Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardized Patient Assessment Data Elements Affecting FY 2026 Annual Update Determination

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The Centers for Medicare & Medicaid Services' (CMS) Long-Term Care Hospital Quality Reporting Program (LTCH QRP) requires LTCHs to submit quality measure and standardized patient assessment data elements to CMS. For a given data submission period, the LTCH Continuity Assessment Record and Evaluation (CARE) Data Set (LCDS) assessments submitted by an LTCH must meet the Annual Update (i.e. the Annual Payment Update (APU)) minimum data completion threshold. Beginning January 1, 2024, CMS requires LTCHs to report 100 percent of the required quality measures data and standardized patient assessment data collected using the LCDS on at least 85 percent of all assessments submitted beginning with the FY 2026 LTCH QRP. These are the standardized patient assessment data elements and the data elements needed to calculate the LTCH QRP quality measures. Successful assessment completion means that the assessment does not contain non-informative responses, i.e., "dash" (–) for required data elements. Please note that while the coding of a "dash" is an optional response value for many of the data elements listed in this table, its use does not count toward meeting the APU minimum data completion threshold. + Failure to meet the minimum threshold may result in a two (2) percentage point reduction in the LTCH's APU.

Below is a table indicating the LCDS data elements that are used in determining the APU minimum data completion threshold for the FY 2026 LTCH QRP determination. The table below indicates the LCDS data elements for the current and final quarter of the FY 2026 LTCH QRP determination. The last column under "Data Collection Periods (CY 2024)" reflect the changes finalized in the FY 2024 IPPS/LTCH PPS final rule.

- (1) The LCDS Version 5.0 (effective October 1, 2022) is used for the CY Q1 Q3 2024 (January October 2024) data collection reporting period.
- (2) The LCDS Version 5.1 (effective October 1, 2024) is used for the CY Q4 2024 (October December, 2024 data collection period).^

An "X" in the table below indicates the valid assessment type and data collection reporting periods. For detailed measure specifications, please refer to the documents listed under "References" below.

Note: This table is limited to the data elements that are used for determining LTCH QRP compliance and are included in the APU data completion threshold. There are additional data elements used to risk adjust the quality measures used in the LTCH QRP. Failure to submit all data elements used to calculate and risk adjust a quality measure can affect your LTCH's quality measure calculations that are displayed on the Compare website.

References:

FY 2024 IPPS/LTCH PPS Final Rule on the LTCHPPS Regulations and Notices webpage.

LTCH QRP Measure Calculations and Reporting User's Manual V4.0 found in the **Downloads** on the LTCH QRP Measures Information webpage.

Final Specifications for LTCH QRP quality measures and standardized patient assessment data elements found in the **Downloads** section of the <u>Improving Medicare Post-Acute</u> <u>Transformation Act (IMPACT) Act</u> webpage.

LTCH QRP Manual Version 5.0 found in the **Downloads** section on the <u>LTCH CARE Data Set & LTCH CARE Data Set Manual</u> webpage.

^References for CY Q4 2024 data collection reporting period will be posted in early 2024, and LTCHs will be notified at that time. Information will be posted in the **Downloads** on the LTCH QRP Measures Information webpage and the LTCH CARE Data Set & LTCH CARE Data Set Manual webpage.

Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardized Patient Assessment Data Elements Affecting FY 2026 Annual Update Determination

