Data Submission Specifications for IRF
Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items

-1001 Consistency Fatal Invalid FAC_ID: The facility ID (FAC_ID) submitted in this record does not identify a valid provider in the QIES ASAP System. Please contact the QTSO Help Desk.

	Items:	FAC_ID	Facility ID

-1002 Consistency Fatal Invalid REC_ID : The record ID (REC_ID) submitted in this record does not identify a valid transaction code for the record. Contact your vendor.

	Items:	REC_ID	Record ID

-1003 Format Fatal Invalid SSN: If the value is not equal to space, it must be 9 characters long, the first three characters must not be equal to [000], and the value must not be equal to any of the following: [111111111, 333333333, 123456789, 999999999].

	Items:	7	Social Security Number (SSN)

-1004 Format Fatal Formatting of Whole Number Items:
Only whole number values and the special values (if any) that are listed in the Item Values list are 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 may not be included. A sign (+ for positive or - for negative) may not be included.
The following examples are allowed 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], [+1], [+1.0}.

	Items:		
		48AA	Number of Stage 2 pressure ulcers: Admission
		48AD	Number of Stage 2 pressure ulcers: Discharge
		48BA	Number of Stage 3 pressure ulcers: Admission
		48BD	Number of Stage 3 pressure ulcers: Discharge
		48CA	Number of Stage 4 pressure ulcers: Admission
		48CD	Number of Stage 4 pressure ulcers: Discharge
		49A	Number of Stage 2 worsening pressure ulcers
		49B	Number of Stage 3 worsening pressure ulcers
		49C	Number of Stage 4 worsening pressure ulcers
		50A	Pressure Ulcers Present on Admission
		50B	Number of Stage 2 Healed Pressure Ulcers
		50C	Number of Stage 3 Healed Pressure Ulcers
		50D	Number of Stage 4 Healed Pressure Ulcers

-1005 Format Fatal Invalid format: Item cannot contain any embedded spaces or dashes.

	Items:	SFTWR_VNDR_ID	Software Vendor EIN

-1006 Format Fatal Invalid Format: If the value submitted is not equal to one of the values listed in the Item Values, then the value must only contain the following alphanumeric characters: [0] - [9], [A] - [Z], [a] - [z].

	Items:	1B	CMS Certification Number (CCN) (Medicare Prov Num)
		3	Patient Medicaid Number

-1007 Format Fatal Invalid format: If the value submitted is not equal to one of the values listed in the Item Values, then the value must only contain the following numeric characters: [0] through [9].

	Items:	FAC_ZIP	Facility ZIP Code
		FAC_PHONE	Facility Contact Person Phone
		FAC_EXTEN	Facility Contact Person Phone Extension
		7	Social Security Number (SSN)

-1008 Consistency Fatal Invalid Format: This text string may contain only the following characters: [0] -]9], [A] - [Z], [a] - [z]. [-] (dash), [@] (at sign), ['] (single quote), [/] (forward slash), [+] (plus sign, [,] (comma), [.] (period) [_] (underscore), [ ] embedded spaces(s). Embedded spaces are the space character(s) surrounded by any of the characters listed in the preceding sentence. For example, [LEGAL TEXT] would be allowed.

ID	Type	Severity	Text/Items	
			Items: FAC_ADDR_1	Facility Address Line 1
			FAC_ADDR_2	Facility Address Line 2
			FAC_CITY	Facility City
			FAC_CNTCT	Facility Contact Person Name
			SFTWR_VNDR_NAME	Software Vendor Name
			SFTWR_PROD_NAME	Software Product Name
			1A	Facility Name
			4	Patient First Name
			5A	Patient Last Name

-1009   Format   Fatal

Formatting of ICD Items:
If the ICD-9 item is active and not all spaces, it must be submitted so it can be formatted in an 8 character, fixed-format string as follows with the decimal point as the 6th character.

