2

MESSAGES AND DESCRIPTIONS

FATAL FILE MESSAGES

The following messages are considered fatal file messages and result in the rejection of the entire submission batch. If a submission file contains a fatal file message, HHA_Main is never executed for the submission and the individual data records are not validated or stored in the database.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 1	Invalid header HHA_ID: The State-Assigned HHA_ID code (HHA_ID) in the header record of the submission file does not match the HHA_ID that corresponds to the Login ID (User Name) used.	**Cause:** The wrong file was submitted. The State-Assigned HHA ID Code (HHA_ID) in the header record of the submission file does not match the HHA_ID that corresponds to the Login ID (User Name) used. **Definition:** Header record: The header record contains basic identifying information for the home health agency, as well as, contact person and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. **Example:** Parent company submitting for multiple home health agencies and forgot to change home health agency identifiers for each new home health agency. **Action:** Verify that the correct file was submitted. Verify that the HHA ID in the header record of the submission file and the Login ID correspond. If they do not correspond, check the HHA's encoding software.
+ 4	Header missing: The required header record is missing from the submission file.	**Cause:** The required header record is missing from the submission file. The REC_ID is invalid for the header. **Definition:** Header record: The header record contains basic identifying information for the home health agency, as well as, contact persons and telephone numbers in the event that the file is in error. It is the first line of data in the submission file. REC_ID: Identifies the line in the file as a header record, data record, or trailer record. Header record is identified by "A1", upper case "A" followed by a "1" (one) in the first two bytes. **Action:** Verify that the header record is in the submission file. Refer to the current data specification for the correct submission file layout. Verify that the header REC_ID is "A1". Contact your software vendor for assistance.
+ 5	Header incorrect length: The header record of the submission file is not the correct length.	**Cause:** The header record of the submission file is not the correct length. Transmission may have been interrupted (i.e., power surge, lightening strike). **Definition:** Header record: The header record contains basic identifying information for the home health agency, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. **Action:**

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		Verify that the header record in the submission file is 1448 bytes in length. Refer to the data specifications for the correct submission file layout. If you think the transmission was interrupted, attempt to resubmit the file. Contact your software vendor for assistance.
+ 7	Data record incorrect length: The patient data record of the submission file is not the correct length.	**Cause:** The patient data record of the submission is not the correct length. Transmission may have been interrupted (i.e., power surge, lightening strike). **Definition:** Data Record: A data record contains information for a single OASIS patient record, a single discharge transaction, a single recertification transaction, a single resumption of care transaction, a single transfer assessment or a single start of care assessment. There may be one or more data records in a submission file. **Tips:** If this error occurs, the Rec_ID is changed from B1 to L1. Once this error is received, no further edit checks are performed on this rejected record. The Final Validation Report does not display any identifying information. **Actions:** Verify that each data record of the submission file is 1448 bytes in length. Refer to the current data specifications for the correct submission file layout. If you think the transmission was interrupted, attempt to resubmit the file. Contact your software vendor for assistance.
+ 8	Data records missing: No patient data records are found in the submission file.	**Cause:** There were no patient data records found in the submission file. This error also occurs if the REC_ID is invalid for the data record. **Definition:** Data record: A data record contains information for a single OASIS patient record, a single discharge transaction, a single recertification transaction, a single resumption of care transaction, a single transfer assessment or a single start of care assessment. There are one or more data records in a submission file. REC_ID: identified the line in the file as a header record, data record or trailer record. A data record is identified by "B1", upper case B followed by a "1" (one) in the first two bytes. **Action:** Verify that the submission file contains at least one patient data record. Verify that the data record REC_ID is "B1". Refer to the current data specifications for the correct submission file layout. Contact your software vendor for assistance.
+ 9	Trailer incorrect length: The trailer record of the submission file is not the correct length.	**Cause:** The trailer record of the submission file is not the correct length. Transmission may have been interrupted (i.e., power surge, lightening strike).

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		Definition: Trailer record: The trailer record indicates the end of the submission file and includes a count of the total number of records in the file including the header and trailer records. **Action:** Verify that the trailer record in the submission file is 1448 bytes in length. Refer to the current data specifications for the correct submission file layout. If you think the transmission was interrupted, attempt to resubmit the file. Contact your software vendor for assistance.
+ 10	Trailer missing: The required trailer record is missing from the submission file.	**Cause:** The required trailer record is missing from the submission file. The REC_ID is invalid for the trailer. **Definition:** Trailer Record: The trailer record indicates the end of the submission file and includes a count of the total number of records in the file including the header and trailer records. REC_ID: Identifies the line in the file as a header record, data record, or trailer record. The trailer record is identified by a "Z1", upper case Z followed by a "1" (one) in the first two bytes. **Actions:** Verify that the trailer record is in the submission file. Verify that the trailer REC_ID is "Z1". Refer to the current data specifications for the correct submission file layout. Contact your software vendor for assistance.
+ 11	Incorrect record count: The submission file contains MORE records than the trailer record indicates.	**Cause:** The number of records in the submission file is more than the trailer record indicates **Definition:** Trailer record: The trailer record indicates the end of the submission file and includes a count of the total number of records in the file including the header and trailer records. **Action:** Verify that the trailer record count equals the total number of data records plus two (one for the header record and one for the trailer record). Contact your software vendor for assistance.
+ 12	Incorrect record count: The submission file contains FEWER records than the trailer record indicates.	**Cause:** The number of records in the submission file is less than the trailer record indicates. **Definition:** Trailer record: The trailer record indicates the end of the submission file and includes a count of the total number of records in the file including the header and trailer records. **Action:** Verify that the trailer record count equals the total number of data records plus two (one for the header record and one for the trailer record). Contact your software vendor for assistance.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 18	Invalid Submission Indicator: The header record does not correctly indicate whether this is a test or production submission file.	**Cause:** The TEST_SW (test/production indicator) in the header record of the submission file was not either a "0" (zero) or a "1" (one). **Definition:** TEST_SW: Item that designates the submission file as a test file or a production file. A "0" (zero) indicates a test file and "1" (one) indicates a production file. Any other response is invalid data. **Tip:** When invalid data is submitted in the TEST_SW field, validation (editing) of any subsequent fields is not performed. **Action:** Verify that the TEST_SW (test/production indicator) in the header record of the submission file is either a "1" (one) or a "0" (zero). Contact your software vendor for assistance.
+ 28	Invalid RFA: A space occurred in the RFA field (Reason for Assessment M0100) on one or more data records.	**Cause:** The RFA (Reason for Assessment – M0100) field contains a space on one or more of the data records. **Definition:** Data record: A data record contains information for a single OASIS patient record. **Action:** Contact your software vendor for assistance.
+ 29	Unable to accept file: The CMS OASIS system at the State that accepts the submission file has failed. Contact your State Coordinator immediately and resubmit the file.	**Cause:** There is a problem with the CMS OASIS system at the State. A database error occurred when updating the HHA_Upload table. **Action:** If this message is received, contact your State Technical (Automation) Coordinator immediately. Resubmit the file when directed by your State Technical (Automation) Coordinator.
+ 33	Extra data: The submission file contains extra data after the trailer record.	**Cause:** The submission file contains extra data after the trailer record, which is to be the last record in the file. **Definition:** Trailer Record: The trailer record indicates the end of the submission file and includes a count of the total number of records in the file including the header and trailer records. **Action:** Verify that there is no data following the % (percentage sign) in the trailer record of the submission file. Contact your software vendor for assistance.
+ 36	SFW_ID is missing: The SFW_ID is missing from the header record. Update the Software ID information in your OASIS encoding software.	**Cause:** The submission file did not contain the (SFW_ID) OASIS Software Co. Federal Tax ID in the header record. **Definition:** Header record: The header record contains basic identifying information for the home health agency, as well as, contact person and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. **Action:** Contact your software vendor for assistance.

FATAL RECORD MESSAGES

The following errors are considered fatal record messages and result in the rejection of individual records. Assessments that have fatal record errors are completely removed from the database (for data integrity purposes).

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 26	Invalid record HHA_ID: The State assigned HHA ID code (HHA_ID) in any one of the submitted patient data records does not match the HHA_ID in the header record of the submission file.	**Cause:** The State assigned HHA_ID (HHA ID) code in one of the submitted patient data records does not match the HHA_ID in the header record of the submission file. **Definition:** Data record: A data record contains information for a single OASIS patient record, a single discharge transaction, a single resumption of care transaction, a single request to modify an OASIS record, or a single request to inactivate an OASIS record. There are one or more data records in a submission file. Header record: The header record contains basic identifying information for the home health agency, as well as, contact person and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. **Example:** HHA_ID in the header record = IA 167999 and the HHA_ID in the submitted patient data record = IA167000. **Action:** Verify that the HHA_ID in all data records match the HHA_ID in the header record of the submission file. If the HHA_ID of the data record(s) does not match the HHA_ID in the header record, unlock the data record(s), make the correction and create a new submission file containing the corrected records. Submit this new file. Contact your software vendor for assistance.
+ 30	Invalid effective date: The required effective date is invalid for the submitted data record.	**Cause:** Any data record is rejected if the effective date item identified contains an invalid date. **Definition:** Invalid effective date for the purposes of this message means that the date must contain a valid month, day, and year. The effective date is based on the RFA value. If required on the data record submitted, this message applies to the following date items: (M0030) Start of Care Date for RFA types 01 (M0032) Resumption of Care Date for RFA type 03 (M0090) Information Completion Date for RFA types 04 & 05 (M0906) Discharge/Transfer/Death Date for RFA types 06, 07, 08, & 09 **Tip:** Check the "Field or OASIS Items" and the "Invalid Data Submitted" identified on the Final Validation Report to determine the date item that is missing or invalid. The correct submission file format for all date fields is "YYYYMMDD". The date submitted displays on the Final Validation Report the way it is in the submission file. If it is submitted in the file

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		as "MMDDYYYY", it is displayed this way on the Final Validation Report, indicating the reason for the message. This may mean your software vendor needs to be notified. The correct submission file for all date fields is "YYYYMMDD". Although, the date appears on the forms as "MMDDYYYY", the "Field or OASIS Items" and the "Invalid Data Submitted" identified on the Final Validation Report appear as "YYYYMMDD" because the date is being displayed the way it was submitted and not the way it was entered. 0000 (zero, zero, zero, zero) in the YYYY (year, year, year, year) portion of the date field is not acceptable. **Examples:** An invalid date is June 32, 1999 (19990632). A month of 40 or a day of 35 is not valid. **Actions:** Make appropriate corrections to the record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 31	Invalid RFA: The required Reason for Assessment (M0100) is invalid for the submitted data record.	**Cause:** The submitted data for the (M0100) Reason for Assessment field is not in the valid range of acceptable values. Beginning December 16, 2002, M0100 (Reason for Assessment) 02 and 10 are rejected as invalid record type. **Definition:** Acceptable values for the (M0100) Reason for Assessment field are: 01 – Start of care – further visits planned 03 – Resumption of care (after inpatient stay) 04 – Recertification (follow-up reassessment) 05 – Other follow-up 06 – Transferred to an inpatient facility – patient not discharge from agency 07 – Transferred to an inpatient facility – patient discharged from agency 08 – Death at home 09 – Discharge from agency **Example:** An invalid RFA is 15. **Action:** Make appropriate corrections to the record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 32	Last Name Missing: The patient's last name (M0040) is missing from the submitted record.	**Cause:** The patient's last name (M0040_PAT_LNAME) in this data record was missing. This record could not be accepted with the last name blank. **Action:** Make appropriate corrections to the record and resubmit. Refer to the OASIS Implementation Manual, Item-by-Item Tips.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 50	Invalid ICD-9 format: The submitted ICD-9 diagnosis/procedure code is not in the valid range of acceptable values for the identified item.	**Cause:** The submitted ICD-9 diagnosis/procedure code is not in the valid range of acceptable values. For records with a M0090 (Completion Date) of October 1, 2003 V-codes are accepted in M0230 (Primary Diagnosis) and M0240 (Secondary Diagnosis). For records with a M0090 (Completion Date) of October 1, 2003 E-codes are accepted in M0240 (Secondary Diagnosis). All remaining diagnosis fields do not accept E-codes or V-codes. **Definitions:** Invalid ICD-9 format for the purposes of this message means that the diagnosis/procedure code must contain a valid ICD-9 code. If required on the data record submitted, this message applies to the following ICD-9 field items: M1010 (M0190) Inpatient Diagnoses M1016 (M0210) Medical Diagnoses M1020 (M0230) Primary Diagnosis M1022 (M0240) Other Diagnosis M0245 Primary Payment Diagnosis M1024 (M0246) Case Mix Diagnosis - Primary ICD M1012 Inpatient ICD-9 Procedure Code **Example:** An invalid ICD-9 diagnosis code is 820._9. An invalid ICD-9 procedure code is 2456.9. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications for this item to determine the acceptable values. Refer to the ICD-9-CM manual for acceptable codes. Please enter the ICD-9 code for the underlying medical diagnosis or for the problem(s) for which the patient is receiving home health care. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 51	Invalid format: The submitted data for this field must be right justified with leading spaces (to the left) filled with zeros.	**Cause:** The submitted data is not in the correct format for the identified item. **Example:** An invalid format is '4 ' (4, space) or ' 4' (space, 4). **Action:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications for this item to determine the acceptable values.
+ 53	Invalid format: The submitted data for this field must contain letters and/or numbers only. Special characters such as a dash (-) and/or embedded spaces are invalid.	**Cause:** A special character such as a dash (-) and/or embedded spaces was submitted for the identified field. Special characters should not be used. **Example:** An invalid (M0065) Medicaid Number is 452-6394T1. **Action:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications for this item to determine the acceptable values.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 101	Inconsistent dates: The submitted date identified is not consistent with the submission date of the file.	**Cause:** The identified dates are inconsistent with submission date on the Final Validation Report. (LOCK_DATE) The Assessment Lock Date cannot be later than the Submission Date. If the Lock Date is later than the Submission Date, the record is rejected. (Note: The LOCK_DATE is no longer active for any assessment with a M0090 date of 6/21/2006 or greater). (M0030) The Start of Care Date cannot be later than the Submission Date. If (M0030) is later than the Submission Date, the record is rejected. (M0032) The Resumption of Care Date cannot be later than the Submission Date. If (M0032) is later than the Submission Date, the record is rejected. (M0066) The Birth Date cannot be later than the Submission Date. If (M0066) is later than the Submission Date, the record is rejected. (M0090) The Information Completion Date cannot be later than the Submission Date. If (M0090) is later than the Submission Date, the record is rejected. (M0180) The Inpatient Discharge Date cannot be later than the Submission Date. If (M0180) is later than the Submission Date, the record is rejected. (M0903) The Date of the Last (Most Recent) Home Visit cannot be later than the Submission Date. If (M0903) is later than the Submission Date, the record is rejected. (M0906) The Discharge/Transfer/Death Date cannot be later than the Submission Date. If (M0906) is later than the Submission Date, the record is rejected. **Definitions:** LOCK_DATE is the date the assessment was locked in the HHA's encoding software. This date must be less than or equal to the current date. (Note: The LOCK_DATE is no longer active for any assessment with a M0090 date of 6/21/2006 or greater). Submission Date is the date in which the assessment was submitted in a file to the state system. The Submission Date/Time appears up at the top of page one of the Final Validation Report. **Tips:** Check the "Field or OASIS Items" and the "Invalid Data Submitted" identified on the Final Validation Report to determine the date items that are inconsistent with the submission date on the Final Validation Report. LOCK_DATE is an item that may not be visible to the HHA User. It may be an item that is filled in by the vendor software when the record is copied to an upload file. **Actions:** Contact your software vendor to determine how your software handles the LOCK_DATE. Make appropriate corrections to the record and resubmit. Refer to the current data specifications for this item to determine the acceptable values.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 105	Inconsistent M0030/M0903 dates: (M0030) Start of Care Date was submitted with a date later than (M0903) Date of the Last Home Visit. (M0030) date must precede or be the same as (M0903) date.	**Cause:** (M0030) Start of Care Date must precede or be the same as (M0903) Date of Last (Most Recent) Home Visit. **Actions:** Make appropriate corrections to the record and resubmit. Refer to the current data specifications for this item to determine the acceptable values.
+ 106	Inconsistent M0030/M0906 dates: (M0030) Start of Care date was submitted with a date later than (M0906) Discharge/Transfer/Death date. (M0030) date must precede or be the same as (M0906) date.	**Cause:** (M0030) Start of Care Date must precede or be the same as (M0906) Discharge/Transfer/Death Date. **Action:** Make appropriate corrections to the record and resubmit. Refer to the current data specifications to determine valid date sequencing.
+ 110	Inconsistent M0032/M0100 values: If M0100 (RFA) = 1, then M0032 (Resumption of Care) "NA" must be checked.	**Cause:** When (M0100) Reason for Assessment is a Start of Care (response 01), then the (M0032) Resumption of Care "NA" response should be checked. **Tips:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the record and resubmit. Refer to the current data specifications to determine consistency requirements.
+ 111	Inconsistent M0100/M0032 values: If (M0100) Reason for Assessment = 3, then (M0032) "NA" response must not be checked.	**Cause:** IF (M0100) Reason for Assessment is a Resumption of Care (response 03), THEN the (M0032) Resumption of Care "NA" response must not be checked. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements.
+ 112	Inconsistent M0032 values: If (M0032) Resumption of Care "NA" response is unchecked, then (M0032) date field must be completed.	**Cause:** IF the (M0032) Resumption of Care "NA" response is not checked, THEN (M0032) Resumption of Care Date must be completed. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		Refer to the current data specifications to determine consistency requirements.
+ 113	Inconsistent M0032 values: If (M0032) Resumption of Care "NA" response is checked, then (M0032) date field must be blank.	**Cause:** IF the (M0032) Resumption of Care "NA" response is checked, THEN (M0032) Resumption of Care Date must not be completed. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements.
+ 114	Inconsistent M0063 values: If (M0063) Medicare Number "NA" response is unchecked, then the (M0063) number field must be completed.	**Cause:** IF the (M0063) Medicare Number "NA" response is not checked, THEN the (M0063) Medicare Number field must be completed. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements.
+ 115	Inconsistent M0063 values: If (M0063) Medicare Number "NA" response is checked then (M0063) number field must be blank.	**Cause:** IF the (M0063) Medicare Number "NA" field is checked, THEN the (M0063) Medicare Number field must not be completed. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements.
+ 116	Inconsistent M0064 values: If (M0064) Social Security Number "UK" response is unchecked, then (M0064) number field must be completed.	**Cause:** IF the (M0064) Social Security Number "UK" field is not checked, THEN the (M0064) Social Security Number field must be completed. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 117	Inconsistent M0064 values: If (M0064) Social Security Number "UK" response is checked then (M0064) number field must be blank.	**Cause:** IF the (M0064) Social Security Number "UK" field is checked, THEN the (M0064) Social Security Number field must not be completed. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements.
+ 118	Inconsistent M0065 values: If (M0065) Medicaid Number "NA" response is unchecked, then (M0065) number field must be completed.	**Cause:** IF the (M0065) Medicaid Number "NA" response is not checked, THEN the (M0065) Medicaid Number must be completed. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements.
+ 119	Inconsistent M0065 values: If (M0065) Medicaid Number "NA" response is checked, then (M0065) number field must be blank.	**Cause:** IF the (M0065) Medicaid Number "NA" response is checked, THEN the (M0065) Medicaid Number response must not be completed. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements.
+ 120	Inconsistent M0066/LOCK DATE dates: The M0066 (Birth Date) must be earlier than or equal to the Lock Date. The State System does not accept OASIS assessments for patients under the age of 18.	**Cause:** The (M0066) Birth Date must be earlier than the assessment LOCK DATE. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.
+ 121	Inconsistent M0066/M0030 dates: The M0066 (Birth Date) must be earlier than or equal to M0030 (Start of Care Date). The State System does not accept OASIS assessments for patients under the age of	**Cause:** The (M0066) Birth Date must be earlier than or equal to the assessment (M0030) Start of Care Date. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
	18.	
+ 122	Inconsistent M0066/M0032 dates: The M0066 (Birth Date) must be earlier than or equal to M0032 (Resumption of Care Date). The State System does not accept assessments for patients under the age of 18.	**Cause:** The (M066) Birth Date must be earlier than or equal to the assessment (M0032) Resumption of Care Date. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.
+ 124	Inconsistent M0066/M1005 (M0180) dates: The Birth Date M0066 must be earlier than or equal to M1005 (M0180) Most recent inpatient discharge date. The State System does not accept OASIS assessments for patients under the age of 18.	**Cause:** The (M0066) Birth Date must be earlier than or equal to the assessment M1005 (M0180) Inpatient Discharge Date. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.
+ 125	Inconsistent M0066/M0903 dates: The M0066 (Birth Date) must be earlier than or equal to the M0903 (Last Home Visit Date). The State System does not accept OASIS assessments for patients under the age of 18.	**Cause:** The (M0066) Birth Date must be earlier than or equal to the assessment (M0903) Last Home Visit Date. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.
+ 126	Inconsistent M0066/M0906 dates: The M0066 (Birth Date) must be earlier than or equal to the M0906 (Discharge Date). The State System does not accept OASIS assessments for patients under the age of 18.	**Cause:** The (M0066) Birth Date must be earlier than or equal to the assessment (M0906) Discharge/Transfer/Death Date. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.
+ 127	Inconsistent M0018 (M0072) values: If M0018 (M0072) Phys NPI "UK" response is unchecked, then the M0018 (M0072) number field must be completed.	**Cause:** IF the M0018 (M0072) Phys NPI "UK" response is not checked, THEN the M1008 (M0072) Phys NPI must be completed. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		requirements.
+ 128	Inconsistent M0018 (M0072) values: If M0018 (M0072) Phys NPI "UK" response is checked, then the M0018 (M0072) number field must be blank.	**Cause:** IF the M0018 (M0072) Phys NPI "UK" response is checked, THEN the M0018 (M0072) Phys NPI field must not be completed. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements.
+ 130	Inconsistent M0090/M0903 dates: The (M0090) Assessment Completion date was submitted with a date earlier than the (M0903) Last Home Visit Date.	**Cause:** The submitted (M0090) Information Completion Date was earlier than the (M0903) Date of the Last (Most Recent) Home Visit. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.
+ 133	Inconsistent M0150/M0063 values: If (M0150) Current Payment Sources = 1, Medicare Fee-for-Service, then (M0063) Medicare Number "NA" must be unchecked.	**Cause:** Applies when (M0100) Reason for Assessment is a 01, 03, 04, 05, 06, 07, 08, or 09. IF the submitted (M0150) Current Payment Source for Home Care has response 1 is checked, THEN (M0063) Medicare Number "NA" response must not be checked. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 134	Inconsistent M0150/M0065 values: If (M0150) Current Payment Sources = 3, Medicaid Fee-for-Service, then (M0065) Medicaid Number "NA" must be unchecked.	**Cause:** Applies when (M0100) Reason for Assessment is a 01, 03, 04, 05, 06, 07, 08, or 09. IF the submitted (M0150) Current Payment Source for Home Care has response 3 is checked, THEN (M0065) Medicaid Number "NA" response must not be checked. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 138	Inconsistent M1005 (M0180) values: If M1005 (M0180) Most recent inpatient discharge date "UK" is checked, then M1005 (M0180) date field must be blank. If M1005 (M0180) Date is present, then M1005 (M0180) "UK" must be unchecked (zero).	**Cause:** There should not be a date indicated in the M1005 (M0180) Inpatient Discharge Date field, if the submitted M1005 (M0180) "UK" response is checked. **Tip:** If M1005 (M0180) "UK" response is unchecked the date field should be completed. A date must be indicated in the M1005 (M0180) Inpatient Date field, if the submitted M1005 (M0180) "UK" response is unchecked. A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements.
+ 141	Inconsistent M0190 values: (M0190) Inpatient Diagnosis ICD code at "a" cannot be an exact match to (M0190) Inpatient Diagnosis ICD code at "b".	**Cause:** The (M0190) ICD-9 code in response "b." cannot be the same as the (M0190) ICD-9 code response "a". **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements.
+ 142	Inconsistent M0200/M0210 values: If (M0200) Regimen is checked "Yes", then (M0210) Medical Diagnosis ICD code at "a" cannot be blank.	**Cause:** IF (M0200) Medical or Treatment Regimen Change Within Past 14 Days is checked "Yes", THEN (M0210) ICD-9 response "a." cannot be blank You may have submitted a blank or a value that is not acceptable by your state. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips. Contact your state OASIS Coordinator for a list of values that are not accepted by your state.
+ 143	Inconsistent M0100/M0200/M0220 values: If (M0100) is 09 and (M0200) "Yes" is checked, then at least one from (M0220) must be checked. Also, all items in M0220 that are unchecked must be submitted as 0 zero	**Cause:** Applies when (M0100) Reason for Assessment is a 09. IF (M0200) Medical or Treatment Regimen Change Within Past 14 Days response is checked "Yes", THEN at least one item from (M0220) "Urinary Incontinence" through "None of the Above" must be checked. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 144	Inconsistent ICD-9 M0210 values: (M0210_CHGREG_ICD1, M0210_CHGREG_ICD2, M0210_CHGREG_ICD3, M0210_CHGREG_ICD4): This ICD-9 value cannot equal any other ICD-9 value.	**Cause:** The (M0210) submitted ICD-9 code cannot exactly match any other (M0210) submitted ICD-9 code. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Contact your state OASIS Coordinator for a list of values that are not accepted by your state.
+ 146	Inconsistent M0200/M0210/M0220 values: If (M0200) Regimen is "No", then (M0210) Medical Diagnosis and (M0220) Conditions responses 1-7 must be blank.	**Cause:** When using Data Specifications Version 1.20, or 1.30 applies when (M0100) RFA is a 09. When using Data Specifications Version 1.04 applies when (M0100) RFA is 04, 05 or 09. IF (M0200) Medical or Treatment Regimen Change... is checked "No", THEN (M0210) Diagnosis and ICD 9 code (M0220) "Urinary Incontinence" through "None of the Above" must not be checked. **Definitions:** (M0200) Medical or Treatment Regimen Change Within Past 14 Days (M0220) Conditions Prior to Medical or Treatment Regimen Change Within Past 14 Days **Tip:** (M0210) Medical Diagnosis and ICD codes which require treatment regimen medical changes in last 14 days. A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips, as well as, Appendix B.
+ 150	Inconsistent M0100/M1020 (M0230) values: If M0100 (RFA) = 1, 3, 4 or 5, then M1020 (M0230) Primary diagnosis ICD code cannot be blank.	**Cause:** Applies when (M0100) Reason for Assessment is 01, 03, 04, or 05. The M1020 (M0230) Primary Diagnosis field cannot be blank. You may have submitted a blank or a value that is not accepted by your state. **Definitions:** M1020 (M0230) Primary Diagnosis M0100 Reason for Assessment **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Contact State – OEC to determine if ICD –9 code is one accepted by your State. (I.E. STD/HIV ICD-9 codes).