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| LCDS Da | nta Elements Used for FY 2026 LTCH QRP APU Determination | | LCDS Asse | essment Type | | Data Collection Periods (CY 2024) | |
|-----------------------|---|-----------|----------------------|------------------------|---------|--------------------------------------|--------------------------------|
| LCDS Section & Number | Data Element Label/Description | Admission | Planned Discharge | Unplanned Discharge | Expired | LCDS Version 5.0 Q1, Q2, Q3 | LCDS Version 5.1 Q4 2024 |
| A1005* | Ethnicity N/A | X | | | | 2024 X | X |
| A1010* | Race | X | | | | X | X |
| A1110A | Language: What is your preferred language? | X | | | | X | X |
| A1110B* | Language: Do you need or want an interpreter to communicate with a doctor or health care staff? | X | | | | X | X |
| A1250* | Transportation | X | X | | | X | X |
| A2105* | Discharge Location | | X | X | | X | X |
| A2121* | Provision of Current Reconciled Medication List to Subsequent Provider at Discharge | | X | X | | X | X |
| A2122* | Route of Current Reconciled Medication List Transmission to Subsequent Provider | | X | X | | X | X |
| A2123* | Provision of Current Reconciled Medication List to Patient at Discharge | | X | X | | X | X |
| A2124* | Route of Current Reconciled Medication List Transmission to Patient | | X | X | | X | X |
| B0100 | Comatose | X | X | | | X | X |
| B0200 | Hearing | X | | | | X | X |
| B1000 | Vision | X | | | | X | X |
| B1300* | Health Literacy | X | X | | | X | X |
| BB0700 | Expression of Ideas and Wants | X | X | | | X | X |
| BB0800 | Understanding Verbal and Non-Verbal Content | X | X | | | X | X |
| C0100 | Should Brief Interview for Mental Status (C0200-C0500) be Conducted? | X | X | | | X | X |
| C0200 | Repetition of Three Words | X | X | | | X | X |
| C0300A | Temporal Orientation: Able to report correct year | X | X | | | X | X |
| C0300B | Temporal Orientation: Able to report correct month | X | X | | | X | X |
| C0300C | Temporal Orientation: Able to report correct day of the week | X | X | | | X | X |
| C0500 | BIMS Summary Score | X | X | | | X | X |
| C1310A | Signs and Symptoms of Delirium (from CAM ©): Acute Onset Mental Status Change | X | X | X | | X | X |

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| LCDS Da | nta Elements Used for FY 2026 LTCH QRP APU Determination | | LCDS Asse | essment Type | | Data Collection Period (CY 2024) | |
|--------------------------|--|-----------|----------------------|------------------------|---------|-----------------------------------|--------------------------------|
| LCDS Section & Number | Data Element Label/Description | Admission | Planned Discharge | Unplanned Discharge | Expired | LCDS Version 5.0 Q1, Q2, Q3 | LCDS Version 5.1 Q4 2024 |
| C1310B | Signs and Symptoms of Delirium (from CAM ©): Inattention | X | X | X | | 2024 X | X |
| C1310C | Signs and Symptoms of Delirium (from CAM ©): Disorganized Thinking | X | X | X | | X | X |
| C1310D | Signs and Symptoms of Delirium (from CAM ©): Altered Level of Consciousness | X | X | X | | X | X |
| D0150A1 | Symptom Presence: Little interest or pleasure in doing things | X | X | | | X | X |
| D0150A2 | Symptom Frequency: Little interest or pleasure in doing things | X | X | | | X | X |
| D0150B1 | Symptom Presence: Feeling down, depressed, or hopeless | X | X | | | X | X |
| D0150B2 | Symptom Frequency: Feeling down, depressed, or hopeless | X | X | | | X | X |
| D0150C1 | Symptom Presence: Trouble falling or staying asleep, or sleeping too much | X | X | | | X | X |
| D0150C2 | Symptom Frequency: Trouble falling or staying asleep, or sleeping too much | X | X | | | X | X |
| D0150D1 | Symptom Presence: Feeling tired or having little energy | X | X | | | X | X |
| D0150D2 | Symptom Frequency: Feeling tired or having little energy | X | X | | | X | X |
| D0150E1 | Symptom Presence: Poor appetite or overeating | X | X | | | X | X |
| D0150E2 | Symptom Frequency: Poor appetite or overeating | X | X | | | X | X |
| D0150F1 | Symptom Presence: Feeling bad about yourself – or that you are a failure or have let yourself or your family down | X | X | | | X | X |
| D0150F2 | Symptom Frequency: Feeling bad about yourself – or that you are a failure or have let yourself or your family down | X | X | | | X | X |
| D0150G1 | Symptom Presence: Trouble concentrating on things, such as reading the newspaper or watching television | X | X | | | X | X |
| D0150G2 | Symptom Frequency: Trouble concentrating on things, such as reading the newspaper or watching television | X | X | | | X | X |
| D0150H1 | Symptom Presence: Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual | X | X | | | X | X |

Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardized Patient Assessment Data Elements Affecting FY 2026 Annual Update Determination

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| LCDS Da | nta Elements Used for FY 2026 LTCH QRP APU Determination | | LCDS Asse | essment Type | | Data Collec (CY | tion Periods 2024) |
|-----------------------|---|-----------|----------------------|------------------------|---------|-----------------------------------|-----------------------|
| LCDS Section & Number | Data Element Label/Description | Admission | Planned Discharge | Unplanned Discharge | Expired | LCDS Version 5.0 Q1, Q2, Q3 | LCDS Version 5.1 |
| | | | | 8 | | 2024 | Q4 2024 |
| D0150H2 | Symptom Frequency: Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been | X | X | | | X | X |
| D0130112 | moving around a lot more than usual | A | Λ | | | A | Λ |
| D0150I1 | Symptom Presence: Thoughts that you would be better off dead, or of hurting yourself in some way | X | X | | | X | X |
| D0150I2 | Symptom Frequency: Thoughts that you would be better off dead, or of hurting yourself in some way | X | X | | | X | X |
| D0160 | Total Severity Score | X | X | | | X | X |
| D0700* | Social Isolation | X | X | | | X | X |
| GG0130A1 | Eating (Admission Performance) | X | | | | X | X |
| GG0130A3 | Eating (Discharge Performance) | | X | | | X | X |
| GG0130B1 | Oral hygiene (Admission Performance) | X | | | | X | X |
| GG0130B3 | Oral hygiene (Discharge Performance) | | X | | | X | X |
| GG0130C1 | Toileting hygiene (Admission Performance) | X | | | | X | X |
| GG0130C3 | Toileting hygiene (Discharge Performance) | | X | | | X | X |
| GG0170A1 | Roll left and right (Admission Performance) | X | | | | X | X |
| GG0170A3 | Roll left and right (Discharge Performance) | | X | | | X | X |
| GG0170B1 | Sit to lying (Admission Performance) | X | | | | X | X |
| GG0170B3 | Sit to lying (Discharge Performance) | | X | | | X | X |
| GG0170C1 | Lying to sitting on side of bed (Admission Performance) | X | | | | X | X |
| GG0170C3 | Lying to sitting on side of bed (Discharge Performance) | | X | | | X | X |
| GG0170D1 | Sit to stand (Admission Performance) | X | | | | X | X |
| GG0170D3 | Sit to stand (Discharge Performance) | | X | | | X | X |
| GG0170E1 | Chair/bed-to-chair transfer (Admission Performance) | X | | | | X | X |
| GG0170E3 | Chair/bed-to-chair transfer (Discharge Performance) | | X | | | X | X |
| GG0170F1 | Toilet transfer (Admission Performance) | X | | | | X | X |
| GG0170F3 | Toilet transfer (Discharge Performance) | | X | | | X | X |

Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardized Patient Assessment Data Elements Affecting FY 2026 Annual Update Determination