Other formatting rules are as follows:
a) Character 1 must be a space
b) Character 2 must be [E,space]
c) If character 2 is [space], then character 3 can be [V,0-9]. If character 2 is [E], then character 3 must be [0-9]
d) Characters 4 through 5 must be [0-9]
e) Character 6 must be a decimal point
f) Characters 7 and 8 must be [0-9,space]
g) If character 7 is a [space], then character 8 must be a [space].

Note that ICD-10 codes are formatted differently from ICD-9 codes and are not accepted at this time.

			Items: 22	Etiologic Diagnosis Code (ICD-9 Code)
			24A	Comorbid Condition 1 (ICD-9 Code)
			24B	Comorbid Condition 2 (ICD-9 Code)
			24C	Comorbid Condition 3 (ICD-9 Code)
			24D	Comorbid Condition 4 (ICD-9 Code)
			24E	Comorbid Condition 5 (ICD-9 Code)
			24F	Comorbid Condition 6 (ICD-9 Code)
			24G	Comorbid Condition 7 (ICD-9 Code)
			24H	Comorbid Condition 8 (ICD-9 Code)
			24I	Comorbid Condition 9 (ICD-9 Code)
			24J	Comorbid Condition 10 (ICD-9 Code)
			46	Diagnosis for Interruption or Death (ICD-9 Code)
			47A	Complication during rehab stay 1 (ICD-9 Code)
			47B	Complication during rehab stay 2 (ICD-9 Code)
			47C	Complication during rehab stay 3 (ICD-9 Code)
			47D	Complication during rehab stay 4 (ICD-9 Code)
			47E	Complication during rehab stay 5 (ICD-9 Code)
			47F	Complication during rehab stay 6 (ICD-9 Code)

-1010   Consistency   Fatal   Invalid Data Value: The submitted value for this item is not in the valid range of acceptable values.

			Items: ASMT_SYS_CD	Assessment System Code
			STATE_CD	State Code
			VERSION_CD1	IRF-PAI Assessment Version
			VERSION_CD2	IRF-PAI Specifications Version
			CORRECTION_NUM	Correction Number
			8	Gender
			9A	Race: American Indian/Alaskan Native
			9B	Race: Asian
			9C	Race: Black or African American

ID	Type	Severity	Text/Items	
		Items:	9D	Ethnicity: Hispanic or Latino
			9E	Race: Native Hawaiian or other Pacific Islander
			9F	Race: White
			10	Marital Status
			14	Admission Class
			15	Admit From
			16	Pre-Hospital Living Setting
			17	Pre-Hospital Living With
			18	Pre-Hospital Vocational Category
			19	Pre-Hospital Vocational Effort
			20A	Primary Payment Source
			20B	Secondary Payment Source
			25	Comatose: Admission
			26	Delirious: Admission
			27A	Swallowing Status: Admission
			27D	Swallowing Status: Discharge
			28A	Clinical Signs of Dehydration: Admission
			28D	Clinical Signs of Dehydration: Discharge
			29A	Bladder Level of Assistance: Admission
			29D	Bladder Level of Assistance: Discharge
			30A	Bladder Frequency of Accidents: Admission
			30D	Bladder Frequency of Accidents: Discharge
			31A	Bowel Level of Assistance: Admission
			31D	Bowel Level of Assistance: Discharge
			32A	Bowel Frequency of Accidents: Admission
			32D	Bowel Frequency of Accidents: Discharge
			33A	Tub Transfer: Admission
			33D	Tub Transfer: Discharge
			34A	Shower Transfer: Admission
			34D	Shower Transfer: Discharge
			35A	Distance Walked: Admission
			35D	Distance Walked: Discharge
			36A	Distance Traveled in Wheelchair: Admission
			36D	Distance Traveled in Wheelchair: Discharge
			37A	Walk: Admission
			37D	Walk: Discharge
			38A	Wheelchair: Admission
			38D	Wheelchair: Discharge
			39AA	Self-Care -Eating: Admission
			39AD	Self-Care -Eating: Discharge
			39AG	Self-Care -Eating: Goal
			39BA	Self-Care -Grooming: Admission
			39BD	Self-Care -Grooming: Discharge
			39BG	Self-Care -Grooming: Goal
			39CA	Self-Care -Bathing: Admission
			39CD	Self-Care -Bathing: Discharge
			39CG	Self-Care -Bathing: Goal
			39DA	Self-Care -Dressing - Upper: Admission
			39DD	Self-Care -Dressing - Upper: Discharge
			39DG	Self-Care -Dressing - Upper: Goal
			39EA	Self-Care -Dressing - Lower: Admission
			39ED	Self-Care -Dressing - Lower: Discharge
			39EG	Self-Care -Dressing - Lower: Goal
			39FA	Self-Care -Toileting: Admission

