |                   |         |
| Z0400 A-L <sup>2</sup>                | Signature of Persons Completing the Assessment: Title, section(s), date section completed                                       | N/A                                   | N/A                 | N/A               | N/A     |
| Z0500A <sup>3</sup>                   | Signature of Person Verifying Assessment Completion   | N/A                                   | N/A                 | N/A               | N/A     |
| Z0500B                                | LTCH CARE Data Set Completion Date  | R                                     | R                   | R                 | R       |

<sup>1</sup>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 Social Security Number at the time of submission of the LTCH CARE Data Set.

<sup>2</sup>Item not transmitted to CMS as part of the LTCH CARE Data Set.

<sup>3</sup>Item not transmitted to CMS as part of the LTCH CARE Data Set.