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| LCDS Da | ta Elements Used for FY 2026 LTCH QRP APU Determination | | LCDS Asse | essment Type | | Data Collection Periods (CY 2024) | |
|--------------------------|---|-----------|----------------------|------------------------|---------|---|--------------------------------|
| LCDS Section & Number | Data Element Label/Description | Admission | Planned Discharge | Unplanned Discharge | Expired | LCDS Version 5.0 Q1, Q2, Q3 2024 | LCDS Version 5.1 Q4 2024 |
| GG0170G1 | Car transfer (Admission Performance) | X | | | | X | X |
| GG0170G3 | Car transfer (Discharge Performance) | 11 | X | | | X | X |
| GG0170I1 | Walk 10 feet (Admission Performance) | X | | | | X | X |
| GG0170I3 | Walk 10 feet (Discharge Performance) | | X | | | X | X |
| GG0170J1 | Walk 50 feet with two turns (Admission Performance) | X | | | | X | X |
| GG0170J3 | Walk 50 feet with two turns (Discharge Performance) | | X | | | X | X |
| GG0170K1 | Walk 150 feet (Admission Performance) | X | | | | X | X |
| GG0170K3 | Walk 150 feet (Discharge Performance) | | X | | | X | X |
| GG0170L1 | Walking 10 feet on uneven surfaces (Admission Performance) | X | | | | X | X |
| GG0170L3 | Walking 10 feet on uneven surfaces (Discharge Performance) | | X | | | X | X |
| GG0170M1 | 1 step (curb) (Admission Performance) | X | | | | X | X |
| GG0170M3 | 1 step (curb) (Discharge Performance) | | X | | | X | X |
| GG0170N1 | 4 steps (Admission Performance) | X | | | | X | X |
| GG0170N3 | 4 steps (Discharge Performance) | | X | | | X | X |
| GG0170O1 | 12 steps (Admission Performance) | X | | | | X | X |
| GG0170O3 | 12 steps (Discharge Performance) | | X | | | X | X |
| GG0170P1 | Picking up object (Admission Performance) | X | | | | X | X |
| GG0170P3 | Picking up object (Discharge Performance) | | X | | | X | X |
| GG0170Q1 | Does the patient use a wheelchair and/or scooter? (Admission) | X | | | | X | X |
| GG0170Q3 | Does the patient use a wheelchair and/or scooter? (Discharge) | | X | | | X | X |
| GG0170R1 | Wheel 50 feet with two turns (Admission Performance) | X | | | | X | X |
| GG0170R3 | Wheel 50 feet with two turns (Discharge Performance) | | X | | | X | X |
| GG0170RR1 | Indicate the type of wheelchair or scooter used (Admission) | X | | | | X | X |
| GG0170RR3 | Indicate the type of wheelchair or scooter used (Discharge) | | X | | | X | X |
| GG0170S1 | Wheel 150 feet (Admission Performance) | X | | | | X | X |
| GG0170S3 | Wheel 150 feet (Discharge Performance) | | X | | | X | X |

Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardized Patient Assessment Data Elements Affecting FY 2026 Annual Update Determination

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| LCDS Da | ta Elements Used for FY 2026 LTCH QRP APU Determination | | LCDS Asse | essment Type | | Data Collection Periods (CY 2024) | |
|--------------------------|--|-----------|----------------------|------------------------|---------|--------------------------------------|---------------------|
| LCDS Section & Number | Data Element Label/Description | Admission | Planned Discharge | Unplanned Discharge | Expired | LCDS Version 5.0 Q1, Q2, Q3 | LCDS Version 5.1 |
| | | | | o o | | 2024 | Q4 2024 |
| GG0170SS1 | Indicate the type of wheelchair or scooter used (Admission) | X | | | | X | X |
| GG0170SS3 | Indicate the type of wheelchair or scooter used (Discharge) | | X | | | X | X |
| H0400 | Bowel continence | X | | | | X | X |
| 10900 | Peripheral vascular disease (PVD) or peripheral arterial disease (PAD) | X | | | | X | X |
| I2900 | Diabetes mellitus (DM) | X | | | | X | X |
| J0510* | Pain Effect on Sleep | X | X | | | X | X |
| J0520* | Pain Interference with Therapy Activities | X | X | | | X | X |
| J0530* | Pain Interference with Day-to-Day Activities | X | X | | | X | X |
| J1900C | Number of falls since admission: Major injury | | X | X | X | X | X |
| K0200A | Height (in inches) | X | | | | X | X |
| K0200B | Weight (in pounds) | X | | | | X | X |
| K0520A1 | Nutritional Approaches: Parenteral/IV feeding (On Admission) | X | | | | X | X |
| K0520A4 | Nutritional Approaches: Parenteral/IV feeding (Last 7 Days) | | X | X | | X | X |
| K0520A5 | Nutritional Approaches: Parenteral/IV feeding (At Discharge) | | X | X | | X | X |
| K0520B1 | Nutritional Approaches: Feeding tube (On Admission) | X | | | | X | X |
| K0520B4 | Nutritional Approaches: Feeding tube (Last 7 Days) | | X | X | | X | X |
| K0520B5 | Nutritional Approaches: Feeding tube (At Discharge) | | X | X | | X | X |
| K0520C1 | Nutritional Approaches: Mechanically altered diet (On Admission) | X | | | | X | X |
| K0520C4 | Nutritional Approaches: Mechanically altered diet (Last 7 Days) | | X | X | | X | X |
| K0520C5 | Nutritional Approaches: Mechanically altered diet (At Discharge) | | X | X | | X | X |
| K0520D1 | Nutritional Approaches: Therapeutic diet (On Admission) | X | | | | X | X |
| K0520D4 | Nutritional Approaches: Therapeutic diet (Last 7 Days) | | X | X | | X | X |
| K0520D5 | Nutritional Approaches: Therapeutic diet (At Discharge) | | X | X | | X | X |
| K0520Z1 | Nutritional Approaches: None of the above (On Admission) | X | | | | X | X |
| K0520Z4 | Nutritional Approaches: None of the above (Last 7 Days) | | X | X | | X | X |
| K0520Z5 | Nutritional Approaches: None of the above (At Discharge) | | X | X | | X | X |