ID	Type	Severity	Text/Items	
		Items:	39FD	Self-Care -Toileting: Discharge
			39FG	Self-Care -Toileting: Goal
			39GA	Sphincter Control -Bladder: Admission
			39GD	Sphincter Control -Bladder: Discharge
			39GG	Sphincter Control -Bladder: Goal
			39HA	Sphincter Control -Bowel: Admission
			39HD	Sphincter Control -Bowel: Discharge
			39HG	Sphincter Control -Bowel: Goal
			39IA	Transfers -Bed, Chair, Wheelchair: Admission
			39ID	Transfers -Bed, Chair, Wheelchair: Discharge
			39IG	Transfers -Bed, Chair, Wheelchair: Goal
			39JA	Transfers -Toilet: Admission
			39JD	Transfers -Toilet: Discharge
			39JG	Transfers -Toilet: Goal
			39KA	Transfers -Tub, Shower: Admission
			39KD	Transfers - Tub, Shower: Discharge
			39KG	Transfers -Tub, Shower: Goal
			39LA	Locomotion -Walk/Wheelchair: Admission
			39LAA	Locomotion -Walk/Wheelchair/both: Admission
			39LD	Locomotion -Walk/Wheelchair: Discharge
			39LDD	Locomotion -Walk/Wheelchair/both: Discharge
			39LG	Locomotion -Walk/Wheelchair: Goal
			39MA	Locomotion -Stairs: Admission
			39MD	Locomotion -Stairs: Discharge
			39MG	Locomotion -Stairs: Goal
			39NA	Communication -Comprehension: Admission
			39NAA	Communication -Comp Auditory/Visual/Both:Admission
			39ND	Communication -Comprehension: Discharge
			39NDD	Communication -Comp Auditory/Visual/Both:Discharge
			39NG	Communication -Comprehension: Goal
			39OA	Communication -Expression: Admission
			39OAA	Communication -Expr Vocal/Nonvocal/Both: Admission
			39OD	Communication -Expression: Discharge
			39ODD	Communication -Expr Vocal/Nonvocal/Both: Discharge
			39OG	Communication -Expression: Goal
			39PA	Social Cognition -Social Interaction: Admission
			39PD	Social Cognition -Social Interaction: Discharge
			39PG	Social Cognition -Social Interaction: Goal
			39QA	Social Cognition -Problem Solving: Admission
			39QD	Social Cognition -Problem Solving: Discharge
			39QG	Social Cognition -Problem Solving: Goal
			39RA	Social Cognition -Memory: Admission
			39RD	Social Cognition -Memory: Discharge
			39RG	Social Cognition -Memory: Goal
			41	Patient Discharged Against Medical Advice
			42	Program Interruption(s) Indicator
			44A	Discharge to Living Setting
			44B	Patient Discharged with Home Health Services
			45	Discharge to Living With
			48AA	Number of Stage 2 pressure ulcers: Admission
			48AD	Number of Stage 2 pressure ulcers: Discharge
			48BA	Number of Stage 3 pressure ulcers: Admission
			48BD	Number of Stage 3 pressure ulcers: Discharge
			48CA	Number of Stage 4 pressure ulcers: Admission

