

**Data Submission Specifications for the MDS Item Set (V1.15.0)**  
**Detailed Data Specifications Report**  
**Section: H**

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# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: H

**Item ID: H0100A**

Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Appliances: indwelling catheter	Asmt		Checklist	1	682-682

#### Item Subsets

Active: NC,NQ,NP,NSD,NOD,ND,SP,SSD,SOD,SD

Inactive: NS,NO,NT,SS,SO,ST,XX

State optional:

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3506	None of above	Fatal	If H0100A through H0100D and H0100Z are all active, then the following rules apply: a) If H0100Z=[0], then at least one item from H0100A through H0100D must equal [1]. b) If H0100Z=[1], then all items from H0100A through H0100D must equal [0]. c) If H0100Z=[-], then at least one item from H0100A through H0100D must equal [-] and all remaining items must equal [0,-].

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### Section: H

**Item ID: H0100B**

Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Appliances: external catheter	Asmt		Checklist	1	683-683

#### Item Subsets

Active: NC,NQ,NP,NSD,NOD,ND,SP,SSD,SOD,SD  
 Inactive: NS,NO,NT,SS,SO,ST,XX  
 State optional:

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3506	None of above	Fatal	If H0100A through H0100D and H0100Z are all active, then the following rules apply: a) If H0100Z=[0], then at least one item from H0100A through H0100D must equal [1]. b) If H0100Z=[1], then all items from H0100A through H0100D must equal [0]. c) If H0100Z=[-], then at least one item from H0100A through H0100D must equal [-] and all remaining items must equal [0,-].

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## Detailed Data Specifications Report

### Section: H

**Item ID: H0100C**

Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Appliances: ostomy	Asmt		Checklist	1	684-684

#### Item Subsets

Active: NC,NQ,NP,NSD,NOD,ND,SP,SSD,SOD,SD  
 Inactive: NS,NO,NT,SS,SO,ST,XX  
 State optional:

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3506	None of above	Fatal	If H0100A through H0100D and H0100Z are all active, then the following rules apply: a) If H0100Z=[0], then at least one item from H0100A through H0100D must equal [1]. b) If H0100Z=[1], then all items from H0100A through H0100D must equal [0]. c) If H0100Z=[-], then at least one item from H0100A through H0100D must equal [-] and all remaining items must equal [0,-].

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**Item ID: H0100D**

Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Appliances: intermittent catheterization	Asmt		Checklist	1	685-685

#### Item Subsets

Active: NC,NQ,NP,NSD,NOD,ND,SP,SSD,SOD,SD

Inactive: NS,NO,NT,SS,SO,ST,XX

State optional:

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3506	None of above	Fatal	If H0100A through H0100D and H0100Z are all active, then the following rules apply: a) If H0100Z=[0], then at least one item from H0100A through H0100D must equal [1]. b) If H0100Z=[1], then all items from H0100A through H0100D must equal [0]. c) If H0100Z=[-], then at least one item from H0100A through H0100D must equal [-] and all remaining items must equal [0,-].

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: H

**Item ID: H0100Z**

Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Appliances: none of the above	Asmt		Checklist	1	686-686

#### Item Subsets

Active: NC,NQ,NP,NSD,NOD,ND,SP,SSD,SOD,SD  
 Inactive: NS,NO,NT,SS,SO,ST,XX  
 State optional:

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3506	None of above	Fatal	If H0100A through H0100D and H0100Z are all active, then the following rules apply: a) If H0100Z=[0], then at least one item from H0100A through H0100D must equal [1]. b) If H0100Z=[1], then all items from H0100A through H0100D must equal [0]. c) If H0100Z=[-], then at least one item from H0100A through H0100D must equal [-] and all remaining items must equal [0,-].