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 151	Inconsistent ICD-9 values: The submitted ICD-9 field cannot be an exact match to any other of the submitted ICD-9 fields.	**Cause:** This ICD-9 code cannot exactly match any other ICD-9 code within the same field on an assessment. **Definitions:** M1010 (M0190) Inpatient Diagnoses and ICD code categories (three digits required; five digits optional) for only those conditions treated during an inpatient facility stay within the past 14 days (no surgical or V-codes). M1012 Inpatient ICD Procedure Code M1016 (M0210) List the patient's Medical Diagnoses and ICD code categories (three digits required; five digits optional) for those conditions requiring changed medical or treatment regimen (no surgical or V-codes). M1020/M1022 (M0230/M0240) Diagnosis and Severity Index responses. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements.
+ 152	Inconsistent M1022 (M0240) values: If M1022 (M0240) Other diagnosis ICD code is blank, then M1022 (M0240) Other diagnosis severity must be blank.	**Cause:** IF M1022 (M0240) ICD-9 response is blank, THEN the corresponding M1022 (M0240) Severity Rating response must be blank. IF M1022 (M0240) ICD-9 response is not blank, THEN the corresponding Severity Rating response 0-4 must be checked, unless the ICD is an E-code. E-codes are valid for M1022 M0240 (ICD) when the M0090 (Completion Date) is October 1, 2003 or later. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+153	Inconsistent M1022 (M0240) values: If M1022 (M0240) Other diagnosis ICD code is an E-code, then M1022 (M0240) Other diagnosis severity must be blank.	**Cause:** IF M1022 (M0240) ICD response is an E-code, THEN the corresponding M1022 (M0240) Severity Rating response must be blank. E-codes are valid for M1022 M0240 (ICD) when the M0090 (Completion Date) is October 1, 2003 or later. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+154	Inconsistent M0245 values: If M0245 (Primary Payment Diagnosis) is blank then M0245 (Secondary Payment Diagnosis) must be blank.	**Cause:** Applies when M0100 (Reason for Assessment is 1, 3, 4 or 5 and M0090 (Completion Date) is October 1, 2003 or later. If M0245 (Primary Payment Diagnosis) is blank then M0245 (Secondary Payment Diagnosis) must be blank. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 157	Inconsistent M0350/M0360 values: If (M0350) Assisting Persons 1, 2, or 3 is checked, then at least one item in (M0360) Primary Caregiver must be checked. Unchecked items must be submitted as 0 (zero).	**Cause:** IF (M0350) Assisting Person has responses 1, 2, and/or 3 checked, THEN (M0360) Primary Caregiver response cannot be blank. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 159	Inconsistent M0100/M0360/M0370 values: If (M0100) = 1, 3, or 9 and M0360 (Caregiver) response 1, 2, 3, 4, or 5 is checked, then at least one item in M0370 (How Often) must be checked.	**Cause:** When M0090 date is 12/16/2002 or later applies to M0100 (Reason for Assessment) 01, 03, or 09. When M0090 date is prior to 12/16/2002 applies to M0100 (Reason for Assessment) 01, 03, 04, 05, or 09. IF (M0360) Primary Caregiver has response 1, 2, 3, 4, or 5 checked, THEN (M0370) Frequency of Primary Caregiver Assistance response must be completed. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+160	Inconsistent M0810/M0820: If (M0810) Equipment response 00-04 is checked then (M0820) Caregiver Management cannot be blank.	**Cause:** When M0090 date is 12/16/2002 or later applies to M0100 (Reason for Assessment) 01, 03, or 09. When M0090 date is prior to 12/16/2002 applies to M0100 (Reason for Assessment) 01, 03, 04, 05, or 09. IF (M0810) Equipment response 00-04 is checked, THEN (M0820) Caregiver Management cannot be blank. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 163	Inconsistent M0520/M0530 values: If (M0520) Urinary Incontinency response 0 (zero) or 2 is checked, then (M0530) When Incontinency Occurs must be unchecked.	**Cause:** IF (M0520) Urinary Incontinence or Urinary Catheter Present response 0 (zero) or 2 is checked, THEN (M0530) When Urinary Incontinence Occurs responses must not be checked. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 164	Inconsistent M1620 (M0540)/M1630 (M0550) values: If M1620 (M0540) Bowel incontinence frequency "NA" is checked, then M1630 (M0550) Ostomy for bowel elimination response 1 or 2 must be checked.	**Cause:** IF M1620 (M0540) Bowel Incontinence Frequency "NA" response is checked, THEN M1630 (M0550) Ostomy for Bowel Elimination response 1 or 2 must be checked. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. NA = Patient has ostomy for bowel elimination **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 165	Inconsistent M1620 (M0540)/M1630 (M0550) values: If M1620 (M0540) Bowel incontinence frequency 0, 1, 2, 3, 4, 5, or UK is checked, then M1630 (M0550) Ostomy for bowel elimination response 0 (zero) should be checked.	**Cause:** IF M1620 (M0540) Bowel Incontinence Frequency response 0 (zero), 1, 2, 3, 4, 5, or UK is checked, THEN M1630 (M0550) Ostomy for Bowel Elimination response 0 (zero) must be checked. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 166	Inconsistent M0810/M0820 values: If (M0810) Equipment "NA" response is checked, then (M0820) Caregiver response must be unchecked.	**Cause:** IF (M0810) Patient Management of Equipment... response has a value of "NA", THEN (M0820) Caregiver Management of Equipment…must be blank. **Definitions:** NA = No equipment of this type used in care (M0810) Patient Management of Equipment (includes ONLY Oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies): Patient's ability to set up, monitor, and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. (NOTE: This refers to ability, not