ID	Type	Severity	Text/Items

			Items:	48CD	Number of Stage 4 pressure ulcers: Discharge

				48CD	Number of Stage 4 pressure ulcers: Discharge
			Items:	49A	Number of Stage 2 worsening pressure ulcers
				49B	Number of Stage 3 worsening pressure ulcers
				49C	Number of Stage 4 worsening pressure ulcers
				50A	Pressure Ulcers Present on Admission
				50B	Number of Stage 2 Healed Pressure Ulcers
				50C	Number of Stage 3 Healed Pressure Ulcers
				50D	Number of Stage 4 Healed Pressure Ulcers

-1011 Consistency Fatal Invalid Correction Number: The Correction Number value is invalid for this record. This number must be one number greater than the number on the original or previously corrected assessment.

Items: CORRECTION_NUM Correction Number

-1012 Format Fatal Formatting of Birthdate:
This item must contain a valid date in YYYYMMDD, YYYYMM, or YYYY format.

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 and must be zero filled, where necessary. For example, 1909 must be submitted as "1909" and 1900 must be submitted as "1900".

Items: 6 Birth Date

-1013 Format Fatal 00 (zero, zero) followed by a valid code in the list. Valid code

See "Rehabilitation Impairment Categories (RICs) and Associated Impairment Group Codes" for valid values.

*This code must conform as follows:
Character 1 must be 0 (zero) (reserved for future use).
Character 2 must be 0 (zero) (reserved for future use).
Character 3 must be 0 (zero) or 1.
Character 4 must be 0 (zero) thru 9.
Character 5 must be a decimal point or space.
Characters 6 thru 9 must be 0 (zero) thru 9 or space.
If character 6 is a space, then character 5 must be a space. I
If character 6 is a space, then characters 7 thru 9 must be spaces.
If character 7 is a space, then characters 8 and 9 must be spaces.
If character 8 is a space, then character 9 must be a space.

			Items:	21A	Impairment Group: Admission
				21D	Impairment Group: Discharge

-1014 Consistency Fatal Required Item Is blank: The value for this item is blank. Update the value in your IRF-PAI encoding software and resubmit the record.

			Items:	FAC_ADDR_1	Facility Address Line 1
				FAC_CITY	Facility City
				FAC_CNTCT	Facility Contact Person Name
				SFTWR_VNDR_ID	Software Vendor EIN
				SFTWR_VNDR_NAME	Software Vendor Name