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: H

**Item ID: H0200A**

Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Urinary toileting program: has been attempted	Asmt		Code	1	687-687

#### Item Subsets

Active: NC,NQ,NP,NS,NSD,NO,NOD,SP,SS,SSD,SO,SOD  
 Inactive: ND,NT,SD,ST,XX  
 State optional:

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
9		Unable to determine
-		Not assessed/no information

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3536	Skip pattern	Fatal	a) If H0200A=[0,9], then if H0200B is active it must equal [^]. b) If H0200A=[1], then if H0200B is active it must not equal [^]. c) If H0200A=[-], then if H0200B is active it must equal [-].
-3537	Skip pattern	Fatal	a) If H0200A=[0], then if H0200C is active it must equal [^]. b) If H0200A=[1,9], then if H0200C is active it must not equal [^]. c) If H0200A=[-], then if H0200C is active it must equal [-].

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## Detailed Data Specifications Report

### Section: H

**Item ID: H0200B**

Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Urinary toileting program: response	Asmt		Code	1	688-688

#### Item Subsets

Active: NC  
 Inactive: NS,NSD,NO,NOD,ND,NT,SP,SS,SSD,SO,SOD,SD,ST,XX  
 State optional: NQ,NP

#### Item Values

Value	LOINC Code	Value Text
0		No improvement
1		Decreased wetness
2		Completely dry (continent)
9		Unable to determine or trial in progress
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3536	Skip pattern	Fatal	a) If H0200A=[0,9], then if H0200B is active it must equal [^]. b) If H0200A=[1], then if H0200B is active it must not equal [^]. c) If H0200A=[-], then if H0200B is active it must equal [-].



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### Section: H

Item ID: H0200C

Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Urinary toileting program: current program/trial	Asmt		Code	1	689-689

#### Item Subsets

Active: NC,NQ,NP,NS,NSD,NO,NOD,SP,SS,SSD,SO,SOD  
 Inactive: ND,NT,SD,ST,XX  
 State optional:

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3537	Skip pattern	Fatal	a) If H0200A=[0], then if H0200C is active it must equal [^]. b) If H0200A=[1,9], then if H0200C is active it must not equal [^]. c) If H0200A=[-], then if H0200C is active it must equal [-].

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## Detailed Data Specifications Report

### Section: H

**Item ID: H0300**

Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Urinary continence	Asmt		Code	1	690-690

#### Item Subsets

Active: NC,NQ,NP,NSD,NOD,ND,SP,SSD,SOD,SD

Inactive: NS,NO,NT,SS,SO,ST,XX

State optional:

#### Item Values

Value	LOINC Code	Value Text
0		Always continent
1		Occasionally incontinent (less than 7 episodes of incontinence)
2		Frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of continent voiding)
3		Always incontinent (no episodes of continent voiding)
9		Not rated, resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for entire 7 days
-		Not assessed/no information

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: H

**Item ID: H0400**

Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Bowel continence	Asmt		Code	1	691-691

#### Item Subsets

Active: NC,NQ,NP,NSD,NOD,ND,SP,SSD,SOD,SD  
 Inactive: NS,NO,NT,SS,SO,ST,XX  
 State optional:

#### Item Values

Value	LOINC Code	Value Text
0		Always continent
1		Occasionally incontinent (one episode of bowel incontinence)
2		Frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel movement)
3		Always incontinent (no episodes of continent bowel movements)
9		Not rated, resident had an ostomy or did not have a bowel movement for the entire 7 days
-		Not assessed/no information

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: H

**Item ID: H0500**

Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Bowel toileting program being used	Asmt		Code	1	692-692

#### Item Subsets

Active: NC,NQ,NP,NS,NSD,NO,NOD,SP,SS,SSD,SO,SOD  
 Inactive: ND,NT,SD,ST,XX  
 State optional:

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
-		Not assessed/no information

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.

# Data Submission Specifications for the MDS Item Set (V1.15.0)

## Detailed Data Specifications Report

### Section: H

Item ID: H0600

Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Constipation	Asmt		Code	1	693-693

#### Item Subsets

Active: NC  
 Inactive: NS,NSD,NO,NOD,ND,NT,SP,SS,SSD,SO,SOD,SD,ST,XX  
 State optional: NQ,NP

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
-		Not assessed/no information

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.