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		compliance or willingness.) (M0820) Caregiver Management of Equipment (includes ONLY Oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies): Caregiver's ability to set up, monitor, and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. (NOTE: This refers to ability, not compliance or willingness.) **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 168	Inconsistent M0350/M0360/M0820 values: If (M0350) Assisting Person response 2 (not 1) AND (M0360) Caregiver response 1, 2, 3, 4 or 5 are checked, then (M0820) Equip Management NA must be unchecked.	**Cause:** IF (M0350) Assisting Person(s)... response 2 is checked AND (M0360) Primary Caregiver response 1, 2, 3, 4, or 5 is checked, THEN (M0820) Caregiver Management of Equipment... response cannot have a value of "NA". **Definitions:** (M0350) Assisting Person(s) Other than Home Care Agency Staff (M0820) Caregiver Management of Equipment (includes ONLY Oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies): Caregiver's ability to set up, monitor, and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. (NOTE: This refers to ability, not compliance or willingness.) **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. NA = No caregiver **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 169	Inconsistent M0830 values: If (M0830) Emergent Care "UK" response is checked, then (M0830) response 0, 1, 2, or 3 must be unchecked. Unchecked items must be submitted as 0 (zero).	**Cause:** IF (M0830) Emergent Care response has a value of "UK", THEN (M0830) Emergent Care responses 0, 1, 2, and 3 must not be checked. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 170	Inconsistent M0100/M2410 (M0855) values: If M0100 = 9, then M2410 (M0855) Inpatient facility admitted response "NA" must be checked.	**Cause:** IF (M0100) Reason for Assessment is 09, THEN M2410 (M0855) To Which Inpatient Facility... response "NA" must be checked. **Definitions:** (M0100) Reason for Assessment 09 is a "Discharge from agency: Not to Inpatient Facility" M2410 (M0855) To which Inpatient Facility has the patient been admitted? **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. NA = No inpatient facility admission **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 171	Inconsistent M0100/M2410 (M0855) values: If M0100 = 6 or 7, then M2410 (M0855) Inpatient facility admitted response "NA" must not be checked.	**Cause:** IF (M0100) Reason for Assessment is a 06 or 07, THEN M2410 (M0855) To which Inpatient Facility... response "NA" must not be checked. **Definitions:** (M0100) Reason for Assessment 06: "Transferred to Inpatient Facility - not discharged from agency" (M0100) Reason for Assessment 07: "Transferred to Inpatient Facility - discharged from agency" M2410 (M0855) To which Inpatient Facility has the patient been admitted? **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. NA = No inpatient facility admission **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 172	Inconsistent M0855/M0870/M0880 values: If (M0855) Inpatient Facility item 1 is checked, then (M0870) Disposition AND (M0880) Services must be unchecked.	**Cause:** IF (M0855) To which Inpatient Facility... response has a value of 01, THEN (M0870) Discharge Disposition through (M0880) Services or Assistance must be blank. **Definitions:** (M0855) To which Inpatient Facility has the patient been admitted? (M0880) After discharge, does the patient receive health, personal, or support Services or Assistance? **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 173	Inconsistent M0855-M0900 values: If (M0855) Inpatient Facility response 2 or 4 is checked, then (M0870) Discharge Disposition through (M0900) Reason for Admission must be unchecked.	**Cause:** IF (M0855) To which Inpatient Facility... response has a value of 02 or 04, THEN (M0870) Discharge Disposition through (M0900) Admitted to Nursing Home must be blank. **Definitions:** (M0855) To which Inpatient Facility has the patient been admitted? (M0900) For what Reason(s) was the patient Admitted to a Nursing Home? **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 174	Inconsistent M0855-M0895 values: If (M0855) Inpatient Facility response 3 is checked, then (M0870) Discharge Disposition thru (M0895) Reason for Nursing Home Admission must be unchecked.	**Cause:** IF (M0855) To which Inpatient Facility... response has a value of 03 checked, THEN (M0870) Discharge Disposition through (M0895) Reason for Hospitalization must be blank. **Definition:** (M0855) To which Inpatient Facility has the patient been admitted? **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 175	Inconsistent M0870/M0880 values: If (M0870) Discharge Disposition response 2, 3, or UK is checked, then (M0880) Services must all be unchecked	**Cause:** IF (M0870) Discharge Disposition response has a value of 2, 3, or UK, THEN (M0880) Services or Assistance must be blank. **Definition:** (M0880) After discharge, does the patient receive health, personal, or support Services or Assistance? **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 176	Inconsistent M0855/M0870/M0880 values: If (M0855) Inpatient NA AND (M0870) Disposition response 1 are checked, then at least one item in (M0880) Services must be checked.	**Cause:** IF (M0855) To which Inpatient Facility... response "NA" is checked AND (M0870) Discharge Disposition response 1 is checked, THEN at least one response from (M0880) must be checked. **Definition:** NA = No inpatient facility admission **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		NA = No inpatient facility admission **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 177	Inconsistent M0880 values: If response (M0880) Services 1 is checked, then (M0880) responses 2 and 3 must be unchecked. Unchecked items must be submitted as 0 (zero).	**Cause:** IF (M0880) ...Services or Assistance response 1 is checked, THEN (M0880) responses 2 and 3 must not be checked. **Definition:** (M0880) After discharge, does the patient receive health, personal, or support Services or Assistance? **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 178	Inconsistent M0880 values: If (M0880) Services response 2 or 3 is checked, then (M0880) response 1 must be unchecked. Unchecked items must be submitted as 0 (zero).	**Cause:** IF (M0880) ...Services or Assistance response 2 or 3 is checked, THEN (M0880) response 1 must not be checked. **Definition:** (M0880) After discharge, does the patient receive health, personal, or support Services or Assistance? **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 179	Inconsistent M0855/M0890 values: If (M0855) Inpatient Facility item 2, 3, 4, or NA is checked or is blank, then all items in (M0890) Reason for Admission to Hospital must be blank.	**Cause:** IF (M0855) To which Inpatient Facility... response 2, 3, 4, or "NA" is checked OR if they are all unchecked, THEN (M0890) Hospital, for what Reason... response must not be checked. **Definitions:** (M0855) To which Inpatient Facility has the patient been admitted? (M0890) If the patient was admitted to an acute care Hospital, for what Reason was he/she admitted? **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. NA = No inpatient facility admission **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 180	Inconsistent M0855/M0890 values: (M0855) Inpatient Facility item 1 is checked, then (M0890) Reason 1, 2, 3, or UK must be checked. Unchecked items must be submitted as 0 (zero).	**Cause:** Applies when (M0100) RFA is 06 or 07. IF (M0855) To which Inpatient Facility... response 1 is checked, THEN (M0890) ...Hospital, for what Reason... must be checked. **Definitions:** (M0855) To which Inpatient Facility has the patient been admitted? (M0890) If the patient was admitted to an acute care Hospital, for what Reason was he/she admitted? **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 181	Inconsistent M0855/M0895 values: If (M0855) Inpatient Facility item is 2, 3, 4, or NA OR 1-4 and NA are unchecked, then (M0895) Reason for Hospitalization must be unchecked.	**Cause:** Applies when (M0100) RFA is 06 or 07. IF (M0855) To which Inpatient Facility... response 2, 3, 4, or "NA" is checked OR (M0855) is blank, THEN (M0895) Reason for Hospitalization must not be checked. **Definitions:** (M0855) To which Inpatient Facility has the patient been admitted? **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. NA = No inpatient facility admission **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 182	Inconsistent M2410 (M0855)/M2430 (M0895) values: If M2410 (M0855) Inpatient facility admitted item 1 is checked, then at least one M2430 (M0895) Hospital rsn item must be checked. Unchecked items must be submitted as 0 (zero).	**Cause:** Applies when (M0100) Reason for Assessment is 06 or 07. IF M2410 (M0855) To which Inpatient Facility... response 1 is checked, THEN M2430 (M0895) Reason for Hospitalization must have at least one response checked. **Definition:** (M0100) Reason for Assessment 06: "Transferred to Inpatient Facility – not discharged from agency" (M0100) Reason for Assessment 07: "Transferred to Inpatient Facility – discharged from agency" M2410 (M0855) To which Inpatient Facility has the patient been admitted? **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		Actions: Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 183	Inconsistent M2410 (M0855)/M2440 (M0900) values: If M2410 (M0855) Inpatient Facility item 1, 2 or 4 is checked then M2440 (M0900) Nursing home rsn - therapy services thru M2440 (M0900) Nursing home rsn - unknown must be skipped (blank).	**Cause:** Applies when (M0100) RFA is 06 or 07. IF M2410 (M0855) To which Inpatient Facility... response 1, 2, or 4 is checked, THEN M2440 (M0900)...Admitted to Nursing Home must not be checked. **Definitions:** M2410 (M0855) To which Inpatient Facility has the patient been admitted? M2440 (M0900) For what Reason(s) was the patient Admitted to a Nursing Home? **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. NA = No inpatient facility admission **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 184	Inconsistent M2410 (M0855)/M2440 (M0900) values: If M2410 (M0855) Inpatient facility admitted response 3 is checked, then at least one item from M2440 (M0900) Nursing home rsn must be checked. Also, all items in M2440 (M0900) that are unchecked must be submitted as 0 zero.	**Cause:** Applies when (M0100) RFA is 06 or 07. IF M2410 (M0855) To which Inpatient Facility... response 3 is checked, THEN at least one item from M2440 (M0900)...Admitted to a Nursing Home response(s) 1, 2, 3, 4, 5, and/or 6 must be checked. **Definitions:** M2410 (M0855) To which Inpatient Facility has the patient been admitted? M2440 (M0900) For what Reason(s) was the patient Admitted to a Nursing Home? **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 185	Inconsistent M2440 (M0900) values: If M2440 (M0900) Nursing home rsn item UK is checked, then M2440 (M0900) 1, 2, 3, 4, 5, and 6 must be unchecked. Unchecked items must be submitted as 0 (zero).	**Cause:** Applies when (M0100) RFA is 06 or 07. IF M2440 (M0900)...Admitted to a Nursing Home response "UK" is checked, THEN M2440 (M0900) all responses must not be checked. **Definition:** M2440 (M0900) For what Reason(s) was the patient Admitted to a Nursing Home? **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 186	Inconsistent M0903/M0906 dates: The (M0903) Last Visit Date must precede or be the same as the (M0906) Discharge Date.	**Cause:** Applies when (M0100) RFA is 06 or 07, 08 or 09. The (M0903) Date of the Last (Most Recent) Home Visit must be earlier than or the same date as the (M0906) Discharge/Transfer/Death Date. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 191	Inconsistent M1018 (M0220) values: If M1018 (M0220) Prior condition item 7, NA or UK is checked, then only one M1018 (M0220) item 7, NA or UK can be checked.	**Cause:** Applies when (M0100) RFA is 01, 03, 04, 05, or 09 IF M0090 is prior to 12/16/2002. Applies when (M0100) RFA is 01, 03 or 09 IF M0090 is on or after 12/16/2002. Applies when (M0100) RFA is 01 or 03 IF M0090 is on or after 01/01/2010. M1018 (M0220) Conditions Prior to Medical or Treatment Regimen Change...can only have one of the following three responses checked: 7 - None of the above NA - No inpatient facility discharge and no change in medical or treatment regimen in past 14 days UK – Unknown **Definition:** (M0220) Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 192	Inconsistent M1018 (M0220) values: If M1018 (M0220) Prior condition item 7, NA, or UK is checked, then M1018 (M0220) items 1, 2, 3, 4, 5, or 6 must be unchecked. Unchecked items must be submitted 0 (zero).	**Cause:** Applies when (M0100) RFA is 01, 03 or 09 IF M0090 is on or after 12/16/2002. Applies when (M0100) RFA is 01,03,04,05 or 09 IF M0090 is prior to 12/16/2002. Applies when (M0100) RFA is 01 or 03 IF M0090 is on or after 01/01/2010. IF M1018 (M0220) Conditions Prior to Medical or Treatment Regimen Change...response 7, "NA", or "UK" is checked, THEN M1018 (M0220) responses 1, 2, 3, 4, 5, and 6 must not be checked. **Definition:** M1018 (M0220) Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days. NA - No inpatient facility discharge and no change in medical or treatment regimen in past 14 days **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 193	Inconsistent M1036 (M0290) values: If M1036 (M0290) High risk factor item 5 is checked, then M1036 (M0290) High Risk Factors items 1, 2, 3, and 4 must be unchecked. Unchecked items must be submitted as 0 (zero).	**Cause:** Applies when (M0100) RFA is 01, 03, or 09 IF M0090 is on or after 12/16/2002. Applies when (M0100) Reason for Assessment is a 01, 03, 04, 05, or 09, IF M0090 is prior to 12/16/2002. Applies when (M0100) RFA is 01 or 03 IF M0090 is on or after 01/01/2010. IF M1036 (M0290) High Risk Factors response 5 use one of the above is checked, THEN M1036 (M0290) responses 1, 2, 3, and 4 must not be checked. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 194	Inconsistent M0350 values: If (M0350) Assisting Person item 4 is checked, then (M0350) Assisting Person items 1, 2, 3, or UK must be unchecked. Unchecked items must be submitted as 0 (zero).	**Cause:** Applies when (M0100) RFA is 01, 03, or 09 IF M0090 is on or after 12/16/2002. Applies when (M0100) RFA is a 01, 03, 04, 05, or 09, IF M0090 is prior to 12/16/2002. IF (M0350) Assisting Person(s)... response 4 is checked, THEN (M0350) responses 1, 2, 3, and "UK" must not be checked. **Definition:** (M0350) Assisting Person(s) Other than Home Care Agency Staff **Tip:** A checked response displays as a "1" on the validation report.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 195	Inconsistent M0360/M0380 values: If (M0360) Caregiver Item 1, 2, 3, 4, or 5 is checked, then (M0380) Type items 1, 2, 3, 4, 5, 6, or 7 must be checked. Unchecked items must be submitted as 0 (zero).	**Cause:** Applies when (M0100) RFA is 01, 03, or 09, IF M0090 is on or after 12/16/2002. Applies when (M0100) RFA is a 01, 03, 04, 05, or 09, IF M0090 is prior to 12/16/2002. IF (M0360) Primary Caregiver response 1, 2, 3, 4, or 5 is checked, THEN (M0380) Type of Primary Caregiver Assistance response 1, 2, 3, 4, 5, 6, and/or 7 must be checked. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 200	Inconsistent M0100/M0450/M0460: If (M0100) Reason for Assessment = 04 or 05 AND (M0450) Pressure Ulcer Stage 1 through Unobservable Pressure Ulcer is equal to 0 (zero) or blank, then (M0460 must be skipped (blank).	**Cause:** Applies when (M0100) RFA is a 04 or 05. IF (M0450) Pressure Ulcer Stage 1 through Unobservable Pressure Ulcer is equal to 0 (zero) or blank, THEN (M0460) Stage of Most Problematic Pressure Ulcer must be blank. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 201	Inconsistent M0100/M0450/M0460: If (M0100) Reason for Assessment = 04 or 05 AND (M0450) Pressure Ulcer Stage 1 through Stage 4 is equal to 1, 2, 3, or 4 OR Unobservable Pressure Ulcer is equal to 1, then (M0460) Stage of Most Problematic Observable Pressure Ulcer cannot be blank.	**Cause:** Applies when M0100 (Reason for Assessment) is 04 or 05, AND the M0090 date is on or after 12/16/02. IF (M0450) Pressure Ulcer Stage 1 through Stage 4 is equal to 1, THEN (M0460) Stage of Most Problematic Observable Pressure Ulcer cannot be blank. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 202	Inconsistent M0468-M0476: If (M0468) Stasis Ulcer item 0 (zero) is checked, then (M0470) Number thru (M0476) Most Problematic must be blank in accordance with the skip pattern for OASIS.	**Cause:** IF (M0468) Stasis Ulcer has a value of 0 (zero) (No), THEN (M0470) Current Number of Observable Ulcers thru (M0476) Status of Most Problematic (Observable) Stasis Ulcer must not be checked. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 203	Inconsistent M0440-M0488 values: If (M0440) Skin Lesion item 0 (zero) is checked, then (M0445) Pressure Ulcer thru (M0488) Most Problematic must be blank in accordance with the skip pattern for OASIS.	**Cause:** IF (M0440)...Skin Lesion or Open Wound has a value of 0 (zero), THEN (M0445)...Pressure Ulcer thru (M0488) Status of Most Problematic (Observable) Surgical Wound must not be checked. When M0090 is prior to 12/16/2002 applies to all fields for M0100 (Reason for Assessment) 01, 03, 04, 05, or 09. When M0090 is 12/16/2002 or later applies to all fields for M0100(Reason for Assessment) 01, 03, or 09, and **Definitions:** (M0440) Does this patient have a Skin Lesion or an Open Wound? (M0445) Does this patient have a Pressure Ulcer? **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 204	Inconsistent M0445-M0464 values: If (M0445) Pressure Ulcer item 0 (zero) is checked, then (M0450) Number thru (M0464) Most Problematic must be blank in accordance with the skip pattern for OASIS.	**Cause:** IF (M0445)...Pressure Ulcer has a value of 0 (zero), THEN (M0450) Current Number of Pressure Ulcers at Each Stage thru (M0464) Status of Most Problematic (Observable) Pressure Ulcer must not be checked. When M0090 is prior to 12/16/02 applies to M0100 (Reason for Assessment) 01, 03, 04, 05, or 09. When M0090 is 12/16/2002 or later applies to M0100 (Reason for Assessment) 01, 03, or 09. **Definition:** (M0445) Does this patient have a Pressure Ulcer? **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 205	Inconsistent M0445-M0464 values: If (M0445) Pressure Ulcer response 1 is checked then (M0450) Number thru (M0464) Most Problematic must be checked.	**Cause:** IF (M0445)...Pressure Ulcer has a value of 1(Yes), THEN (M0450) Current Number of Pressure Ulcers at Each Stage thru (M0464) Status of Most Problematic (Observable) Pressure Ulcer must be checked. When M0090 is prior to 12/16/2002 applies to M0100 (Reason for Assessment) 01, 03, 04, 05, or 09. When M0090 is 12/16/2002 or later applies to M0100 (Reason for Assessment) 01, 03, or 09. **Definition:** (M0445) Does this patient have a Pressure Ulcer? **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.
+ 207	Incorrect format: The submitted data for this item must be blank for the identified OASIS item(s).	**Cause:** The submitted data must be blank for the identified OASIS item(s). **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values.
+ 208	Inconsistent value: At least 1 response in the OASIS item identified must be checked.	**Cause:** Applies when (M0100) Reason for Assessment is a 01, 03, 04, 05, 06, 07, 08, or 09. At least one of the responses for this OASIS item must be checked. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 209	Inconsistent values: If the None or UK response is checked, then all other responses for the identified item must be unchecked.	**Cause:** All of the other items identified for this OASIS item cannot be checked when either None or Unknown is checked. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 210	Inconsistent values: All responses for the identified OASIS item(s) must be blank.	**Cause:** The responses to some OASIS items are contingent upon the responses to other items. All identified OASIS item(s) must be skipped and therefore, left blank. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 211	Inconsistent M0360-M0380 values: If M0100 (RFA) = 1 or 3 and M0360 (Primary Caregiver) response 0 (zero) or UK is checked, then M0370 (How Often) thru M0380 (Type) must be blank.	**Cause:** Applies when (M0100) Reason for Assessment is a 01 or 03. IF (M0360) Primary Caregiver response 0 (zero) or "UK" is checked, THEN (M0370) How Often... thru (M0380) Type of Primary Caregiver Assistance must not be checked. **Definition:** (M0370) How Often does the patient receive assistance from the primary caregiver? **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 212	Inconsistent M0360-M0380 values: If M0100 (RFA) = 9 and M0360 (Primary Caregiver) response 0 (zero) is checked, then M0370 (How Often) thru M0380 (Type) must be blank.	**Cause:** When M0090 is prior to 12/16/2002 applies when M0100 (Reason for Assessment) is 04, 05, or 09. When M0090 is 12/16/2002 or later applies when M0100 (Reason for Assessment) is 09. IF (M0360) Primary Caregiver response 0 (zero) is checked, THEN (M0370) How Often... thru (M0380) Type of Primary Caregiver Assistance must not be checked. **Definition:** (M0370) How Often does the patient receive assistance from the primary caregiver? **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 213	Invalid data value: The submitted data for this response is not in the valid range of acceptable values.	**Cause:** The submitted data is not in the correct format for the identified OASIS item. Version_cd1 cannot contain spaces. **Tips:** Social Security Numbers cannot be all 0's (zeros) or all 9's (nines). Social Security number should be 9 digits or 9 spaces. Cannot be all 0's (zero). All 1's (ones), all 3's (threes), all 9's (nines) or 123456789.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		Cannot start with 000 or have any embedded dashes or spaces. Medicare number must be Alpha numeric or all spaces. No embedded dashes or spaces. If the first character is numeric, then the first 9 (nine) characters must be digits (0-9). If the first character is a letter, then there must be 1-3 alphabetical characters followed by 6 (six) or 9 (nine)digits followed by spaces up to the field length of 12. Beginning January 1, 2004 branches are assigned a Branch ID. Submitted Branch ID must match Branch ID in the State Database. If Agency is the Parent Agency, Branch ID should be a P followed by 9 spaces. If Agency is not a branch, Branch ID should be an N followed by 9 spaces. If agency is a branch the ID is provided by the State Aspen Coordinator and is in the following format: ##Q####### (M0245) Primary Payment Diagnosis **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications for this item to determine the acceptable format. Contact your software vendor for assistance. Contact you State Aspen Coordinator to determine correct Branch ID.
+ 214	Inconsistent M0360/M0380 values: If M0100 (Reason for Assessment) = 1 or 3 AND M0360 (Primary Caregiver) response is 1, 2, 3, 4, or 5 is checked, then at least one item in M0380 (Type) must be checked.	**Cause:** When M0090 is prior to 12/16/2002 applies when (M0100) Reason for Assessment is 01, 03, 04, or 05. When M0090 is 12/16/2002 or later applies to 01 or 03. IF (M0360) Primary Caregiver response 1, 2, 3, 4, or 5 is checked, THEN at least one response from (M0380) Type of Primary Caregiver must be checked. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 215	Missing/Invalid Date: The required date for the identified item is either missing or contains an invalid date for the submitted record.	**Causes:** Any record is rejected if a date item identified is missing or contains an invalid date. RFA (M0100 - Reason for Assessment) determines the date items required for specific data records. If required on the record submitted, this message applies to the following date items: (M0030) Start of Care Date (M0032) Resumption of Care Date (M0066) Birth Date (M0090) Information Completion Date (M0180) Inpatient Discharge Date (M0903) Date of Last Home Visit