ID	Type	Severity	Text/Items	
		Items:	SFTWR_VNDR_EMAIL_ADR	Software Vendor Email Address
			1A	Facility Name
			1B	CMS Certification Number (CCN) (Medicare Prov Num)
			4	Patient First Name
			5A	Patient Last Name
-1015	Consistency	Warning	CCN Mismatch: The CCN submitted on the assessment does not match the CCN stored in the QIES ASAP database for the facility. Please contact the help desk.	
		Items:	1B	CMS Certification Number (CCN) (Medicare Prov Num)
-1016	Consistency	Fatal	Invalid E-mail Address: An e-mail address may contain any printable character except single quotes ['] or double quotes ["].	
		Items:	SFTWR_VNDR_EMAIL_ADR	Software Vendor Email Address
-1021	Consistency	Warning	Software vendor information updated: Submitted values for the item(s) listed are not the same as the values in the QIES ASAP database. The database has been updated.	
		Items:	SFTWR_VNDR_NAME	Software Vendor Name
			SFTWR_VNDR_EMAIL_ADR	Software Vendor Email Address
-1022	Consistency	Warning	New Software Vendor: The submitted software vendor ID number was not found in the QIES ASAP database. A new vendor record was added.	
		Items:	SFTWR_VNDR_ID	Software Vendor EIN
-1023	Format	Fatal	Invalid CCN length: The CMS Certification Number (CCN) (1B) must be exactly 6 characters.	
		Items:	1B	CMS Certification Number (CCN) (Medicare Prov Num)
-1024	Consistency	Warning	Facility information updated: Submitted values for the item(s) listed are not the same as the values in the QIES database. The database has been updated.	
		Items:	FAC_ADDR_1	Facility Address Line 1
			FAC_ADDR_2	Facility Address Line 2
			FAC_CITY	Facility City
			FAC_ZIP	Facility ZIP Code
			FAC_CNTCT	Facility Contact Person Name
			FAC_PHONE	Facility Contact Person Phone
			FAC_EXTEN	Facility Contact Person Phone Extension
			1A	Facility Name
-1030	Consistency	Warning	Patient Provider Updated: Our records indicated that a different provider previously cared for this resident The provider associated with this resident has been updated.	
		Items:	5A	Patient Last Name
-1031	Consistency	Warning	Patient Information Updated: Submitted value(s) for the item(s) listed are not the same as the values in the QIES ASAP database. The database has been updated.	
		Items:	4	Patient First Name
			5A	Patient Last Name
			6	Birth Date
			7	Social Security Number (SSN)
			8	Gender
			9A	Race: American Indian/Alaskan Native
			9B	Race: Asian
			9C	Race: Black or African American
			9D	Ethnicity: Hispanic or Latino
			9E	Race: Native Hawaiian or other Pacific Islander
			9F	Race: White
-1032	Consistency	Warning	Inconsistent Version Number: The version number of the data specifications used for this submission file is not the current version.	

ID	Type	Severity	Text/Items
			Items: VERSION_CD2 IRF-PAI Specifications Version

-1033   Consistency   Fatal   Incorrect Medicare Number: If the first character is numeric [0 through 9] (SSN), then the first 9 characters must be digits [0 through 9]. If the first character is alphabetic (RR insurance number), then there must be 1, 2, or 3 alphabetic characters followed by 6 or 9 numbers.

     Items: 2   Patient Medicare Number

-1035   Consistency   Fatal   Inconsistent 16/17 values: The Pre-Hospital Living With (17) value is not consistent with the Pre-Hospital Living Setting (16) value.

     Items: 16   Pre-Hospital Living Setting
           17   Pre-Hospital Living With

-1036   Consistency   Fatal   Inconsistent 2/20A and 20B values: If Medicare is a payor (20A = [02, 51] or 20B = [02, 51], then item 2 (Patient Medicare number) cannot be blank.

     Items: 2   Patient Medicare Number
           20A   Primary Payment Source
           20B   Secondary Payment Source

-1037   Consistency   Fatal   Inconsistent 18/19 values: The Pre-Hospital Vocational Category (18) value is not consistent with Pre-Hospital Vocational Effort (19) value.

     Items: 18   Pre-Hospital Vocational Category
           19   Pre-Hospital Vocational Effort

-1038   Consistency   Fatal   Inconsistent 20A/20B values: The Primary Payment Source (20A) cannot be equal to [02, 51] if Secondary Payment Source (20B) is equal to [02, 51].

     Items: 20A   Primary Payment Source
           20B   Secondary Payment Source

-1039   Consistency   Fatal   Inconsistent 33A/34A values: The Tub Transfer: Admission (33A) value is not consistent with the Shower Transfer: Admission (34A) value.

     Items: 33A   Tub Transfer: Admission
           34A   Shower Transfer: Admission

-1040   Consistency   Fatal   Inconsistent 33D/34D values: The Tub Transfer: Discharge (33D) value is not consistent with the Shower Transfer: Discharge (34D) value.