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| LCDS Da | ata Elements Used for FY 2026 LTCH QRP APU Determination | | LCDS Asse | essment Type | | Data Collection Periods (CY 2024) | |
|--------------------------|---|-----------|----------------------|------------------------|---------|---|--------------------------------|
| LCDS Section & Number | Data Element Label/Description | Admission | Planned Discharge | Unplanned Discharge | Expired | LCDS Version 5.0 Q1, Q2, Q3 2024 | LCDS Version 5.1 Q4 2024 |
| M0300B1 | Number of Stage 2 pressure ulcers | X | X | X | | X | X |
| M0300B2 | Number of these Stage 2 pressure ulcers that were present upon admission | | X | X | | X | X |
| M0300C1 | Number of Stage 3 pressure ulcers | X | X | X | | X | X |
| M0300C2 | Number of these Stage 3 pressure ulcers that were present upon admission | | X | X | | X | X |
| M0300D1 | Number of Stage 4 pressure ulcers | X | X | X | | X | X |
| M0300D2 | Number of these Stage 4 pressure ulcers that were present upon admission | | X | X | | X | X |
| M0300E1 | Number of unstageable pressure ulcers/injuries due to non-removable dressing/device | X | X | X | | X | X |
| M0300E2 | Number of these unstageable pressure ulcers/injuries due to non-removable dressing/device that were present upon admission | | X | X | | X | X |
| M0300F1 | Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar | X | X | X | | X | X |
| M0300F2 | Number of these unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar that were present upon admission | | X | X | | X | X |
| M0300G1 | Number of unstageable pressure injuries presenting as deep tissue injury | X | X | X | | X | X |
| M0300G2 | Number of these unstageable pressure injuries presenting as deep tissue injury that were present upon admission | | X | X | | X | X |
| N0415A1 | High-Risk Drug Classes: Use and Indication – Is taking: Antipsychotic | X | X | X | | X | X |
| N0415A2 | High-Risk Drug Classes: Use and Indication – Indication noted: Antipsychotic | X | X | X | | X | X |
| N0415E1 | High-Risk Drug Classes: Use and Indication – Is taking: Anticoagulant | X | X | X | | X | X |
| N0415E2 | High-Risk Drug Classes: Use and Indication – Indication noted: Anticoagulant | X | X | X | | X | X |
| N0415F1 | High-Risk Drug Classes: Use and Indication – Is taking: Antibiotic | X | X | X | | X | X |
| N0415F2 | High-Risk Drug Classes: Use and Indication – Indication noted: Antibiotic | X | X | X | | X | X |
| N0415H1 | High-Risk Drug Classes: Use and Indication – Is taking: Opioid | X | X | X | | X | X |
| N0415H2 | High-Risk Drug Classes: Use and Indication – Indication noted: Opioid | X | X | X | | X | X |
| N0415I1 | High-Risk Drug Classes: Use and Indication – Is taking: Antiplatelet | X | X | X | | X | X |
| N0415I2 | High-Risk Drug Classes: Use and Indication – Indication noted: Antiplatelet | X | X | X | | X | X |