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		(M0906) Discharge/Transfer/Death Date **Definition:** Invalid for the purposes of this message means that the date must contain a valid month, day, and year. **Tips:** Check the "Field or OASIS Items" and the "Invalid Data Submitted" identified on the Final Validation Report to determine the date item that is missing or invalid. The correct submission file format for all date fields is "YYYYMMDD". The date submitted displays on the Final Validation Report the way it is in the submission file. If it is submitted in the file as "MMDDYYYY", it is displayed this way on the Final Validation Report, indicating the reason for the message. This may mean your software vendor needs to be notified. A partial birth date (year only or month and year only) would not cause a record to reject. 0000 (zero, zero, zero, zero) in the YYYY (year, year, year, year) portion of the date field in not acceptable. **Examples:** An invalid date is June 32, 1999, (19990632). A month of 40 or a day of 35 is not valid. **Action:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips and Appendix B. Contact your software vendor for assistance.
+ 216	Invalid format: The submitted value for this field must contain numbers only. Letters and/or special characters such as a dash (-) are invalid.	**Cause:** A non-numerical value was submitted for the identified field. A numerical value is the only acceptable value for this field. **Action:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications. Contact your software vendor for assistance. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 217	Inconsistent M0350/M0360 values: If M0100 (RFA) = 1 or 3 AND M0350 (Assisting Person) response 4 or UK is checked, then M0360 (Caregiver) must be blank in accordance with the skip patterns for OASIS.	**Cause:** Applies when (M0100) Reason for Assessment is 01 or 03. IF (M0350) Assisting Person(s)... response 4 or "UK" is checked, THEN (M0360) Primary Caregiver responses must not be checked. **Definition:** (M0350) Assisting Person(s) Other than Home Care Agency Staff **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 218	Inconsistent M0350/M0360 values: If M0100 (Reason for Assessment) = 9 AND M0350 (Assisting Person) response is 4 or UK is checked, then M0360 (Caregiver) must be blank in accordance with the skip pattern for OASIS.	**Cause:** When M0090 is prior to 12/16/2002 applies when (M0100) Reason for Assessment is 04, 05, or 09. When M0090 is 12/16/2002 or later applies to M0100 (Reason for Assessment) 09. IF (M0350) Assisting Person(s)... response 4 is checked, THEN the (M0360) Primary Caregiver responses must not be checked. **Definition:** (M0350) Assisting Person(s) Other than Home Care Agency Staff **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 219	Inconsistent M0350-M0380 values: If M0100 (RFA) = 1 or 3 AND M0350 (Assisting Person) response 4 or UK OR M0360 (Caregiver) response 0 (zero) or UK is checked, then M0370 thru M0380 must be blank.	**Cause:** Applies when (M0100) Reason for Assessment is 01 or 03. IF (M0350) Assisting Person(s)... response 4 or "UK" is checked OR (M0360) Primary Caregiver response 0 (zero) or "UK" is checked, THEN (M0370) Frequency of Primary Caregiver Assistance thru (M0380) Type of Primary Caregiver Assistance must not be checked. **Definition:** (M0350) Assisting Person(s) Other than Home Care Agency Staff **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 220	Inconsistent M0350-M0380 values: If M0100 (Reason for Assessment) = 9 AND M0350 (Assisting Person) item 4 is checked, then M0360 thru M0380 must be blank in accordance with the skip patterns for OASIS.	**Cause:** When M0090 is prior to 12/16/2002 applies when (M0100) Reason for Assessment 04, 05, or 09. When M0090 is 12/16/2002 or later applies when M0100 (Reason for Assessment is 09. IF (M0350) Assisting Person(s)...response 4 or "UK" is checked, THEN (M0360) Primary Caregiver thru (M0380) Type of Primary Caregiver Assistance must not be checked. **Definition:** (M0350) Assisting Person(s) Other than Home Care Agency Staff **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 221	Inconsistent M0200/M0210 values: If M0100 (Reason for Assessment = 1, 3 or 9 AND M0200 (Med. Regimen) item 0 (zero) is checked, then M0210 (Medical Diagnosis) must be blank in accordance with skip patterns.	**Cause:** When M0090 is prior to 12/16/2002 applies when (M0100) Reason for Assessment is 01, 03, 04, 05, or 09. When M0090 is 12/16/2002 or later applies when M0100 (Reason for Assessment) is 01, 03 or 09. IF (M0200) Medical or Treatment Regimen Change Within Past 14 Days has a value of No, THEN (M0210)...Medical Diagnosis... must not be checked. **Definition:** (M0210) List the patient's Medical Diagnoses and ICD code categories for those conditions requiring changed medical or treatment regimen. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 222	Inconsistent CCN number: The CCN number submitted in the header record does not match the (M0010) response in the body record.	**Cause:** The CCN number in the header record of this submission file does not match the (M0010) CMS Certification Number in the body record. **Definition:** Header record: The header record contains basic identifying information for the HHA, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. **Tips:** The number must be left justified, contain no embedded dashes or spaces, and any letters must be upper cased. With most encoding software, the CCN number is inserted in the header record by the software when a file is created. **Actions:** Contact your software vendor for assistance with changing the header record data. Make appropriate corrections to the submitted record and resubmit.
+ 229	Inconsistent dates: The submitted effective date was less than the date in (M0066). The effective date cannot be earlier than the (M0066) date.	**Cause:** Any record is rejected if the effective date is earlier than the (M0066) Birth Date. **Definition:** RFA (M0100 - Reason for Assessment) determines the effective dates required for specific data records. If required on the data record submitted, this message applies to the following date items: (M0030) Start of Care Date for RFA 01 (M0032) Resumption of Care Date for RFA 03 (M0090) Information Completion Date for RFAs 04 & 05 (M0906) Discharge/Transfer/Death Date for RFAs 06, 07, 08, & 09 **Tips:** Check the "Field or OASIS Items" and the "Invalid Data Submitted" identified on the Final Validation Report to determine the effective

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		date that is less than the patient's birth date (M0066). The correct submission file format for all dates is "YYYYMMDD". The date submitted displays on the Final Validation Report the way it is in the submission file. If it is submitted in the file as "MMDDYYYY", it is displayed this way on the Final Validation Report, indicating the reason for the message. This may mean your software vendor needs notified. Either the birth date and/or effective date may be incorrect. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Contact your software vendor for assistance.
+ 230	Inconsistent dates: The submitted effective date was less than 07/19/1999. The effective date cannot be earlier than 07/19/1999.	**Causes:** The State System does not accept any assessment with an effective date prior to 07/19/1999 when encoding OASIS data was required. RFA (M0100 - Reason for Assessment) determines the effective dates required for specific data records. If required on the data record submitted, this message applies to the following date items: (M0030) Start of Care Date for RFAs 01 (M0032) Resumption of Care Date for RFA 03 (M0090) Information Completion Date for RFAs 04 & 05 (M0906) Discharge/Transfer/Death Date for RFAs 06, 07, 08, & 09 **Action:** No correction to this record is necessary.
+ 232	Date too old: This required date is more than 140 years in the past. This date cannot be more than 140 years earlier than the submission date.	**Causes:** Any record is rejected if the date item identified is more than 140 years prior to the current date. RFA (M0100 - Reason for Assessment) determines the date items required for specific data records. If required on the data record submitted, this message applies to the following date items: (M0030) Start of Care Date (M0032) Resumption of Care Date (M0066) Birth Date (M0090) Information Completion Date (M0180) Inpatient Discharge Date (M0903) Date of Last Home Visit (M0906) Discharge/Transfer/Death Date **Definition:** Current date refers to the date the file is submitted to the CMS OASIS system at the state. **Tips:** Check the "Field or OASIS Items" and the "Invalid Data Submitted" identified on the Final Validation Report to determine the effective date that is less than the patient's birth date. The correct submission file format for all dates is "YYYYMMDD". The date submitted displays on the Final Validation Report the way it is in the submission file. If it is submitted in the file as "MMDDYYYY", it should be displayed this way on the Final Validation Report, indicating the reason for the message. This may mean your software vendor needs notified. A partial birth date (year only or month and year only) would not cause a rejection.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		Actions: Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values.
+ 236	Inconsistent M0030/LOCK DATE dates: (M0030) Start of Care Date must be earlier or equal to the LOCK DATE.	**Cause:** (M0030) Start of Care Date must be earlier than or the same as the LOCK DATE. **Definition:** LOCK DATE is the date the assessment was locked in the HHA's encoding software. **Tip:** LOCK DATE is an item that may not be visible to the HHA User. It may be an item that is filled in by the vendor software when the record is copied to a submission file. Verify the date and time setting for the clock in the computer used to encode the OASIS data is set accurately. An inaccurate clock setting could cause submission of an improper LOCK DATE. **Actions:** Contact your software vendor to determine how your software handles the LOCK DATE. Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.
+ 237	Inconsistent M0030/M0032 dates: (M0030) Start of Care Date must be earlier than or equal to the (M0032) Resumption of Care Date.	**Cause:** (M0030) Start of Care Date must be earlier than or the same as the (M0032) Resumption of Care Date. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.
+ 238	Inconsistent M0030/M0090 dates: (M0030) Start of Care Date must be earlier than or equal to the (M0090) Assessment Completion Date.	**Cause:** (M0030) Start of Care Date must be earlier than or the same as the (M0090) Information Completion Date. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.
+ 239	Invalid M0060 value: (M0060) Patient Zip Code cannot be blank.	**Cause:** (M0060) Patient Zip Code cannot be blank. The required (M0060) Patient Zip Code is missing from the submitted record. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values.
+ 241	Inconsistent M1005 (M0180) values: If M0100 (RFA) = 1 or 3 AND M1005 (M0180) Most recent inpatient discharge date item UK is unchecked, then M1005 (M0180) cannot be blank.	**Cause:** IF M1005 (M0180) Inpatient Discharge Date response "UK" is not checked, THEN M1005 (M0180) Inpatient Discharge Date response cannot be left blank. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 246	Inconsistent M0032/M0903/M0906/M0090/LOCK DATE dates: If response (M0032) is completed, then (M0032) date must be prior to or the same date as (M0090), (M0903), (M0906), and the Lock Date.	**Cause:** IF (M0032) Resumption of Care Date response is completed, THEN (M0032) must be earlier than or the same as the following dates: (M0090) Information Completion Date (M0903) Date of the Last (Most Recent) Home Visit (M0906) Discharge/Transfer/Death Date LOCK DATE **Definition:** LOCK DATE is the date the assessment was locked in the HHA's encoding software. **Tip:** LOCK DATE is an item that may not visible to the HHA User. It may be an item that is filled in by the vendor software when the record is copied to a submission file. Verify the date and time setting for the clock in the computer used to encode the OASIS data is set accurately. An inaccurate clock setting could cause submission of an improper LOCK DATE. **Actions:** Contact your software vendor to determine how your software handles the LOCK DATE. Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.
+ 247	Inconsistent M0100/Date values: If M0100 (RFA) = 1 AND M0180 (Inpatient Discharge Date) is completed, then M0180 must be prior to or the same as M0030 (Start of Care Date), M0090 (Completion Date), and LOCK DATE.	**Cause:** IF (M0100) Reason for Assessment response 1 is checked AND (M0180) Inpatient Discharge Date is completed, THEN (M0180) date must be earlier than or the same as the following dates: (M0030) Start of Care Date (M0090) Information Completion Date LOCK DATE **Definitions:** LOCK DATE is the date the assessment was locked in the HHA's encoding software. (M0100) Reason for Assessment response 1 is a Start of Care - further visits planned. **Tip:** LOCK DATE is an item that may not visible to the HHA User. It may be an item that is filled in by the vendor software when the record is copied to a submission file. Verify the date and time setting for the clock in the computer used to encode the OASIS data is set accurately. An inaccurate clock setting could cause submission of an improper LOCK DATE. **Actions:** Contact your software vendor to determine how your software handles the LOCK DATE. Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 248	Inconsistent M0100/Date values: If (M0100) response is 3 AND if (M0180) is completed, then (M0180) date must be prior to or the same date as (M0032), (M0090), and Lock Date.	**Cause:** IF (M0100) Reason for Assessment response 3 is checked AND (M0180) Inpatient Discharge Date is completed, THEN (M0180) date must be earlier than or the same as the following dates: (M0032) Resumption of Care Date (M0090) Information Completion Date LOCK DATE **Definition:** LOCK DATE is the date the assessment was locked in the HHA's encoding software. (M0100) Reason for Assessment response 3 is Resumption of Care after an Inpatient Stay. **Tip:** LOCK DATE is an item that may not visible to the HHA User. It may be an item that is filled in by the vendor software when the record is copied to a submission file. Verify the date and time setting for the clock in the computer used to encode the OASIS data is set accurately. An inaccurate clock setting could cause submission of an improper LOCK DATE. **Actions:** Contact your software vendor to determine how your software handles the LOCK DATE. Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.
+ 249	Inconsistent M0090/LOCK DATE: The submitted date in (M0090) is later than the Lock Date. If (M0090) date is completed, then the response must be a date earlier than or same as the Lock Date.	**Cause:** IF (M0090) Information Completion Date response is completed, THEN (M0090) date must be earlier than or the same date as the LOCK DATE. **Definition:** LOCK DATE is the date the assessment was locked in the HHA's encoding software. **Tip:** LOCK DATE is an item that may not visible to the HHA User. It may be an item that is filled in by the vendor software when the record is copied to a submission file. Verify the date and time setting for the clock in the computer used to encode the OASIS data is set accurately. An inaccurate clock setting could cause submission of an improper LOCK DATE. **Actions:** Contact your software vendor to determine how your software handles the LOCK DATE. Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 250	Inconsistent M0903/LOCK DATE: The submitted date in (M0903) is later than the Lock Date. If (M0903) date is completed, then the response must be a date earlier than or same as the Lock Date.	**Cause:** IF (M0903) Date of Last (Most Recent) Home Visit response is completed, THEN (M0903) date must be earlier than or the same date as the LOCK DATE. **Definition:** LOCK DATE is the date the assessment was locked in the HHA's encoding software. **Tip:** LOCK DATE is an item that may not visible to the HHA User. It may be an item that is filled in by the vendor software when the record is copied to a submission file. Verify the date and time setting for the clock in the computer used to encode the OASIS data is set accurately. An inaccurate clock setting could cause submission of an improper LOCK DATE. **Actions:** Contact your software vendor to determine how your software handles the LOCK DATE. Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.
+ 251	Inconsistent M0906/M0090/ LOCK DATE dates: (M0906) is later than (M0090) date or LOCK Date. If (M0906) date is completed, then it must be a date earlier than or the same as (M0090) date or the LOCK Date.	**Cause:** IF (M0906) Discharge/Transfer/Death Date response is completed, THEN (M0906) date must be earlier than or the same date as the (M0090) Information Completion Date or the LOCK DATE. **Definition:** LOCK DATE is the date the assessment was locked in the HHA's encoding software. **Tip:** LOCK DATE is an item that may not visible to the HHA User. It may be an item that is filled in by the vendor software when the record is copied to a submission file. Verify the date and time setting for the clock in the computer used to encode the OASIS data is set accurately. An inaccurate clock setting could cause submission of an improper LOCK DATE. **Actions:** Contact your software vendor to determine how your software handles the LOCK DATE. Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.
+ 252	Inconsistent M0175/M0180/M0190 values: If (M0175) Inpatient Facilities item NA is checked, then (M0180) Inpatient Discharge Date and (M0190) Inpatient Diagnosis must be blank.	**Cause:** IF (M0175) From which of the following… "NA" is checked, THEN (M0180) Inpatient Discharge Date AND (M0190) Inpatient Diagnosis must be blank. **Definition:** (M0175) From which of the following Inpatient Facilities was the patient discharged during the past 14 days? **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:**

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your software vendor for assistance.
+ 253	Inconsistent M0175/M0190 values: If M0100 (RFA) = 1 or 3 AND M0175 (Inpatient Facilities) 1, 2, 3, 4, or 5 is checked, then M0190 (Inpatient Diagnosis) cannot be blank.	**Cause:** Applies to RFAs 01 and 03. IF (M0175) From which of the following… has response 1, 2, 3, 4, or 5 checked, THEN (M0190) Inpatient Diagnosis cannot be blank. **Definition:** (M0175) From which of the following Inpatient Facilities was the patient discharged during the past 14 days? **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your software vendor for assistance.
+ 254	Inconsistent M0175/M0200/M0220 values: Data in (M0220) is not consistent with the dates in (M0200) or (M0175). (M0220) "NA" must be checked if (M0175) "None" AND (M0200) "No" are checked.	**Cause:** IF (M0175) From which of the following… Response 1, 2, 3, 4, or 5 OR (M0200) Medical or Treatment Regimen Change Within Past 14 Days "No" is checked, THEN (M0220) Conditions Prior to… "NA" must not be checked. **Definition:** (M0175) From which of the following Inpatient Facilities was the patient discharged during the past 14 days? (M0220) Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your software vendor for assistance.
+ 255	Inconsistent M0175/M0200/M0220 values: If M0100 (Reason for Assessment) = 1 or 3 AND M0175 (Inpatient Facilities) "NA" is checked AND M0200 (Regimen) "No" is checked then M0220 (Conditions Prior) "NA" must be checked.	**Cause:** When M0090 is prior to 12/16/2002 applies when (M0100) RFA is 01, 03, 04, or 05. When M0090 is 12/16/2002 or later applies when M0100 (RFA) is 01 or 03. IF (M0175) From which of the following… "NA" is checked AND (M0200) Medical or Treatment Regimen Change Within Past 14 Days "No" is checked, THEN (M0220) Conditions Prior to NA must be checked. **Definition:** (M0175) From which of the following Inpatient Facilities was the patient discharged during the past 14 days? (M0220) Conditions Prior to Medical or Treatment Regimen Change

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		or Inpatient Stay Within Past 14 Days. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your software vendor for assistance.
+ 256	Inconsistent HIPPS_CODE/HIPPS_VERSION: If HIPPS_CODE is completed, then HIPPS_VERSION cannot be blank	**Cause:** IF the HIPPS_CODE contains a valid code, THEN the HIPPS_VERSION cannot be blank and MUST contain a valid code. **Definitions:** HIPPS_CODE is the HIPPS Grouper Code. HIPPS_VERSION must be equal to "01.30 or 01.04" for this release. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your software vendor for assistance.
+ 258	Inconsistent M0100/M0825/HIPPS_CODE: If M0100 (RFA) = 1, 3, 4 or 5 AND M0825 (Therapy Need) is "Yes" or "No", then HIPPS_CODE cannot be blank.	**Cause:** IF the (M0100) Reason for Assessment type is 01, 03, 04, or 05 AND (M0825) High Therapy Need is checked "Yes" or "No", THEN the HIPPS_CODE cannot be blank. **Definition:** HIPPS_CODE is the HIPPS Group Code. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your software vendor for assistance.
+ 259	Inconsistent M0100/M0825/HIPPS_CODE: If M0100 (RFA) = 1, 3, 4 or 5 AND M0825 (Therapy Need) item "NA" is checked, then HIPPS_CODE must be blank.	**Cause:** IF the (M0100) Reason for Assessment type is 01, 03, 04, or 05 AND (M0825) High Therapy Need is checked "NA", THEN the HIPPS_CODE must be blank. **Definition:** HIPPS_CODE is the HIPPS Group Code. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your software vendor for assistance.
+ 260	Missing/Invalid Date: The (M0090) date is either missing or contains an invalid date for the submitted record.	**Cause:** Any record is rejected if the (M0090) Information Completion Date is missing or contains an invalid date. **Definition:** Invalid for the purposes of this message means that the date must contain a valid month, day, and year. **Tips:** Check the "Field" and the "Invalid Data" identified on the Final