     Items: 33D   Tub Transfer: Discharge
           34D   Shower Transfer: Discharge

-1041   Consistency   Fatal   Inconsistent Comorbid Condition ICD codes. For the item listed, if the first item is blank, then the second item must be blank.
     24A (Cormorbid Condition 1) and 24B (Cormorbid Condition 2)
     24B (Cormorbid Condition 2) and 24C (Cormorbid Condition 3)
     24C (Cormorbid Condition 3) and 24D (Cormorbid Condition 4)
     24D (Cormorbid Condition 4) and 24E (Cormorbid Condition 5)
     24E (Cormorbid Condition 5) and 24F (Cormorbid Condition 6)
     24G (Cormorbid Condition 6) and 24H (Cormorbid Condition 7)
     24H (Cormorbid Condition 7) and 24I (Cormorbid Condition 8)
     24H (Cormorbid Condition 8) and 24I (Cormorbid Condition 9)
     24I (Cormorbid Condition 9) and 24J (Cormorbid Condition 10)

     Items: 24A   Comorbid Condition 1 (ICD-9 Code)
           24B   Comorbid Condition 2 (ICD-9 Code)
           24C   Comorbid Condition 3 (ICD-9 Code)
           24D   Comorbid Condition 4 (ICD-9 Code)
           24E   Comorbid Condition 5 (ICD-9 Code)
           24F   Comorbid Condition 6 (ICD-9 Code)
           24G   Comorbid Condition 7 (ICD-9 Code)

ID	Type	Severity	Text/Items	

			Items:	24H	Comorbid Condition 8 (ICD-9 Code)
				24I	Comorbid Condition 9 (ICD-9 Code)
				24J	Comorbid Condition 10 (ICD-9 Code)

-1042   Consistency   Fatal   Inconsistent 44A/45 values: If Discharge to Living Setting (44A) = [01], then Discharge to Living With (45) is cannot equal blank. If Discharge to Living Setting (44A) not = [01] then Discharge to Living With (45) must be blank.

| | | | Items: | 44A | Discharge to Living Setting |
| | | | | 45 | Discharge to Living With |

-1043   Consistency   Fatal   Inconsistent Complications During Rehabilitation Stay Values: For the items listed, if the first item is blank then the second item must be blank.
47A (complication 1) and 47B (complication 2)
47B (complication 2) and 47C (complication 3)
47C (complication 3) and 47D (complication 4)
47D (complication 4) and 47E (complication 5)
47E (complication 5) and 47F (complication 6)

			Items:	47A	Complication during rehab stay 1 (ICD-9 Code)
				47B	Complication during rehab stay 2 (ICD-9 Code)
				47C	Complication during rehab stay 3 (ICD-9 Code)
				47D	Complication during rehab stay 4 (ICD-9 Code)
				47E	Complication during rehab stay 5 (ICD-9 Code)
				47F	Complication during rehab stay 6 (ICD-9 Code)

-1044   Consistency   Fatal   Non-Medicare Record: This is a non-Medicare record and was not accepted by the ASAP system.

| | | | Items: | 20A | Primary Payment Source |
| | | | | 20B | Secondary Payment Source |

-1045   Format   Fatal   Invalid date: The date listed must be a valid date in YYYYMMDD format or one of the special allowed values.

			Items:	12	Admission Date
				13	Assessment Reference Date
				23	Date of Onset
				40	Discharge Date
				43A	1st Interruption Date
				43B	1st Return Date
			Items:	43C	2nd Interruption Date
				43D	2nd Return Date
				43E	3rd Interruption Date
				43F	3rd Return Date

-1046   Consistency   Fatal   Date Too Old: This date is more than 140 years in the past. This date cannot be more than 140 years in the past.

| | | | Items: | 6 | Birth Date |

-1047   Consistency   Fatal   Dates Out of Order: The submitted dates are out of order or in the future. These dates must occur chronologically as follows:
6 (Birth Date)
23 (Date of Onset)
12 (Admission Date)
13 (Assessment Reference Date)
40 (Discharge Date)
SUBMISSION_DATE (Submission Date)