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| LCDS Da | nta Elements Used for FY 2026 LTCH QRP APU Determination | | LCDS Asse | essment Type | | Data Collection Periods (CY 2024) | |
|--------------------------|---|-----------|----------------------|------------------------|---------|---|--------------------------------|
| LCDS Section & Number | Data Element Label/Description | Admission | Planned Discharge | Unplanned Discharge | Expired | LCDS Version 5.0 Q1, Q2, Q3 2024 | LCDS Version 5.1 Q4 2024 |
| N0415J1 | High-Risk Drug Classes: Use and Indication – Is taking: Hypoglycemic (including insulin) | X | X | X | | X | X |
| N0415J2 | High-Risk Drug Classes: Use and Indication – Indication noted: Hypoglycemic (including insulin) | X | X | X | | X | X |
| N0415Z1 | High-Risk Drug Classes: Use and Indication – Is taking: None of the above | X | X | X | | X | X |
| N2001 | Drug Regimen Review | X | | | | X | X |
| N2003 | Medication Follow-up | X | | | | X | X |
| N2005 | Medication Intervention | | X | X | X | X | X |
| O0110A1a | Special Treatments, Procedures, and Programs: Chemotherapy (On Admission) | X | | | | X | X |
| O0110A1c | Special Treatments, Procedures, and Programs: Chemotherapy (At Discharge) | | X | X | | X | X |
| O0110A2a | Special Treatments, Procedures, and Programs: IV (On Admission) | X | | | | X | X |
| O0110A2c | Special Treatments, Procedures, and Programs: IV (At Discharge) | | X | X | | X | X |
| O0110A3a | Special Treatments, Procedures, and Programs: Oral (On Admission) | X | | | | X | X |
| O0110A3c | Special Treatments, Procedures, and Programs: Oral (At Discharge) | | X | X | | X | X |
| O0110A10a | Special Treatments, Procedures, and Programs: Other (On Admission) | X | | | | X | X |
| O0110A10c | Special Treatments, Procedures, and Programs: Other (At Discharge) | | X | X | | X | X |
| O0110B1a | Special Treatments, Procedures, and Programs: Radiation (On Admission) | X | | | | X | X |
| O0110B1c | Special Treatments, Procedures, and Programs: Radiation (At Discharge) | | X | X | | X | X |
| O0110C1a | Special Treatments, Procedures, and Programs: Oxygen Therapy (On Admission) | X | | | | X | X |
| O0110C1c | Special Treatments, Procedures, and Programs: Oxygen Therapy (At Discharge) | | X | X | | X | X |
| O0110C2a | Special Treatments, Procedures, and Programs: Continuous (On Admission) | X | | | | X | X |
| O0110C2c | Special Treatments, Procedures, and Programs: Continuous (At Discharge) | | X | X | | X | X |
| O0110C3a | Special Treatments, Procedures, and Programs: Intermittent (On Admission) | X | | | | X | X |
| O0110C3c | Special Treatments, Procedures, and Programs: Intermittent (At Discharge) | | X | X | | X | X |