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		Validation Report to determine the date item that is missing or invalid. The correct submission file format for all date fields is "YYYYMMDD". The date submitted displays on the Final Validation Report the way it is in the submission file. If it is submitted in the file as "MMDDYYYY"; it is displayed this way on the Final Validation Report and indicating the reason for the message. This may mean your software vendor needs to be notified. 0000 (zero, zero, zero, zero) in the YYYY (year, year, year, year) portion of the date field is not acceptable. **Examples:** An invalid date is June 32, 1999. A month of 40 or a day of 35 is not valid. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual Item-by-Item Tips and Appendix B. Contact your software vendor for assistance.
+ 261	Inconsistent Version Number: This field must contain the version number for the data specifications used for submission. 1.10 and 1.20 is active for assessments with a M0090 date between 10/1/2000 – 10/1/2003. 1.30 is active for assessments with a M0090 date between 12/16/2002-10/1/2003.	**Cause:** IF the Version Number field contains anything other than 01.10, 01.20, or 01.30 THEN the record is rejected. Data Specification Version 1.10 and 1.20 are active for assessments with M0090 date between 10/1/2000 until 10/1/2003 Data Specification Version 1.30 active for assessments with M0090 date from 12/16/2002 until 10/1/2003. **Definition:** (M0090) Completion Date **Action:** Make appropriate corrections to the submitted record and resubmit. Contact your software vendor for assistance.
+ 263	Inconsistent HIPPS_CODE/HIPPS_VERSION: If HIPPS_CODE is blank, then HIPPS_VERSION must be blank.	**Cause:** IF the HIPPS_CODE field is blank, THEN the HIPPS_VERSION field must be blank. **Definition:** HIPPS_CODE is the HIPPS Grouper Code. **Action:** Make appropriate corrections to the submitted record and resubmit. Contact your software vendor for assistance.
+ 266	Inconsistent M0066/M0090 dates: The required (M0066) Birth Date is less than 18 years in the past. The (M0066) Birth Date cannot be less than 18 years from the (M0090) date.	**Cause:** IF the (M0066) Patient's Birth Date is less than 18 years from the (M0090) Information Completion Date, THEN the record is rejected. **Tip:** If this error occurs the Rec_ID is changed from B1 to D1. **Action:** If the patient's Birth Date is correct, no further action is necessary.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 267	Invalid Info_Completed_Dt (M0090): Unable to process record due to this date being outside acceptable date ranges. Info_Completed_Dt cannot precede 07/19/1999 and cannot be later than the current date.	**Cause:** If the M0090 date is earlier than 07/19/1999 the record is rejected. **Action:** Verify M0090 date was entered correctly and resubmit the record.
+ 269	Inconsistent M0440/M0445 values: If M0440 is checked yes then M0445 cannot be blank.	**Cause:** (M0445) Does the patient have a Pressure Ulcer must not be blank if (M0440) Does the patient have a Skin Lesion or Open Wound is marked "yes" When M0090 is prior to 12/16/2002 applies to M0100 (RFA) 01, 03, 04, 05, and 09. When M0090 is 12/16/2002 or later applies to M0100 (RFA) 01, 03, and 09. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values.
+ 270	Inconsistent M0440/M0468 values: If M0440 is checked yes then M0468 cannot be blank.	**Cause:** (M0468) Does the patient have a Stasis Ulcer must not be blank if (M0440) Does the patient have a Skin Lesion or Open Wound is response "1" is checked. When M0090 is prior to 12/16/2002 applies to M0100 (RFA) 01, 03, 04, 05, and 09 When M0090 is 12/16/2002 or later applies to M0100 (RFA) 01, 03, and 09. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values.
+ 271	Inconsistent M0468/M0470-M0476: values: If M0468 is checked yes, then M0470 thru M0476 cannot be blank.	**Cause:** If (M0468) response 1 is checked, then M0470 thru M0476 cannot be blank (unchecked). When M0090 is prior to 12/16/2002 applies to M0100 (RFA) 01, 03, 04, 05, and 09. When M0090 is 12/16/2002 or later applies to M0100 (RFA) 01, 03 and 09. **Definition:** (M0468) Does the patient have a Stasis Ulcer? (M0470) Current number of Observable Stasis Ulcers. (M0474) Does the patient have at least one Stasis Ulcer that Cannot be Observed due to the presence of a nonremovable dressing? (M0476) Status of Most Problematic Stasis Ulcer: **Tip:** A checked response displays as a "1" on the validation report.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values.
+ 272	Inconsistent M0440/M0482 values: If M0440 is checked yes, then M0482 cannot be blank.	**Cause:** When M0090 is prior to 12/16/2002, applies to M0100 (RFA) 01, 02, 03, 04, 05, or 09. When M0090 is 12/16/2002 or later applies to M0100 (RFA) 01, 03, or 09. If (M0440) is checked "yes" then M0482 must not be blank. **Definition:** (M0440) Does the patient have an Open Wound or Skin Lesion? (M0482) Does the patient have a Surgical Wound? **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values.
+ 273	Inconsistent M0482-M0488 values: If M0482 is checked yes, then M0484 thru M0488 cannot be blank.	**Cause:** When M0090 is prior to 12/16/02 applies to M0100 (RFA) 01, 03, 04, 05, or 09. When M0090 is 12/16/02 or later applies to M0100 (RFA) 01, 03, or 09. If M0482 is checked "yes" then M0484-M0488 must not be blank. **Definition:** (M0482) Does the patient have a Surgical Wound? (M0484) Current Number of (Observable) Surgical Wound: (M0486) Does the patient have at least one Surgical Wound the Cannot be Observed due to the presence of a nonremovable dressing? (M0488) Status of Most Problematic (Observable) Surgical Wound: **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values.
+ 274	Inconsistent M0100/M1018 (M0220) values: If M0100 (Reason for Assessment) = 1 or 3 at least one item from M1018 (M0220) Prior condition must be checked. Also, all items in M1018 (M0220) that are unchecked must be submitted as 0 (zero).	**Cause:** If M0090 is prior to 12/16/2002 AND M0100 is 01, 03, 04, or 05 then something in M1018 (M0220) 1-7 must be checked. If M0090 is 12/16/2002 or later AND M0100 is 01 or 03 then something in M1018 (M0220) 1-7 must be checked. **Definition:** (M0100) Reason for Assessment 01 is a Start of Care – further visits planned. (M0100) Reason for Assessment 02 is Start of Care – no further visits planned. (M0100) Reason for Assessment 03 is Resumption of Care.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		(M0100) Reason for Assessment 04 is Recertification (follow-up) reassessment. (M0100) Reason for Assessment 05 is Other follow-up. **Tips:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values.
+ 275	Inconsistent M0520/M0530 values: If M0520 is checked yes, then M0530 cannot be blank.	**Cause:** When M0090 is prior to 12/16/2002 *OR* on or after 12/26/2007 applies to M0100 (RFA) 01, 03, 04, 05, or 09. When M0090 is between 12/16/2002 and 12/26/2007 applies to M0100 (RFA) 01, 03, or 09. If (M0520) response 1 is checked, then (M0530) must not be blank. **Definition:** (M0520) is Urinary Incontinence or Urinary Catheter Presence. (M0530) is When does Urinary Incontinence occur? **Tips:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values.
+ 276	Inconsistent M0100/M0830/M0840 values: If M0100 (Reason for Assessment) = 6, 7 or 9 AND M0830 (Emergent Care) 1, 2 or 3 is checked, at least one M0840 (Emergent Care Reason) must be checked. Unchecked M0840 items must be submitted as 0 (zero).	**Cause:** When M0090 is prior to 12/16/2002 applies to M0100 (RFA) 04, 05, 06, 07, or 09 and (M0830) response 1, 2, or 3 is checked then M0840 must not be blank. When M0090 is 12/16/2002 or later applies to M0100 (RFA) 06, 07, or 09. **Definition:** (M0100) Reason for Assessment 04 is Recertification (follow-up) reassessment. (M0100) Reason for Assessment 05 is Other follow-up. (M0100) Reason for Assessment 06 is Transferred to an inpatient facility – patient not discharged from agency. (M0100) Reason for Assessment 07 is Transferred to an inpatient facility – patient discharged from agency. (M0100) Reason for Assessment 09 is Discharge from agency. (M0830) is Emergent Care: Since the last time OASIS data was collected, has the patient utilized any of the following services for emergent care (other than home care agency services)? (M0840) is Emergent Care Reason: For what reason(s) did the patient/family seek emergent care? **Tips:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:**

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values.
+ 278	The field must contain the correct version number of data specifications based on the M0090 date. 1.40 is active on 10/1/2003 and 1.50 is active on 6/21/2006. Both versions end where the RFA=4 or 5 and M0090 is 12/27/2007 or greater OR the RFA=1, 3, 6, 7, 8 or 9 and M0090 is 1/1/2008 or greater.	**Cause**: IF the M0090 (Completion Date) is on or after October 1, 2003 and before June 21, 2006 AND the Version Number field contains anything other than 01.40 THEN the record is rejected. IF the M0090 (Completion Date) is on or after June 21, 2006 and prior to 12/27/2007 for Reason for Assessment 04 and 05 OR 1/1/2008 for Reason for Assessment 01, 03, 06, 07, 08 or 09 AND the Version number field contains anything other than 01.40 OR 01.50 THEN the record is rejected. **Action**: Make appropriate corrections to the submitted record and resubmit. Contact your software vendor for assistance.
+ 279	Inconsistent M0016 value: The M0016 (Branch ID) submitted in this assessment does not match the State database.	**Cause:** (M0016) Branch ID in the record does no match the Branch ID in the State database. IF the M0090 (Completion Date) is on or after January 1, 2004 THEN the Branch ID must match the CMS assigned Branch ID in the database. **Definition:** M0016: Branch identification code as defined by CMS effective January 1, 2004. **Action:** Contact your State for the correct Branch ID. Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your software vendor for assistance.
+ 282	Inconsistent M0032/M0903/M0906/M0090 Date: If response M0032 (Resumption of Care) Date is completed, then (M0032) must be prior to or the same date as M0090 (Completion Date), M0903 (Date of Last Visit) and M0906 (Discharge Date)	**Cause:** IF (M0032) Resumption of Care Date response is completed, THEN (M0032) must be earlier than or the same as the following dates: (M0090) Information Completion Date (M0903) Date of the Last (Most Recent) Home Visit (M0906) Discharge/Transfer/Death Date **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing
+ 283	Inconsistent M0100/Date values: If M0100 (RFA) response is 1 AND M1005 (M0180) Most recent inpatient discharge date is completed, then M1005 (M0180) must be prior to or the same as M0030 (Start of Care Date) and M0090	**Cause:** IF (M0100) Reason for Assessment response 1 is checked AND M1005 (M0180) Inpatient Discharge Date is completed, THEN M1005 (M0180) date must be earlier than or the same as the following dates: (M0030) Start of Care Date (M0090) Information Completion Date **Definitions:** (M0100) Reason for Assessment response 1 is a Start of Care - further visits planned.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
	(Completion Date).	**Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.
+ 284	Inconsistent M0100/Date values: If M0100 (RFA) response is 3 AND M1005 (M0180) Most recent inpatient discharge date is completed, then M1005 (M0180) must be prior to or the same as M0032 (Resumption of Care) Date and M0090 (Completion) Date.	**Cause:** IF (M0100) Reason for Assessment response 3 is checked AND M1005 (M0180) Inpatient Discharge Date is completed, THEN M1005 (M0180) date must be earlier than or the same as the following dates: (M0032) Resumption of Care Date (M0090) Information Completion Date **Definition:** (M0100) Reason for Assessment response 3 is Resumption of Care after an Inpatient Stay. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.
+ 285	Inconsistent M0906/M0090 dates: M0906 (Discharge Date) is later than M0090 (Completion Date). If (M00906) date is completed, then it must be a date earlier than or the same as (M0090) date.	**Cause:** IF (M0906) Discharge/Transfer/Death Date response is completed, THEN (M0906) date must be earlier than or the same date as the (M0090) Information Completion Date. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.
+ 288	Inconsistent M0450/M0460: When M0450 (Number of Pressure Ulcers Stage 1 thru 4) = 01, 02, 03 or 04, then M0460 (Stage of Most Problematic Pressure Ulcer) must be 01, 02, 03 or 04.	**Cause:** IF (M0450) Number of Pressure Ulcers Stage 1 thru 4 = 01, 02, 03 or 04, THEN M0460 (Stage of Most Problematic Observable Pressure Ulcer) must be 01, 02, 03, or 04. **Action:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.
+ 289	Inconsistent M0450/M0464: When (M0450) Number of Pressure Ulcers Stage 1 thru 4 is equal to 01, 02, 03 or 04, then M0464 (Status of Most Problematic Observable Pressure Ulcer) must be equal to 01, 02 or 03.	**Cause:** IF (M0450) Number of Pressure Ulcers Stage 1 thru 4 = 01, 02, 03 or 04, THEN M0464 (Status of Most Problematic Observable Pressure Ulcer) must be 01, 02 or 03. **Action:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 290	Inconsistent M0482/M0484/M0486: If M0482 (Does the patient have a Surgical Wound) is '1' (yes) then M0484 (Number of Observable Surgical Wounds) must be 1, 2, 3 or 4 OR M0486 (Does the patient have any unobservable Surgical Wounds) must be '1' (yes).	**Cause:** IF M0482 (Does the patient have a Surgical Wound) is '1' (yes) then M0484 (Number of Observable Surgical Wounds) must be 1, 2, 3 or 4 OR M0486 (Does the patient have any unobservable Surgical Wounds) must be '1' (yes). **Definition:** M0482 is Does the patient have a Surgical Wound? M0484 is Current Number of (Observable) Surgical Wounds? **Tips:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Action:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.
+ 291	Inconsistent M0484/M0488: If M0484 (Number of Observable Surgical Wounds) = 1, 2, 3, or 4, then M0488 (Status of Most Problematic observable Surgical Wounds) must = 1, 2 or 3.	**Cause:** IF M0484 (Number of Observable Surgical Wounds) = 1, 2, 3, or 4, then M0488 (Status of Most Problematic observable Surgical Wounds) must = 1, 2 or 3. **Definition:** M0484 is Current Number of (Observable) Surgical Wounds? M0488 is Status of Most Problematic (Observable) Surgical Wound? **Tips:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Action:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.
+ 292	Inconsistent M0468/M0470/M0474: If M0468 (Does the patient have a stasis ulcer) = '1' (yes), then M0470 (Number of Observable Stasis Ulcers) must = 1, 2, 3 or 4 OR M0474 (Presence of unobservable stasis ulcer) must = '1' (yes).	**Cause:** IF M0468 (Does the patient have a stasis ulcer) = '1' (yes), then M0470 (Number of Observable Stasis Ulcers) must = 1, 2, 3 or 4 OR M0474 (Presence of unobservable stasis ulcer) must = '1' (yes). **Definition:** M0468 is Does the patient have a Stasis Ulcer? M0470 is Current Number of Observable Stasis Ulcers? M0474 is Does this patient have at least one Stasis Ulcer that Cannot be Observed due to presence of a nonremovable dressing? **Tips:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Action:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 293	Inconsistent M0470/M0476: If M0470 (Number of Observable Stasis Ulcers) = 1, 2, 3 or 4 then M0476 (Status of Most Problematic Observable Stasis Ulcer must = 1, 2 or 3	**Cause:** IF M0470 (Number of Observable Stasis Ulcers) = 1, 2, 3 or 4 then M0476 (Status of Most Problematic Observable Stasis Ulcer must = 1, 2 or 3 **Definition:** M0470 is Does the patient have a Stasis Ulcer? M0476 is Status of Most Problematic (Observable) Stasis Ulcer **Tips:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Action:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.
+ 295	Inconsistent M0110/HIPPS_CODE: If the HIPPS_CODE is not blank then M0110 (Episode Timing) must not be 'NA'	**Cause**: IF the (M0100) Reason for Assessment type is 01, 03, 04 or 05 AND (M0110) is 'NA' THEN the HIPPS_CODE must be blank. **Definition**: HIPPS_CODE is the HIPPS Group Code. **Actions**: Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your software vendor for assistance.
+ 296	Inconsistent M1024 (M0246) Column 3/M1024 (M0246) Column 4: If M1024 (M0246) Case mix dx - primary ICD, column 3 is blank then the corresponding M1024 (M0246) column 4 must also be blank.	**Cause**: IF the (M0100) Reason for Assessment type is 01, 03, 04, 05 AND M1024 (M0246) Column 3 is blank then M1024 (M0246) Column 4 should also be blank for the same row. (Example: IF M1024 (M0246) B3 is blank then M1024 (M0246) B4 should also be blank) **Definition**: M1024 (M0246) Case Mix Diagnoses **Actions**: Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 297	Inconsistent M1020 (M0230)/M1024 (M0246): If M1020 (M0230) Primary diagnosis ICD code is blank, then M1024 (M0246) Diagnosis ICD column 3 and/or Diagnosis column 4 must also be blank.	**Cause**: IF M1020 (M0230) Primary Diagnosis is blank, then M1024 (M0246) Payment Diagnoses column 3 and/or column 4 must be blank. **Definition**: M1020 (M0230) Primary Diagnosis M1024 (M0246) Case Mix Diagnoses **Actions**: Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 298	Inconsistent M1022 (M0240)/M1024 (M0246): If M1022 (M0240) Other diagnosis ICD code is blank then the corresponding M1024 (M0246) Diagnosis ICD column 3 must also be blank.	**Cause**: IF M1022 (M0240) Other Diagnoses is blank then, the corresponding M1024 (M0246) Case Mix Diagnoses Column 3 must also be blank. (Example: If M1022 (M0240) B is blank then M1024 (M0246) B3 must also be blank). **Definition**: M1022 (M0240) Other Diagnoses M1024 (M0246) Case Mix Diagnoses **Actions**: Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 299	Inconsistent M2200 (M0826): If M2200 (M0826) Therapy need - NA is checked, then M2200 (M0826) Therapy need - number of visits must be blank.	**Cause**: IF M2200 (M0826) Therapy Need – NA 'No case mix group defined by this assessment' is checked THEN M2200 (M0826) Therapy Need 'Number of Visits Indicated' should be blank. **Definition**: M2200 (M0826) Therapy Need **Actions**: Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 300	Inconsistent M2200 (M0826): If M2200 (M0826) Therapy need - NA is unchecked, then M2200 (M0826) Therapy need - number of visits must not be blank.	**Cause**: IF M2200 (M0826) Therapy Need – NA 'No case mix group defined by this assessment is unchecked THEN M2200 (M0826) Therapy Need – Number of Visits Indicated must not be blank. **Definition**: M2200 (M0826) Therapy Need **Actions**: Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 301	The field must contain a version number for the data specifications used for submission. Version 1.60 is effective for assessments where M0100 = 04 or 05 AND M0090 is 12/27/2007 or greater OR M0100 = 01,03,06,07,08 or 09 AND M0090 Date is 1/1/2008 or greater.	**Cause**: IF M0100 (Reason for Assessment) = 04 or 05 THEN the OASIS Data Specification Version 1.60 is required for assessments with a M0090 (Completion) Date of 12/27/2007 or greater. IF M0100 (Reason for Assessment) = 01, 03, 06, 07, 08 or 09 THEN the OASIS Data Specification Version 1.60 is required for assessments with a M0090 (Completion) Date of 1/1/2008 or greater. **Definition**: (M0100) Reason for Assessment **Actions**: Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 305	Inconsistent M0150 values: The required (M0150) Primary Pay Source Items 1, 2, 3 AND 4 are unchecked. Only assessments with Medicare/Medicaid Pay Sources are accepted by the state system.	**Cause:** IF M0150 (Current Payment Sources for Home Care) items 1, 2, 3 and 4 are unchecked (equal to 0), THEN the assessment record will be rejected. Beginning on January 1, 2010, only assessments with Medicare/Medicaid Payment Sources are accepted. **Definition:** (M0150) Current Payment Sources **Tips:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. The Final Validation Report does not display any identifying information. **Actions:** Only submit assessments with M0150 (Primary Payment Source) equal to 1, 2, 3, or 4.
+ 308	Inconsistent M1000 (M0175)/M1005/M1012 values: If M1000 (M0175) - Patient Not Discharged from Inpatient Facility in Past 14 Days is checked, then M1005 (M0180) Most recent inpatient discharge date through M1012 Inpatient ICD procedure code - UK must be blank.	**Cause:** IF M1000 (M0175) Patient was not discharged from an inpatient facility is checked, THEN M1005 (M0180) Most recent inpatient discharge date through M1012 Inpatient ICD procedure code - UK must be blank. **Definition:** M1000 (M0175) - Patient Was Not Discharged from Inpatient Facility in Past 14 Days M1005 (M0180) Most recent inpatient discharge date M1012 Inpatient ICD procedure code – UK **Tips:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 310	Inconsistent M1000 (M0175)/M1010 (M0190) values: If M0100 (RFA) = 1 or 3 AND M1000 (M0175) Discharged past 14 days item 1, 2, 3, 4, 5, 6 or 7 is checked, then M1010 (M0190) Inpatient diagnosis ICD code cannot be blank.	**Cause:** IF M0100 (RFA) = 1 or 3 AND M1000 (M0175) Discharged past 14 days item 1, 2, 3, 4, 5, 6 or 7 is checked, THEN M1010 (M0190) Inpatient Diagnosis ICD code cannot be blank. **Definition:** M1000 (M0175) Inpatient Facility the patient was discharged during the past 14 days M1010 (M0190) Inpatient Diagnosis and ICD-9-C M code for conditions treated during an inpatient stay within the past 14 days **Tips:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		Contact your Software vendor for assistance.
+ 311	Inconsistent M1000 (M0175)/M1012 values: If any item M1000 Discharged past 14 days from LTC through M1000 Discharged past 14 days from other is checked (equal to 1), then M1012 Inpatient ICD procedure code must not be blank OR M1012 Inpatient ICD procedure code - NA must be checked (equal to 1) OR M1012 Inpatient ICD procedure code - UK must be checked (equal to 1).	**Cause:** IF any item M1000 Discharged Past 14 Days From LTC through M1000 Discharged Past 14 Days From Other is checked (equal to 1), THEN one item from M1012 - Inpatient ICD Procedure Code must not be blank *OR* M1012 Inpatient ICD procedure code - NA must be checked (equal to 1) *OR* M1012 Inpatient ICD procedure code - UK must be checked (equal to 1). **Definition:** M1000 (M0175) Inpatient Facility the patient was discharged during the past 14 days M1012 Inpatient Procedure and associated ICD-9-C M procedure code related to the plan of care **Tips:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 312	Inconsistent M1012 values: If at least one item in M1012 Inpatient ICD procedure1 code through M1012 Inpatient ICD procedure4 code is not blank, then M1012 Inpatient ICD procedure code - NA must be unchecked (equal to 0) and M1012 Inpatient ICD procedure code - UK must be unchecked (equal to 0).	**Cause:** IF at least one item in M1012 Inpatient ICD procedure code a through M1012 Inpatient ICD procedure code d is not blank, THEN M1012 Inpatient ICD procedure code - NA must be unchecked (equal to 0) *AND* M1012 Inpatient ICD procedure code - UK must be unchecked (equal to 0). **Definition:** M1012 Inpatient Procedure and associated ICD-9-C M procedure code relevant to the plan of care **Tips:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 313	Inconsistent M1012 values: If M1012 Inpatient ICD procedure code - NA is checked (equal to 1) OR M1012 Inpatient ICD procedure code - UK is checked (equal to 1), then M1012 Inpatient ICD procedure1 code through M1012 Inpatient ICD procedure4 code must be blank.	**Cause:** IF M1012 Inpatient ICD procedure code - NA is checked (equal to 1) *OR* M1012 Inpatient ICD procedure code - UK is checked (equal to 1), THEN M1012 Inpatient ICD procedure code a through M1012 Inpatient ICD procedure code d must be blank. **Definition:** M1012 Inpatient Procedure and associated ICD-9-C M procedure code relevant to the plan of care **Tips:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		Actions: Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 314	Inconsistent M1012 values: If M1012 Inpatient ICD procedure code - NA is checked (equal to 1), then M1012 Inpatient ICD procedure code - UK must be unchecked (equal to 0).	**Cause:** IF M1012 Inpatient ICD procedure code - NA is checked (equal to 1), THEN M1012 Inpatient ICD procedure code - UK must be unchecked (equal to 0). **Definition:** M1012 Inpatient Procedure and associated ICD-9-C M procedure code relevant to the plan of care **Tips:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 315	Inconsistent M1012 values: If M1012 Inpatient ICD procedure code - UK is checked (equal to 1), then M1012 Inpatient ICD procedure code - NA must be unchecked (equal to 0).	**Cause:** IF M1012 Inpatient ICD procedure code - UK is checked (equal to 1), THEN M1012 Inpatient ICD procedure code - NA must be unchecked (equal to 0). **Definition:** M1012 Inpatient Procedure and associated ICD-9-C M procedure code relevant to the plan of care **Tips:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 316	Inconsistent M1016 values: If M1016 Regimen change in past 14 days - NA is unchecked (equal to 0), then at least one item from M1016 Regimen change diagnosis1 ICD code through M1016 Regimen change diagnosis6 ICD code must be non-blank.	**Cause:** IF M1016 Diagnoses Requiring Medical or Treatment Regimen Change Within Past 14 days - NA is unchecked (equal to 0), THEN at least one item from M1016 Changed Regimen Diagnosis a ICD code through M1016 Changed Regimen Diagnosis f ICD code must be non-blank. **Definition:** M1016 Diagnoses Requiring Medical or Treatment Regimen Change Within Past 14 days **Tips:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 317	Inconsistent M1016 values: If M1016 Regimen change in past 14 days - NA is checked (equal to 1), then all items from M1016 Regimen change diagnosis1 ICD code through M1016 Regimen change diagnosis6 ICD code must be blank.	**Cause:** IF M1016 Diagnoses Requiring Medical or Treatment Regimen Change Within Past 14 days - NA is checked (equal to 1), THEN all items from M1016 Changed Regimen Diagnosis a ICD code through M1016 Changed Regimen Diagnosis f ICD code must be blank. **Definition:** M1016 Diagnoses Requiring Medical or Treatment Regimen Change Within Past 14 days **Tips:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 318	Inconsistent M1018 (M0220) values: If any item from M1018 (M0220) Prior condition - urinary incontinent through M1018 (M0220) Prior condition - memory loss is checked (equal to 1), then M1018 (M0220) Prior condition - none of the above, M1018 (M0220) Prior condition - NA AND M1018 (M0220) Prior condition - UK must be unchecked (equal to 0)	**Cause:** IF any item from M1018 (M0220) Conditions Prior to Medical or Treatment Regimen Change Within Past 14 Days - Urinary Incontinence through M1018 (M0220) Conditions Prior to Medical or Treatment Regimen Change Within Past 14 Days - Memory Loss is checked (equal to 1), THEN M1018 (M0220) Conditions Prior to Medical or Treatment Regimen Change Within Past 14 Days - None of the above, NA, and UK must be unchecked (equal to 0). **Definition:** M1018 (M0220) Conditions Prior to Medical or Treatment Regimen Change Within Past 14 Days **Tips:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 319	Inconsistent M1000 (M0175)/M1016/M1018 values: If M1000 (M0175) Discharged past 14 days NA is checked (equal to 1) AND M1016 Regimen change in past 14 days - NA is checked (equal to 1), then M1018 (M0220) Prior condition - NA must be checked (equal to 1).	**Cause:** IF M1000 (M0175) Discharged past 14 days - NA is checked (equal to 1) *AND* M1016 Diagnoses Requiring Medical or Treatment Regimen Change Within Past 14 days - NA is checked (equal to 1), THEN M1018 (M0220) Conditions Prior to Medical or Treatment Regimen Change Within Past 14 Days - NA must be checked (equal to 1). **Definition:** M1000 (M0175) Discharged past 14 days M1016 Diagnoses Requiring Medical or Treatment Regimen Change Within Past 14 days M1018 (M0220) Conditions Prior to Medical or Treatment Regimen