			Items:	6	Birth Date
				12	Admission Date
				13	Assessment Reference Date

ID	Type	Severity	Text/Items	
			Items:	
			23	Date of Onset
			40	Discharge Date
			SUBMISSION_DATE	Submission Date

-1048   Consistency   Fatal

Inconsistent Program Interruption Date Pairs: For the following date pairs, the first date must precede or be the same as the second date if the dates are not blank.
12 (Admission Date) and 43A (1st Interruption Date)
43A (1st Interruption Date) and 43B (1st Return Date)
43B (1st Return Date) and 43C (2nd Interruption Date)
43C (2nd Interruption Date) and 43D (2nd Return Date)
43D (2nd Return Date) and 43E (3rd Interruption Date)
43E (3rd Interruption Date) and 43F (3rd Return Date)
43F (3rd Return Date) and 40 (Discharge Date)

			Items:	
			12	Admission Date
			40	Discharge Date
			43A	1st Interruption Date
			43B	1st Return Date
			43C	2nd Interruption Date
			43D	2nd Return Date
			43E	3rd Interruption Date
			43F	3rd Return Date

-1049   Consistency   Fatal

Inconsistent Skip Pattern: If Program Interruption(s) (42) is 0 (No), then Program Interruption Dates (43A - 43F) must all be blank.

			Items:	
			42	Program Interruption(s) Indicator
			43A	1st Interruption Date
			43B	1st Return Date
			43C	2nd Interruption Date
			43D	2nd Return Date
			43E	3rd Interruption Date
			43F	3rd Return Date

-1050   Consistency   Fatal

Inconsistent 42/43A values: The Program Interruption(s) (42) value is not consistent with the 1st Interruption Date (43A) value. If Program Interruption(s) (42) is equal to 1 (Yes), then 1st Interruption Date (43A) must not be blank.

			Items:	
			42	Program Interruption(s) Indicator
			43A	1st Interruption Date

-1051   Consistency   Fatal

Inconsistent Program Interruption Dates: For the dates listed, if the first date is blank then the second date must be blank.
43A (1st Interruption Date) and 43B (1st Return Date)
43B (1st Return Date) and 43C (2nd Interruption Date)
43C (2nd Interruption Date) and 43D (2nd Return Date)
43D (2nd Return Date) and 43E (3rd Interruption Date)
43E (3rd Interruption Date) and 43F (3rd Return Date)

			Items:	
			43A	1st Interruption Date
			43B	1st Return Date
			43C	2nd Interruption Date
			43D	2nd Return Date
			43E	3rd Interruption Date
			43F	3rd Return Date

-1052   Consistency   Fatal

Inconsistent Program Interruption Dates: For the dates listed, if the first date is not blank then the second date must not be blank.
43A (1st Interruption Date) and 43B (1st Return Date)
43C (2nd Interruption Date) and 43D (2nd Return Date)

ID	Type	Severity	Text/Items
			43E (3rd Interruption Date) and 43F (3rd Return Date)

		Items:	43A	1st Interruption Date
			43B	1st Return Date
			43C	2nd Interruption Date
			43D	2nd Return Date
			43E	3rd Interruption Date
			43F	3rd Return Date

-1053	Consistency	Fatal	Inconsistent Admission date: Admission Date (12) should be later than 1980.

		Items:	12	Admission Date

-1054	Consistency	Fatal	No CMG value calculated: A CMG value was not calculated due to an invalid ICD list passed to the CMS CMG. Please contact the QTSO Help Desk. Please resubmit this record when the system has been corrected.

		Items:	SBMTD_CMG_TXT	Submitted CMG Code

-1055	Consistency	Fatal	Failed CMG Calculation: CMG calculation could not be performed due to a system error. Please contact the QTSO Help Desk. Please resubmit this record when the system has been corrected.