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| LCDS Da | nta Elements Used for FY 2026 LTCH QRP APU Determination | | LCDS Asse | essment Type | | | tion Periods 2024) |
|--------------------------|--|-----------|----------------------|------------------------|---------|---|--------------------------------|
| LCDS Section & Number | Data Element Label/Description | Admission | Planned Discharge | Unplanned Discharge | Expired | LCDS Version 5.0 Q1, Q2, Q3 2024 | LCDS Version 5.1 Q4 2024 |
| O0110C4a | Special Treatments, Procedures, and Programs: High-concentration (On Admission) | X | | | | X | X |
| O0110C4c | Special Treatments, Procedures, and Programs: High-concentration (At Discharge) | | X | X | | X | X |
| O0110D1a | Special Treatments, Procedures, and Programs: Suctioning (On Admission) | X | | | | X | X |
| O0110D1c | Special Treatments, Procedures, and Programs: Suctioning (At Discharge) | | X | X | | X | X |
| O0110D2a | Special Treatments, Procedures, and Programs: Scheduled (On Admission) | X | | | | X | X |
| O0110D2c | Special Treatments, Procedures, and Programs: Scheduled (At Discharge) | | X | X | | X | X |
| O0110D3a | Special Treatments, Procedures, and Programs: As Needed (On Admission) | X | | | | X | X |
| O0110D3c | Special Treatments, Procedures, and Programs: As Needed (At Discharge) | | X | X | | X | X |
| O0110E1a | Special Treatments, Procedures, and Programs: Tracheostomy Care (On Admission) | X | | | | X | X |
| O0110E1c | Special Treatments, Procedures, and Programs: Tracheostomy (At Discharge) | | X | X | | X | X |
| O0110F1a | Special Treatments, Procedures, and Programs: Invasive Mechanical Ventilator (ventilator or respirator) (On Admission) | X | | | | X | X |
| O0110F1c | Special Treatments, Procedures, and Programs: Invasive Mechanical Ventilator (ventilator or respirator) (At Discharge) | | X | X | | X | X |
| O0110G1a | Special Treatments, Procedures, and Programs: Non-invasive Mechanical Ventilator (On Admission) | X | | | | X | X |
| O0110G1c | Special Treatments, Procedures, and Programs: Non-invasive Mechanical Ventilator (At Discharge) | | X | X | | X | X |
| O0110G2a | Special Treatments, Procedures, and Programs: BiPAP (On Admission) | X | | | | X | X |
| O0110G2c | Special Treatments, Procedures, and Programs: BiPAP (At Discharge) | | X | X | | X | X |
| O0110G3a | Special Treatments, Procedures, and Programs: CPAP (On Admission) | X | | | | X | X |
| O0110G3c | Special Treatments, Procedures, and Programs: CPAP (At Discharge) | | X | X | | X | X |
| O0110H1a | Special Treatments, Procedures, and Programs: IV Medications (On Admission) | X | | | | X | X |

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| LCDS Da | ta Elements Used for FY 2026 LTCH QRP APU Determination | | LCDS Asse | essment Type | | Data Collection Periods (CY 2024) | |
|----------------|---|-----------|-----------|--------------|---------|-----------------------------------|---------------------|
| LCDS Section & | Data Element Label/Description | Admission | Planned | Unplanned | Expired | LCDS Version 5.0 | LCDS Version 5.1 |
| Number | | | Discharge | Discharge | - | Q1, Q2, Q3 2024 | Q4 2024 |
| O0110H1c | Special Treatments, Procedures, and Programs: IV Medications (At Discharge) | | X | X | | X | X |
| O0110H2a | Special Treatments, Procedures, and Programs: Vasoactive medications (On Admission) | X | | | | X | X |
| О0110Н2с | Special Treatments, Procedures, and Programs: Vasoactive medications (At Discharge) | | X | X | | X | X |
| O0110H3a | Special Treatments, Procedures, and Programs: Antibiotics (On Admission) | X | | | | X | X |
| О0110Н3с | Special Treatments, Procedures, and Programs: Antibiotics (At Discharge) | | X | X | | X | X |
| O0110H4a | Special Treatments, Procedures, and Programs: Anticoagulation (On Admission) | X | | | | X | X |
| О0110Н4с | Special Treatments, Procedures, and Programs: Anticoagulation (At Discharge) | | X | X | | X | X |
| O0110H10a | Special Treatments, Procedures, and Programs: Other (On Admission) | X | | | | X | X |
| O0110H10c | Special Treatments, Procedures, and Programs: Other (At Discharge) | | X | X | | X | X |
| O0110I1a | Special Treatments, Procedures, and Programs: Transfusions (On Admission) | X | | | | X | X |
| O0110I1c | Special Treatments, Procedures, and Programs: Transfusions (At Discharge) | | X | X | | X | X |
| O0110J1a | Special Treatments, Procedures, and Programs: Dialysis (On Admission) | X | | | | X | X |
| O0110J1c | Special Treatments, Procedures, and Programs: Dialysis (At Discharge) | | X | X | | X | X |
| O0110J2a | Special Treatments, Procedures, and Programs: Hemodialysis (On Admission) | X | | | | X | X |
| O0110J2c | Special Treatments, Procedures, and Programs: Hemodialysis (At Discharge) | | X | X | | X | X |
| O0110J3a | Special Treatments, Procedures, and Programs: Peritoneal dialysis (On Admission) | X | | | | X | X |
| О0110J3с | Special Treatments, Procedures, and Programs: Peritoneal dialysis (At Discharge) | | X | X | | X | X |
| O0110O1a | Special Treatments, Procedures, and Programs: IV Access (On Admission) | X | | | | X | X |
| O0110O1c | Special Treatments, Procedures, and Programs: IV Access (At Discharge) | | X | X | | X | X |
| O0110O2a | Special Treatments, Procedures, and Programs: Peripheral (On Admission) | X | | | | X | X |
| O0110O2c | Special Treatments, Procedures, and Programs: Peripheral (At Discharge) | | X | X | | X | X |

Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardized Patient Assessment Data Elements Affecting FY 2026 Annual Update Determination

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| LCDS Da | ta Elements Used for FY 2026 LTCH QRP APU Determination | | LCDS Asse | essment Type | | Data Collection Periods (CY 2024) | |
|--------------------------|---|-----------|----------------------|------------------------|---------|---|--------------------------------|
| LCDS Section & Number | Data Element Label/Description | Admission | Planned Discharge | Unplanned Discharge | Expired | LCDS Version 5.0 Q1, Q2, Q3 2024 | LCDS Version 5.1 Q4 2024 |
| O0110O3a | Special Treatments, Procedures, and Programs: Midline (On Admission) | X | | | | X | X |
| O0110O3c | Special Treatments, Procedures, and Programs: Midline (At Discharge) | | X | X | | X | X |
| O0110O4a | Special Treatments, Procedures, and Programs: Central (e.g., PICC, tunneled, port) (On Admission) | X | | | | X | X |
| O0110O4c | Special Treatments, Procedures, and Programs: Central (e.g., PICC, tunneled, port) (At Discharge) | | X | X | | X | X |
| O0110Z1a | Special Treatments, Procedures, and Programs: None of the Above (On Admission) | X | | | | X | X |
| O0110Z1c | Special Treatments, Procedures, and Programs: None of the Above (At Discharge) | | X | X | | X | X |
| O0150A | Invasive Mechanical Ventilation Support upon Admission to the LTCH | X | | | | X | X |
| O0150A2 | Ventilator Weaning Status | X | | | | X | X |
| O0150B | Assessed for readiness for SBT by day 2 of LTCH stay | X | | | | X | X |
| O0150C | Deemed medically ready for SBT by day 2 of the LTCH stay | X | | | | X | X |
| O0150D | Documentation of reason(s) in the patient's medical record that the patient was deemed medically unready for SBT by day 2 of the LTCH stay? | X | | | | X | X |
| O0150E | If the patient was deemed medically ready for SBT, was SBT performed by day 2 of the LTCH stay? | X | | | | X | X |
| O0200A | Invasive Mechanical Ventilator: Liberation Status at Discharge | | X | X | | X | X |
| O0350 | Patient's COVID-19 vaccine is up to date | | X | X | X | | X |

^{*} Dash (–) is not an allowable response value for this item.

⁺ Beginning October 1, 2023, GG130D and at least one GG0130, Self-care, or GG0170, Mobility, discharge goal item are not required to be coded to fulfill requirements of the LTCH QRP. CMS plans to remove GG0130D and the Self-Care Discharge Goals (that is, GG0130, Column 2) and Mobility Discharge Goals (that is, GG0170, Column 2) with the next release of the LCDS. However, LTCHs will continue to receive an APU warning if an LCDS is submitted to iQIES without at least one self-care or mobility discharge goal. LTCHs can ignore this warning and proceed with submitting their assessment.