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		Change Within Past 14 Days **Tips:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 321	Inconsistent M1022 (M0240)/M1024 (M0246) values: If M1022 (M0240) Other diagnosis1 ICD code is blank, then M1024 (M0246) Case mix dx – 1st secndry ICD, col4 must be blank.	**Cause:** IF M1022 (M0240) Other Diagnoses is blank, THEN M1024 (M0246) Payment Diagnoses – First Secondary ICD, column 4 must be blank. **Definition:** M1022 (M0240) Other Diagnoses M1024 (M0246) Payment Diagnoses – First Secondary ICD, column 4 **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 322	Inconsistent M1040/M1045 values: If M1040 Influenza vaccine rcvd in agency is equal to 01 or NA, then M1045 Influenza vaccine - Reason not rcvd must be skipped (blank).	**Cause:** IF M1040 Influenza Vaccine Received in Agency is equal to 01 or NA, THEN M1045 Reason Influenza Vaccine Not Received must be skipped (blank). **Definition:** M1040 Influenza Vaccine Received in Agency M1045 Reason Influenza Vaccine Not Received **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 323	Inconsistent M1040/M1045 values: If M1040 Influenza vaccine rcvd in agency is equal to 00, then M1045 Influenza vaccine - Reason not rcvd must not be blank.	**Cause:** IF M1040 Influenza Vaccine Received in Agency is equal to 00, THEN M1045 Reason Influenza Vaccine Not Received must not be blank. **Definition:** M1040 Influenza Vaccine Received in Agency M1045 Reason Influenza Vaccine Not Received **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 324	Inconsistent M1050/M1055 values: If M1050 Pneumococcal vaccine (PPV) rcvd in agency is equal to 0, then M1055 Pneumococcal vaccine (PPV) - Reason not rcvd must not be blank.	**Cause:** IF M1050 Pneumococcal Vaccine (PPV) Received in Agency is equal to 0, THEN M1055 Reason Pneumococcal Vaccine (PPV) not Received must not be blank. **Definition:** M1050 Pneumococcal Vaccine (PPV) Received in Agency M1055 Reason Pneumococcal Vaccine (PPV) not Received **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 325	Inconsistent M1050/M1055 values: If M1050 Pneumococcal vaccine (PPV) rcvd in agency is equal to 1, then M1055 Pneumococcal vaccine (PPV) - Reason not rcvd must be skipped (blank).	**Cause:** IF M1050 Pneumococcal Vaccine (PPV) Received in Agency is equal to 1, THEN M1055 Reason Pneumococcal Vaccine (PPV) not Received must be skipped (blank). **Definition:** M1050 Pneumococcal Vaccine (PPV) Received in Agency M1055 Reason Pneumococcal Vaccine (PPV) not Received **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 326	Inconsistent M1300/M1302 values: If M1300 Pressure ulcer assessment = 00, then M1302 Risk of developing pressure ulcers must be skipped (blank).	**Cause:** IF M1300 Pressure Ulcer Assessment is equal to 00, THEN M1302 Risk of Developing Pressure Ulcers must be skipped (blank). **Definition:** M1300 Pressure Ulcer Assessment M1302 Risk of Developing Pressure Ulcers **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 327	Inconsistent M1300/M1302 values: If M1300 Pressure ulcer assessment = 01 or 02, then M1302 Risk of developing pressure ulcers must not be blank.	**Cause:** IF M1300 Pressure Ulcer Assessment = 01 or 02, THEN M1302 Risk of Developing Pressure Ulcers must not be blank. **Definition:** M1300 Pressure Ulcer Assessment M1302 Risk of Developing Pressure Ulcers **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 328	Inconsistent M1306/M1307/M1320 values: If M1306 Unhealed pressure ulcer at least Stage II = 0, then M1307 Oldest stage II onset date through M1320 Status of most problematic pressure ulcer must be skipped (blank).	**Cause:** IF M1306 Unhealed Pressure Ulcer at Stage II or Higher = 0, THEN M1307 Oldest Stage II Pressure Ulcer Present at Discharge through M1320 Status of Most Problematic Pressure Ulcer must be skipped (blank). **Definition:** M1306 Unhealed Pressure Ulcer at Stage II or Higher M1307 Oldest Stage II Pressure Ulcer Present at Discharge M1320 Status of Most Problematic Pressure Ulcer **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 330	Inconsistent M1306/M1307 values: If M1306 Unhealed pressure ulcer at least Stage II = 1 AND M1307 Status Oldst Stg 2 Pressure Ulcer At Dischrg = 01 or NA, then M1307 Oldest stage II onset date must be skipped (blank).	**Cause:** IF M1306 Unhealed Pressure Ulcer at Stage II or Higher = 1 *AND* M1307 Oldest Stage II Pressure Ulcer Present at Discharge = 01 or NA, THEN M1307 Date Pressure Ulcer First Identified must be skipped (blank). **Definition:** M1306 Unhealed Pressure Ulcer at Stage II or Higher M1307 Oldest Stage II Pressure Ulcer Present at Discharge M1307 Date Pressure Ulcer First Identified **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 337	Inconsistent M1610 (M0520)/M1615 values: If M1610 (M0520) Urinary incont or catheter presence response = 00 or 02, then M1615 When does urinary incontinence occur must be blank.	**Cause:** IF M1610 (M0520) Urinary Incontinence or Catheter Presence response = 00 or 02, THEN M1615 When Does Urinary Incontinence Occur must be blank. **Definition:** M1610 (M0520) Urinary Incontinence or Catheter Presence M1615 When Does Urinary Incontinence Occur **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 338	Inconsistent M1610 (M0520)/M1615 values: If M1610 (M0520) Urinary incont or catheter presence = 01, then M1615 When does urinary incontinence occur must not be blank.	**Cause:** IF M1610 (M0520) Urinary Incontinence or Catheter Presence = 01, THEN M1615 When does urinary incontinence occur must not be blank. **Definition:** M1610 (M0520) Urinary Incontinence or Catheter Presence M1615 When Does Urinary Incontinence Occur **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 339	Inconsistent M1730 values: If M1730 Depression screening = 00, 02, or 03, then M1730 PHQ2 - little intrst/pleas in doing things through M1730 PHQ2 - feeling down, depressed, or hopeless must be skipped (blank).	**Cause:** IF M1730 Depression Screening = 00, 02, or 03, THEN M1730 PHQ2 - Little Interest or Pleasure in Doing Things through M1730 PHQ2 - Feeling Down, Depressed, or Hopeless must be skipped (blank). **Definition:** M1730 Depression Screening M1730 PHQ2 - Little Interest or Pleasure in Doing Things M1730 PHQ2 - Feeling Down, Depressed, or Hopeless **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 340	Inconsistent M1730 values: If M1730 Depression screening = 01, then M1730 PHQ2 - little intrst/pleas in doing things through M1730 PHQ2 - Feeling down, depressed, or hopeless must not be blank.	**Cause:** IF M1730 Depression Screening = 01, THEN M1730 PHQ2 - Little Interest or Pleasure in Doing Things through M1730 PHQ2 - Feeling Down, Depressed, or Hopeless must not be blank. **Definition:** M1730 Depression Screening M1730 PHQ2 - Little Interest or Pleasure in Doing Things M1730 PHQ2 - Feeling Down, Depressed, or Hopeless **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 341	Inconsistent M2000/M2002 values: If M2000 Drug regimen review = 00 or 01, then M2002 Medication follow-up must be skipped (blank).	**Cause:** IF M2000 Drug Regimen Review = 00 or 01, THEN M2002 Medication Follow-up must be skipped (blank). **Definition:** M2000 Drug Regimen Review M2002 Medication Follow-up **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 342	Inconsistent M2000/M2002/M2010/M2020/M2030 values: If M2000 Drug regimen review = 02, then M2002 Medication follow-up, M2010 Patient/Caregiver high risk drug educ, M2020 Current management of oral medications and M2030 Current management of injectable meds, must not be blank.	**Cause:** IF M2000 Drug Regimen Review = 02, THEN M2002 Medication Follow-up, M2010 Patient/Caregiver High Risk Drug Education, M2020 Current Management of Oral Medications and M2030 Current Management of Injectable Medications,must not be blank. **Definition:** M2000 Drug Regimen Review M2002 Medication Follow-up M2010 Patient/Caregiver High Risk Drug Education M2020 Current Management of Oral Medications M2030 Current Management of Injectable Medications **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		values. Contact your Software vendor for assistance.
+ 343	Inconsistent M2000/M2010/M2020/M2030 values: If M2000 Drug regimen review = 00 or 01, then M2010 Patient/Caregiver high risk drug educ, M2020 Current management of oral medications, and M2030 Current management of injectable meds, must not be blank.	**Cause:** IF M2000 Drug Regimen Review = 00 or 01, THEN M2010 Patient/Caregiver High Risk Drug Education, M2020 Current Management of Oral Medications and M2030 Current Management of Injectable Medications must not be blank. **Definition:** M2000 Drug Regimen Review M2010 Patient/Caregiver High Risk Drug Education M2020 Current Management of Oral Medications M2030 Current Management of Injectable Medications **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 345	Inconsistent M2000/M2002/M2010/M2020/M2030 values: If M2000 Drug regimen review = NA, then M2002 Medication follow-up, M2010 Patient/Caregiver high risk drug educ, M2020 Current management of oral medications, and M2030 Current management of injectable meds must be skipped (blank).	**Cause:** IF M2000 Drug Regimen Review = NA, THEN M2002 Medication Follow-up, M2010 Patient/Caregiver High Risk Drug Education, M2020 Current Management of Oral Medications, and M2030 Current Management of Injectable Medications must be skipped (blank). **Definition:** M2000 Drug Regimen Review M2010 Patient/Caregiver High Risk Drug Education M2020 Current Management of Oral Medications M2030 Current Management of Injectable Medications **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 354	Inconsistent M0102 values: If M0102 Physician ordered SOC ROC is not blank, then M0102 Physician ordered SOC ROC - NA must be skipped (unchecked or 0).	**Cause:** IF M0102 Physician Ordered SOC ROC is not blank, THEN M0102 Physician Ordered SOC ROC - NA must be skipped (unchecked or 0). **Definition:** M0102 Physician Ordered SOC ROC **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 355	Inconsistent M0102/M0104 values: If M0102 Physician ordered SOC ROC is not blank, then M0104 Physician date of referral must be skipped (blank).	**Cause:** IF M0102 Physician Ordered SOC ROC is not blank, THEN M0104 Physician Date of Referral must be skipped (blank). **Definition:** M0102 Physician Ordered SOC ROC M0104 Physician Date of Referral **Actions:**