		Items:	SBMTD_CMG_TXT	Submitted CMG Code

-1056	Consistency	Warning	Inconsistent CMG_CODE/CMG_VERSION: The submitted CMG_CODE/CMG_VERISON must match the calculated values.

		Items:	SBMTD_CMG_TXT	Submitted CMG Code
			SBMTD_CMG_VRSN_TXT	Submitted CMG Version Code

-1057	Consistency	Warning	CMG not recalculated: The CMG for this assessment was not recalculated as the discharge date is more than 27 months prior to the submission date.

		Items:	SBMTD_CMG_TXT	Submitted CMG Code

-1058	Consistency	Fatal	Inconsistent 44A/44B values: If Discharge to Living Setting (44A) = [01,02,03,14}, then Discharged With Home Health Services (44B) must equal [0,1]. If Discharge to Living Setting (44A) not = [01,02,03,14}, then Discharged With Home Health Services (44B) must equal blank.

		Items:	44A	Discharge to Living Setting
			44B	Patient Discharged with Home Health Services

-1060	Consistency	Warning	Inconsistent 12/13. The Assessment Reference Date (13) usually must be two days later than the Admission Date (12).

		Items:	12	Admission Date
			13	Assessment Reference Date

-1070	Consistency	Fatal	Invalid Record: The Discharge Date is earlier than 01/01/2002. This record may not be submitted to the QIES ASAP system.

		Items:	40	Discharge Date

-1071	Consistency	Fatal	Unauthorized Submitter: The submitter's User ID is not authorized to submit data on behalf of the provider identified by the FAC_ID in this record.

		Items:	FAC_ID	Facility ID

-1072	Consistency	Warning	Late Transmission (Submission): This record was transmitted (submitted) late. The transmission (submission) date must be reported on your Medicare claim, and may result in a late transmission penalty.

		Items:	40	Discharge Date

-5001	Consistency	Fatal	Inconsistent 50A value: If Pressure ulcers present on admission (50A) is equal to 1 (Yes), then Healed pressure ulcers (50B, 50C, 50D) must not equal skipped [^].

		Items:	50A	Pressure Ulcers Present on Admission

ID	Type	Severity	Text/Items	
		Items:	50B	Number of Stage 2 Healed Pressure Ulcers
			50C	Number of Stage 3 Healed Pressure Ulcers
			50D	Number of Stage 4 Healed Pressure Ulcers
-5002	Consistency	Fatal	Inconsistent 50A value: If Pressure ulcers present on admission (50A) is equal to 0 (No), then Healed pressure ulcers (50B, 50C, 50D) must all be equal to skipped [^].	
		Items:	50A	Pressure Ulcers Present on Admission
			50B	Number of Stage 2 Healed Pressure Ulcers
			50C	Number of Stage 3 Healed Pressure Ulcers
			50D	Number of Stage 4 Healed Pressure Ulcers
-5004	Consistency	Warning	Entering a dash as a response to the items in the quality indicators section may result in payment reductions for your facility of two percentage points starting October 1, 2013.	
		Items:	48AA	Number of Stage 2 pressure ulcers: Admission
			48AD	Number of Stage 2 pressure ulcers: Discharge
			48BA	Number of Stage 3 pressure ulcers: Admission
			48BD	Number of Stage 3 pressure ulcers: Discharge
			48CA	Number of Stage 4 pressure ulcers: Admission
			48CD	Number of Stage 4 pressure ulcers: Discharge
			49A	Number of Stage 2 worsening pressure ulcers
			49B	Number of Stage 3 worsening pressure ulcers
			49C	Number of Stage 4 worsening pressure ulcers
			50A	Pressure Ulcers Present on Admission
			50B	Number of Stage 2 Healed Pressure Ulcers
			50C	Number of Stage 3 Healed Pressure Ulcers
			50D	Number of Stage 4 Healed Pressure Ulcers