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 356	The M0102 Physician ordered SOC ROC or M0104 Physician date of referral must be earlier than or equal to the M0030 SOC date and the M0090 Assessment completion date.	**Cause:** When RFA=01, the M0102 Physician Ordered SOC ROC Date OR M0104 Physician Date of Referral must be earlier than or equal to each of the following dates - M0030 SOC Date and M0090 Assessment Completion Date. **Definition:** M0102 Physician Ordered SOC ROC Date M0104 Physician Date of Referral M0030 SOC Date M0090 Assessment Completion Date **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 357	Inconsistent M0102/M1005 (M0180) values: M0102 Physician ordered SOC ROC must be later than or equal to M1005 (M0180) Most recent inpatient discharge date.	**Cause:** M0102 Physician Ordered SOC ROC must be later than or equal to M1005 (M0180) Most Recent Inpatient Discharge Date. **Definition:** M0102 Physician Ordered SOC ROC M1005 (M0180) Most Recent Inpatient Discharge Date **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 358	Inconsistent M0102 values: If M0102 Physician ordered SOC ROC is blank, then M0102 Physician ordered SOC ROC - NA must be checked (equal to 1).	**Cause:** IF M0102 Physician Ordered SOC ROC is blank, THEN M0102 Physician Ordered SOC ROC - NA must be checked (equal to 1). **Definition:** M0102 Physician Ordered SOC ROC **Tips:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 359	The field must contain a version number for the data specifications used for submission. Version 02.00 is effective for assessments where M0090 is 1/1/2010 or	**Cause**: The OASIS Data Specification Version 02.00 is required for assessments with a M0090 (Completion) Date of 01/01/2010 or greater. **Definition**: (M0090) Completion Date **Actions**:

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
	greater.	Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 360	Inconsistent M0102/M0104 values: If M0102 Physician ordered SOC ROC is blank, then M0104 Physician date of referral must be less than or equal to the current date.	**Cause:** IF M0102 Physician Ordered SOC ROC is blank, THEN M0104 Physician Date of Referral must be less than or equal to the current date. **Definition:** M0102 Physician Ordered SOC ROC M0104 Physician Date of Referral **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 361	Inconsistent M1306/M1308/M1310/M1312/M1314 values: If M1306 Unhealed pressure ulcer at least Stage II = 1 and M1308 Number of PUs - stage III, M1308 Number of PUs - stage IV, or M1308 Number of unstgbl PUs d/t coverage by slough/eschar are greater than 0 (zero), then M1310 Largest pressure ulcer length, M1312 Largest pressure ulcer width and M1314 Largest pressure ulcer depth must not be blank.	**Cause:** IF M1306 Unhealed Pressure Ulcer at Stage II or Higher = 1 *AND* M1308 Number of Unhealed PUs - Stage III, M1308 Number of PUs - Stage IV, *OR* M1308 Number of Unstageable PUs Due To Coverage by Slough/Eschar are greater than 0 (zero), THEN M1310 Largest Pressure Ulcer Length, M1312 Largest Pressure Ulcer Width *AND* M1314 Largest Pressure Ulcer Depth must not be blank. **Definition:** M1306 Unhealed Pressure Ulcer at Stage II or Higher M1308 Number of Unhealed PUs - Stage III M1308 Number of PUs - Stage IV M1308 Number of Unstageable PUs Due To Coverage by Slough/Eschar **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 362	Inconsistent M1306/M1308/M1310/M1312/M1314 values: If M1306 Unhealed pressure ulcer at least Stage II = 1 and M1308 Number of PUs - stage III, M1308 Number of PUs - stage IV and M1308 Number of unstgbl PUs d/t coverage by eschar are equal to 0 (zero), then M1310 Largest pressure ulcer length, M1312 Largest pressure ulcer width and M1314 Largest pressure ulcer depth must all be skipped (blank).	**Cause:** IF M1306 Unhealed Pressure Ulcer at Stage II or Higher = 1 *AND* M1308 Number of Unhealed PUs - Stage III, M1308 Number of PUs - Stage IV, AND M1308 Number of Unstageable PUs Due To Coverage by Slough/Eschar are equal to 0 (zero), THEN M1310 Largest Pressure Ulcer Length, M1312 Largest Pressure Ulcer Width *AND* M1314 Largest Pressure Ulcer Depth must all be skipped (blank). **Definition:** M1306 Unhealed Pressure Ulcer at Stage II or Higher M1308 Number of Unhealed PUs - Stage III M1308 Number of PUs - Stage IV M1308 Number of Unstageable PUs Due To Coverage by Slough/Eschar **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 363	Inconsistent M1306/M1320 values: If M1306 Unhealed pressure ulcer at least Stage II = 1, then M1320 Status of most problematic pressure ulcer must not be blank.	**Cause:** IF M1306 Unhealed Pressure Ulcer at Stage II or Higher = 1, THEN M1320 Status of Most Problematic Pressure Ulcer must not be blank. **Definition:** M1306 Unhealed Pressure Ulcer at Stage II or Higher M1320 Status of Most Problematic Pressure Ulcer **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 364	Inconsistent M1308/M1320 values: If M1308 Number of PUs - stage II, M1308 Number of PUs - stage III or M1308 Number of PUs - stage IV is greater than 0, then M1320 Status of most problematic pressure ulcer must equal 00, 01, 02 or 03.	**Cause:** IF M1308 Number of PUs - Stage II, M1308 Number of PUs - Stage III *OR* M1308 Number of PUs - Stage IV is greater than 0, THEN M1320 Status of Most Problematic Pressure Ulcer must equal 00, 01, 02 or 03. **Definition:** M1308 Number of PUs - Stage II M1308 Number of PUs - Stage III M1308 Number of PUs - Stage IV M1320 Status of Most Problematic Pressure Ulcer **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 365	Inconsistent M1330/M1332/M1334 values: If M1330 Stasis ulcer present = 00 or 03, then M1332 Current number of (observable) stasis ulcers through M1334 Status of most problematic stasis ulcer must be skipped (blank).	**Cause:** IF M1330 Stasis Ulcer Present = 00 or 03, THEN M1332 Current Number of (observable) Stasis Ulcers through M1334 Status of Most Problematic Stasis Ulcer must be skipped (blank). **Definition:** M1330 Stasis Ulcer Present M1332 Current Number of (observable) Stasis Ulcers M1334 Status of Most Problematic Stasis Ulcer **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 366	Inconsistent M1330/M1332/M1334 values: If M1330 Stasis ulcer present = 01 or 02, then M1332 Current number of (observable) stasis ulcers through M1334 Status of most problematic stasis ulcer must not be blank.	**Cause:** IF M1330 Stasis Ulcer Present = 01 or 02, THEN M1332 Current Number of (observable) Stasis Ulcers through M1334 Status of Most Problematic Stasis Ulcer must not be blank. **Definition:** M1330 Stasis Ulcer Present M1332 Current Number of (observable) Stasis Ulcers M1334 Status of Most Problematic Stasis Ulcer **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 367	Inconsistent M1340/M1342 values: If M1340 Does this patient have a surgical wound = 00 or 02, then M1342 Status of most problematic surgical wound must be skipped (blank).	**Cause:** IF M1340 Does This Patient Have a Surgical Wound = 00 or 02, THEN M1342 Status of Most Problematic Surgical Wound must be skipped (blank). **Definition:** M1340 Does This Patient Have a Surgical Wound M1342 Status of Most Problematic Surgical Wound **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 368	Inconsistent M1340/M1342 values: If M1340 Does this patient have a surgical wound = 01, then M1342 Status of most problematic surgical wound must not be blank.	**Cause:** IF M1340 Does This Patient Have a Surgical Wound = 01, THEN M1342 Status of Most Problematic Surgical Wound must not be blank. **Definition:** M1340 Does This Patient Have a Surgical Wound M1342 Status of Most Problematic Surgical Wound **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 369	Inconsistent M1500/M1510 values: If M1500 Symptoms in heart failure patients = 00, 02 or NA, then M1510 Heart fail. follow-up: No action taken through M1510 Heart fail. follow-up: Change in care plan must be skipped (blank).	**Cause:** IF M1500 Symptoms in Heart Failure Patients = 00, 02 or NA, THEN M1510 Heart Failure Follow-up: No Action Taken through M1510 Heart Failure Follow-up: Change in Care Plan must be skipped (blank). **Definition:** M1500 Symptoms in Heart Failure Patients M1510 Heart Failure Follow-up **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 370	Inconsistent M1500/M1510 values: If M1500 Symptoms in heart failure patients = 01, then at least one item from M1510 Heart fail. follow-up: No action taken through M1510 Heart fail. follow-up: Change in care plan must be checked (equal to 1).	**Cause:** IF M1500 Symptoms in Heart Failure Patients = 01, THEN at least one item from M1510 Heart Failure Follow-up: No Action Taken through M1510 Heart Failure Follow-up: Change in Care Plan must be checked (equal to 1). **Definition:** M1500 Symptoms in Heart Failure Patients M1510 Heart Failure Follow-up **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 371	Inconsistent M1510 values: If M1510 Heart fail. follow-up: No action taken is checked (equal to 1), then M1510 Heart fail. follow-up: Physician contacted through M1510 Heart fail. follow-up: Change in care plan must be unchecked (equal to 0).	**Cause:** IF M1510 Heart Failure Follow-up: No Action Taken is checked (equal to 1), THEN M1510 Heart Failure Follow-up: Physician Contacted through M1510 Heart Failure Follow-up: Change in Care Plan must be unchecked (equal to 0). **Definition:** M1510 Heart Failure Follow-up **Tips:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 376	Inconsistent M1306/M1307 values: If M1306 Unhealed pressure ulcer at least Stage II = 1 AND M1307 Status Oldst Stg 2 Pressure Ulcer At Dischrg = 02, then M1307 Oldest stage II onset date must be a valid date.	**Cause:** IF M0100 = 09 *AND* M1306 Unhealed Pressure Ulcer at Stage II or Higher = 1 *AND* M1307 Oldest Stage II Pressure Ulcer Present at Discharge = 02, THEN M1307 Oldest Stage II Onset Date must be a valid date. **Definition:** M1306 Unhealed Pressure Ulcer at Stage II or Higher M1307 Oldest Stage II Pressure Ulcer Present at Discharge **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 377	Inconsistent M1306/M1308 values: If M1306 Unhealed pressure ulcer at least Stage II = 1, then M1308 Number of PUs - stage II through M1308 # unstgbl PUs d/t deep tiss injury @ SOC ROC must not be blank.	**Cause:** IF M1306 Unhealed Pressure Ulcer at Stage II or Higher = 1, THEN M1308 Number of PUs - Stage II through M1308 Unstageable: Suspected deep tissue injury @ SOC ROC must not be blank. **Definition:** M1306 Unhealed Pressure Ulcer at Stage II or Higher M1308 Current Number of Unhealed Pressure Ulcers at Each Stage **Tips:** The skip pattern is only applied to the active items per Reason for Assessment (RFA) in this skip pattern. Note: The M1308 items that end with "SOC_ROC" are only active when the RFA is 04, 05 or 09. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 379	Inconsistent M1306/M1308 values: If M1306 Unhealed pressure ulcer at least Stage II = 1, then at least one item between M1308 Number of PUs - stage II and M1308 # unstgbl PUs d/t deep tiss injury @ SOC ROC must be greater than 0 (zero).	**Cause:** IF M1306 Unhealed Pressure Ulcer at Stage II or Higher = 1, THEN at least one item between M1308 Number of PUs - Stage II through M1308 Unstageable: Suspected deep tissue injury @ SOC ROC must be greater than 0 (zero). **Definition:** M1306 Unhealed Pressure Ulcer at Stage II or Higher M1308 Current Number of Unhealed Pressure Ulcers at Each Stage **Tips:** The skip pattern is only applied to the active items per Reason for Assessment (RFA) in this skip pattern. Note: The M1308 items that end with "SOC_ROC" are only active when the RFA is 04, 05 or 09. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 380	Inconsistent M1306/M1308 values: If M1306 Unhealed pressure ulcer at least Stage II = 1, then M1308 Number of PUs - stage II at SOC ROC must be less than or equal to M1308 Number of PUs - stage II.	**Cause:** IF M1306 Unhealed Pressure Ulcer at Stage II or Higher = 1, THEN M1308 Number of Pressure Ulcers - Stage II at SOC ROC must be less than or equal to M1308 Number of Pressure Ulcers - Stage II. **Definition:** M1306 Unhealed Pressure Ulcer at Stage II or Higher M1308 Number of Pressure Ulcers - Stage II M1308 Number of Pressure Ulcers - Stage II at SOC ROC **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 381	Inconsistent M2300/M2310 (M0840) values: If M2300 Emergent care since last OASIS = 00 or UK, then M2310 (M0840) Emergent care - improper med admin through M2310 (M0840) Emergent care - reason unknown must be skipped (blank).	**Cause:** IF M2300 Emergent Care Since Last OASIS = 00 or UK, THEN M2310 (M0840) Reason for Emergent Care - Improper Medication Administration through M2310 (M0840) Reason for Emergent Care - Reason unknown must be skipped (blank). **Definition:** M2300 Emergent Care Since Last OASIS M2310 (M0840) Reason for Emergent Care **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 382	Inconsistent M2410 (M0855)/M2430/M2440 (M0900) values: If M2410 (M0855) Inpatient facility admitted = 02 or 04, then M2430 (M0895) Hospital rsn - improper med admin through M2440 (M0900) Nursing home rsn - unknown must be skipped (blank).	**Cause:** IF M2410 (M0855) Inpatient Facility Admitted = 02 or 04, THEN M2430 (M0895) Hospital Reason - Improper Medication Administration through M2440 (M0900) Nursing Home Reason - Unknown must be skipped (blank). **Definition:** M2410 (M0855) Inpatient Facility Admitted M2440 (M0900) Nursing Home Reason **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 383	Inconsistent M2410 (M0850)/M2430 values: If M2410 (M0855) Inpatient facility admitted = 03, then M2430 (M0895) Hospital rsn - improper med admin through M2430 Hospital rsn - reason unknown must be skipped (blank).	**Cause:** IF M2410 (M0855) Inpatient Facility Admitted = 03, THEN M2430 (M0895) Hospital Reason - Improper Medication Administration through M2430 (M0895) Reason for Hospitalization - Reason Unknown must be skipped (blank). **Definition:** M2410 (M0855) Inpatient Facility Admitted M2430 (M0895) Reason for Hospitalization **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 384	Inconsistent M2410 (M0850)/M2420 values: If M2410 (M0855) Inpatient facility admitted = NA, then M2420 Discharge disposition must not be blank.	**Cause:** IF M2410 (M0855) Inpatient Facility Admitted = NA, THEN M2420 Discharge Disposition must not be blank. **Definition:** M2410 (M0855) Inpatient Facility Admitted M2420 Discharge Disposition **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 386	Inconsistent M1322 (M0450)/M1324 (M0460) values: If M1324 (M0460) Stage of most problematic PU = 01, then M1322 (M0450) Current number of Stage I Pus must be greater than 0 (zero).	**Cause:** IF M1324 (M0460) Stage of Most Problematic PU = 01, THEN M1322 (M0450) Current Number of Stage I Pressure Ulcers must be greater than 0 (zero). **Definition:** M1324 (M0460) Stage of Most Problematic PU M1322 (M0450) Current Number of Stage I Pressure Ulcers **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 387	Inconsistent M1308/M1324 (M0460) values: If M1324 (M0460) Stage of most problematic PU = 02, then M1308 Number of PUs - stage II must be greater than 0 (zero).	**Cause:** IF M1324 (M0460) Stage of Most Problematic PU = 02, THEN M1308 Number of PUs - Stage II must be greater than 0 (zero). **Definition:** M1308 Current Number of Unhealed Pressure Ulcers at Each Stage M1324 (M0460) Stage of Most Problematic PU **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 388	Inconsistent M1308/M1324 (M0460) values: If M1324 (M0460) Stage of most problematic PU = 03, then M1308 Number of PUs - stage III must be greater than 0 (zero).	**Cause:** IF M1324 (M0460) Stage of Most Problematic PU = 03, THEN M1308 Number of PUs - Stage III must be greater than 0 (zero). **Definition:** M1308 Current Number of Unhealed Pressure Ulcers at Each Stage M1324 (M0460) Stage of Most Problematic PU **Actions:** Make appropriate corrections to the submitted record and resubmit.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 389	Inconsistent M1308/M1324 (M0460) values: If M1324 (M0460) Stage of most problematic PU = 04, then M1308 Number of PUs - stage IV must be greater than 0 (zero).	**Cause:** IF M1324 (M0460) Stage of Most Problematic PU = 04, THEN M1308 Number of PUs - Stage IV must be greater than 0 (zero). **Definition:** M1308 Current Number of Unhealed Pressure Ulcers at Each Stage M1324 (M0460) Stage of Most Problematic PU **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 390	Inconsistent M1308/M1322 (M0450)/M1324 (M0460) values: If M1322 (M0450) Current number of Stage I Pus = 0 (zero) AND M1308 Number of PUs - stage II = 0 (zero) AND M1308 Number of PUs - stage III = 0 (zero) AND M1308 Number of PUs - stage IV = 0 (zero), then M1324 (M0460) Stage of most problematic PU must be equal to NA.	**Cause:** IF M1322 (M0450) Current Number of Stage I Pressure Ulcers = 0 (zero) *AND* M1308 Number of PUs - Stage II = 0 (zero) *AND* M1308 Number of PUs - Stage III = 0 (zero) *AND* M1308 Number of PUs - Stage IV = 0 (zero), THEN M1324 (M0460) Stage of Most Problematic PU must be equal to NA. **Definition:** M1308 Current Number of Unhealed Pressure Ulcers at Each Stage M1322 (M0450) Current Number of Stage I Pressure Ulcers M1324 (M0460) Stage of Most Problematic PU **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 392	The M0102 Physician ordered SOC ROC or M0104 Physician date of referral must be earlier than or equal to the M0032 ROC date and the M0090 Assessment completion date.	**Cause:** When RFA = 03, the M0102 Physician Ordered SOC ROC Date OR M0104 Physician Date of Referral must be earlier than or equal to each of the following dates - M0032 ROC Date and M0090 Assessment Completion Date. **Definition:** M0102 Physician Ordered SOC ROC Date M0104 Physician Date of Referral M0032 ROC Date M0090 Assessment Completion Date **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 393	Inconsistent M0150 values: Both M0150 Copay - None and M0150 Copay - UK must be unchecked (equal to 0).	**Cause:** Both M0150 Copay - None and M0150 Copay - UK must be unchecked (equal to 0). **Definition:** M0150 Copay – None M0150 Copay – UK **Tips:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 394	Inconsistent M0150 value: If (M0150) Payment Sources items 1, 2, 3, or 4 are checked, then the identifying data items must not be masked.	**Cause:** Inconsistent M0150 value: IF (M0150) Payment Sources items 1, 2, 3, or 4 are checked, THEN the identifying data items must not be masked. **Definition:** M0150 Payment Sources **Tips:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Contact your Software vendor for assistance.
+395	Inconsistent M2020 value: If M0100 Reason for completing assessment = 09, then M2020 Current management of oral medications must not be blank.	**Cause:** Inconsistent M2020 value: IF M0100 Reason for Completing Assessment = 09, THEN M2020 Current Management of Oral Medications must not be blank. **Definition:** M0100 Reason for Completing Assessment M2020 Current Management of Oral Medications **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 396	Inconsistent M2030 value: If M0100 Reason for completing assessment = 04, 05, or 09, then M2030 Current management of injectable meds must not be blank.	**Cause:** Inconsistent M2030 value: IF M0100 Reason for completing assessment = 04, 05, or 09, THEN M2030 Current Management of Injectable Medications must not be blank. **Definition:** M0100 Reason for Completing Assessment M2030 Current Management of Injectable Medications **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 397	Inconsistent M2410 (M0855)/M2440 (M0900) values: If M2410 (M0855) Inpatient facility admitted = 01, then M2440 (M0900) Nursing home rsn - therapy services thru M2440 (M0900) Nursing home rsn - unknown must all be blank.	**Cause:** Applies when (M0100) RFA is 06 or 07. IF M2410 (M0855) Inpatient Facility Admitted = 01,THEN M2440 (M0900) Nursing Home Reason - Therapy Services thru M2440 (M0900) Nursing Home Reason - Unknown must all be blank .(skipped). **Definitions:** M2410 (M0855) Inpatient Facility Admitted M2440 (M0900) Nursing Home Reason **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid values.
+ 398	Inconsistent M0014/M0016 values: If M0016 Branch ID is a standard branch ID (i.e. not N or P), then M0014 Branch state must not be blank.	**Cause:** Inconsistent M0014/M0016 values: IF M0016 Branch ID is a standard branch ID (i.e. not N or P), THEN M0014 Branch State must not be blank. **Definition:** M0014 Branch State M0016 Branch ID **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 399	Inconsistent M1020 (M0230) values: If byte 1 of M1020 (M0230) Primary diagnosis ICD code is a space and byte 2 is not equal to "V" (i.e., it is not a V-code), then M1020 (M0230) Primary diagnosis severity must not be blank.	**Cause:** Inconsistent M1020 (M0230) values: IF byte 1 of M1020 (M0230) Primary Diagnosis ICD Code is a space and byte 2 is not equal to "V" (i.e., it is not a V-code), THEN M1020 (M0230) Primary Diagnosis Severity must not be blank. **Definition:** M1020 (M0230) Primary Diagnosis ICD Code M1020 (M0230) Primary Diagnosis Severity **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 400	Inconsistent M1020 (M0230) values: If byte 1 of M1020 (M0230) Primary diagnosis ICD code is a space and byte 2 is equal to "V" (i.e., it is a V-code), then M1020 (M0230) Primary diagnosis severity must be blank.	**Cause:** Inconsistent M1020 (M0230) values: IF byte 1 of M1020 (M0230) Primary Diagnosis ICD Code is a space and byte 2 is equal to "V" (i.e., it is a V-code), THEN M1020 (M0230) Primary Diagnosis Severity must be blank. **Definition:** M1020 (M0230) Primary Diagnosis ICD Code M1020 (M0230) Primary Diagnosis Severity **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 401	Inconsistent M1022 (M0240) values: If byte 1 of M1022 (M0240) Other diagnosis ICD code is a space and byte 2 is equal to "V" (i.e., it is a V-code), then M1022 (M0240) Other diagnosis severity must be blank.	**Cause:** Inconsistent M1020 (M0230) values: IF byte 1 of M1022 (M0240) Other Diagnosis ICD Code is a space and byte 2 is equal to "V" (i.e., it is a V-code), THEN M1022 (M0240) Other Diagnosis Severity must be blank. **Definition:** M1022 (M0240) Other Diagnosis ICD Code M1022 (M0240) Other Diagnosis Severity **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 402	Inconsistent M1022 (M0240) values: If byte 1 of M1022 (M0240) Other diagnosis ICD code is a space (i.e., it is not an E-code) and byte 2 is not equal to "V" (i.e., it is not a V-code), then M1022 (M0240) Other diagnosis severity must not be blank.	**Cause:** Inconsistent M1020 (M0230) values: IF byte 1 of M1022 (M0240) Other Diagnosis ICD Code is a space and byte 2 is not equal to "V" (i.e., it is not a V-code), THEN M1022 (M0240) Other Diagnosis Severity must not be blank. **Definition:** M1022 (M0240) Other Diagnosis ICD Code M1022 (M0240) Other Diagnosis Severity **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 403	Inconsistent M1000 (M0175)/M1016/M1018 values: If any item M1000 Discharged past 14 days from LTC through M1000 Discharged past 14 days from other is checked (equal to 1) or M1016 Regimen change in past 14 days – NA is unchecked (equal to 0), then M1018 (M0220) Prior condition - NA must be unchecked (equal to 0).	**Cause:** Inconsistent M1000 (M0175)/M1016/M1018 values: IF any item M1000 Discharged Past 14 Days from LTC through M1000 Discharged Past 14 Days from Other is checked (equal to 1) OR M1016 Regimen Change in Past 14 Days – NA is unchecked (equal to 0), THEN M1018 (M0220) Prior Condition - NA must be unchecked (equal to 0). **Definition:** M1000 (M0175) Discharged Past 14 Days NA M1016 Regimen Change in Past 14 days – NA M1018 (M0220) Prior Condition – NA **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 404	Inconsistent M1308/M1310/M1312/M1314 values: If M1308 Number of PUs - stage III is greater than zero (0) or M1308 Number of PUs - stage IV is greater than zero (0), then M1310 Largest pressure ulcer length through M1314 Largest pressure ulcer depth cannot be blank.	**Cause:** Inconsistent M1308/M1310/M1312/M1314 values: IF M1308 Number of PUs - Stage III is greater than zero (0) *OR* M1308 Number of Pressure Ulcers - Stage IV is greater than zero (0), THEN M1310 Largest Pressure Ulcer Length through M1314 Largest Pressure Ulcer Depth cannot be blank. **Definition:** M1308 Number of Pressure Ulcers M1310 Largest Pressure Ulcer Length M1312 Largest Pressure Ulcer Width M1314 Largest Pressure Ulcer Depth **Actions:**

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 405	Inconsistent M1306/M1308/M1320 values: If M1306 Unhealed pressure ulcer at least Stage II = 1 and M1308 Number of PUs - stage II, M1308 Number of PUs - stage III, M1308 Number of PUs - stage IV, M1308 # unstgbl PUs d/t coverage by slough/eschar, and M1308 # unstgbl PUs d/t deep tissue injury are all = 0 (zero), then M1320 Status of most problematic pressure ulcer must equal NA.	**Cause:** Inconsistent M1306/M1308/M1320 values: IF M1306 Unhealed Pressure Ulcer at Least Stage II = 1 *AND* M1308 Number of Pressure Ulcers - Stage II, M1308 Number of Pressure Ulcers - Stage III, M1308 Number of Pressure Ulcers - Stage IV, M1308 Number of Unstageable Pressure Ulcers Due to Coverage by Slough/Eschar, *AND* M1308 Number of Unstageable Pressure Ulcers Due to Deep Tissue Injury are all = 0 (zero), THEN M1320 Status of Most Problematic Pressure Ulcer must equal NA. **Definition:** M1306 Unhealed Pressure Ulcer at Least Stage II M1308 Number of Pressure Ulcers - Stage II M1308 Number of Pressure Ulcers - Stage III M1308 Number of Pressure Ulcers - Stage IV M1308 Number of Unstageable Pressure Ulcers Due to Coverage by Slough/Eschar M1308 Number of Unstageable Pressure Ulcers Due to Deep Tissue Injury M1320 Status of Most Problematic Pressure Ulcer **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 406	Inconsistent M1306/M1308/M1320 values: If M1306 Unhealed pressure ulcer at least Stage II = 1 and M1308 Number of PUs - stage II is greater than 0 (zero) and M1308 Number of PUs - stage III, M1308 Number of PUs - stage IV, M1308 # unstgbl PUs d/t coverage by slough/eschar, and M1308 # unstgbl PUs d/t deep tissue injury are all = 0 (zero), then M1320 Status of most problematic PU must equal 03.	**Cause:** Inconsistent M1306/M1308/M1320 values: IF M1306 Unhealed Pressure Ulcer at Least Stage II *AND* M1308 Number of Pressure Ulcers - Stage II is greater than 0 (zero) *AND* M1308 Number of Pressure Ulcers - Stage III, M1308 Number of Pressure Ulcers - Stage IV, M1308 Number of Unstageable Pressure Ulcers Due to Coverage by Slough/Eschar, *AND* M1308 Number of Unstageable Pressure Ulcers Due to Deep Tissue Injury are all = 0 (zero), THEN M1320 Status of Most Problematic Pressure Ulcer must equal 03. **Definition:** M1306 Unhealed Pressure Ulcer at Least Stage II M1308 Number of Pressure Ulcers - Stage II M1308 Number of Pressure Ulcers - Stage III M1308 Number of Pressure Ulcers - Stage IV M1308 Number of Unstageable Pressure Ulcers Due to Coverage by Slough/Eschar M1308 Number of Unstageable Pressure Ulcers Due to Deep Tissue Injury M1320 Status of Most Problematic Pressure Ulcer **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 407	Inconsistent M1306/M1308/M1320 values: If M1306 Unhealed pressure ulcer at least Stage II = 1 and M1308 # unstgbl PUs d/t covrge by slough/eschar is greater than 0 (zero) and M1308 Number of PUs - stage II, M1308 Number of PUs - stage III, M1308 Number of PUs - stage IV, and M1308 # unstgbl PUs d/t deep tissue injury are all = 0 (zero), then M1320 Status of most problematic PU must equal 02 or 03.	**Cause:** Inconsistent M1306/M1308/M1320 values: IF M1306 Unhealed Pressure Ulcer at Least Stage II = 1 *AND* M1308 Number of Unstageable Pressure Ulcers Due to Coverage by Slough/Eschar is greater than 0 (zero) *AND* M1308 Number of Pressure Ulcers - Stage II, M1308 Number of Pressure Ulcers - Stage III, M1308 Number of Pressure Ulcers - Stage IV, *AND* M1308 Number of Unstageable Pressure Ulcers Due to Deep Tissue Injury are all = 0 (zero), THEN M1320 Status of Most Problematic Pressure Ulcer must equal 02 or 03. **Definition:** M1306 Unhealed Pressure Ulcer at Least Stage II M1308 Number of Pressure Ulcers - Stage II M1308 Number of Pressure Ulcers - Stage III M1308 Number of Pressure Ulcers - Stage IV M1308 Number of Unstageable Pressure Ulcers Due to Coverage by Slough/Eschar M1308 Number of Unstageable Pressure Ulcers Due to Deep Tissue Injury M1320 Status of Most Problematic Pressure Ulcer **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 408	Inconsistent M1306/M1308 values: If M1306 Unhealed pressure ulcer at least Stage II = 1, then M1308 Number of PUs - stage III at SOC ROC must be less than or equal to M1308 Number of PUs - stage III.	**Cause:** IF M1306 Unhealed Pressure Ulcer at Stage II or Higher = 1, THEN M1308 Number of Pressure Ulcers - Stage III at SOC ROC must be less than or equal to M1308 Number of Pressure Ulcers - Stage III. **Definition:** M1306 Unhealed Pressure Ulcer at Stage II or Higher M1308 Number of Pressure Ulcers - Stage III M1308 Number of Pressure Ulcers - Stage III at SOC ROC **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 409	Inconsistent M1306/M1308 values: If M1306 Unhealed pressure ulcer at least Stage II = 1, then M1308 Number of PUs - stage IV at SOC ROC must be less than or equal to M1308 Number of PUs - stage IV.	**Cause:** IF M1306 Unhealed Pressure Ulcer at Stage II or Higher = 1, THEN M1308 Number of Pressure Ulcers - Stage IV at SOC ROC must be less than or equal to M1308 Number of Pressure Ulcers - Stage IV. **Definition:** M1306 Unhealed Pressure Ulcer at Stage II or Higher M1308 Number of Pressure Ulcers - Stage IV M1308 Number of Pressure Ulcers - Stage IV at SOC ROC **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 410	Inconsistent M1306/M1308 values: If M1306 Unhealed pressure ulcer at least Stage II = 1, then M1308 # unstgbl PUs d/t non-rmvble drsng @ SOC ROC must be less than or equal to M1308 # unstgbl PUs due to non-removable drsng.	**Cause:** IF M1306 Unhealed Pressure Ulcer at Stage II or Higher = 1, THEN M1308 Number of Unstageable Pressure Ulcers Due to Non-Removable Dressing at SOC ROC must be less than or equal to M1308 Number of Unstageable Pressure Ulcers Due to Non-Removable Dressing. **Definition:** M1306 Unhealed Pressure Ulcer at Stage II or Higher M1308 Number of Unstageable Pressure Ulcers Due to Non-Removable Dressing M1308 Number of Unstageable Pressure Ulcers Due to Non-Removable Dressing at SOC ROC **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 411	Inconsistent M1306/M1308 values: If M1306 Unhealed pressure ulcer at least Stage II = 1, then M1308 # unstgbl PUs d/t coverage slough @ SOC ROC must be less than or equal to M1308 # unstgbl PUs d/t coverage by slough/eschar.	**Cause:** IF M1306 Unhealed Pressure Ulcer at Stage II or Higher = 1, THEN M1308 Number of Unstageable Pressure Ulcers Due to Coverage Slough at SOC ROC must be less than or equal to M1308 Number of Unstageable Pressure Ulcers Due to Coverage Slough. **Definition:** M1306 Unhealed Pressure Ulcer at Stage II or Higher M1308 Number of Unstageable Pressure Ulcers Due to Coverage Slough M1308 Number of Unstageable Pressure Ulcers Due to Coverage Slough at SOC ROC **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 412	Inconsistent M1306/M1308 values: If M1306 Unhealed pressure ulcer at least Stage II = 1, then M1308 # unstgbl PUs d/t deep tiss injury @ SOC ROC must be less than or equal to M1308 # unstgbl PUs d/t deep tissue injury.	**Cause:** IF M1306 Unhealed Pressure Ulcer at Stage II or Higher = 1, THEN M1308 Number of Unstageable Pressure Ulcers Due to Deep Tissue Injury at SOC ROC must be less than or equal to M1308 Number of Unstageable Pressure Ulcers Due to Deep Tissue Injury. **Definition:** M1306 Unhealed Pressure Ulcer at Stage II or Higher M1308 Number of Unstageable Pressure Ulcers Due to Deep Tissue Injury M1308 Number of Unstageable Pressure Ulcers Due to Deep Tissue Injury at SOC ROC **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 413	Inconsistent M2300/M2310 values: If M2300 Emergent care since last OASIS = 01 or 02, then M2310 (M0840) Emergent care - improper	**Cause:** IF M2300 Emergent Care Since Last OASIS Assessment = 01 or 02, THEN M2310 (M0840) Emergent Care - Improper Medication Administration through M2310 (M0840) Emergent Care - Reason Unknown must not be blank. **Definition:**

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
	med admin thru M2310 (M0840) Emergent care - reason unknown must not be blank.	M2300 Emergent Care Since Last OASIS Assessment M2310 (M0840) Emergent Care Reason **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 1000	Duplicate assessment: The record submitted is a duplicate of a previously submitted record.	**Cause:** This record is a duplicate of a previously submitted record for this patient. **Definition:** Duplicate records are based on all of the following fields: Identical HHA_AGENCY_ID (Header Record) Identical (M0100) Reason for Assessment Identical Effective Date The effective date is based on the RFA value. If required on the data record submitted, this message applies to the following date items: (M0030) Start of Care Date for RFA types 01 (M0032) Resumption of Care Date for RFA type 03 (M0090) Information Completion Date for RFA types 04 & 05 (M0906) Discharge/Transfer/Death Date for RFA types 06, 07, 08, & 09 Identical Patient (Last Name, Birth Date, & SSN) Identical Correction Number An Identical Patient is determined by using the Resident (Patient) Matching Criteria. Patient identifying information is checked against the resident (patient) table on the CMS OASIS system at the State. This table contains information for all the persons who have records in the database. If a match is found, the fields identified (in the tip below) are checked for matching information and the fields are updated if they do not match. HHA Internal ID is an ID that the state system automatically generates internally along with the state-assigned HHA ID. The HHA Internal ID is part of the resident matching criteria. Only one HHA Internal ID is allowed on the "resident" table and it is always associated with the most current episode of care. If another health care provider (i.e., Skilled Nursing Facility or another HHA) had previously provided care and sent an assessment into the state system, then this field is updated with this information. Rolled Off Assessments are assessments where the M0090 date is greater than 3 years and 1 month in the past AND the assessment submitted greater than 4 months in the past. **Examples:** When every record in a file was rejected as a duplicate assessment, the SEND button may have been double clicked and the file was sent twice, very quickly. The record was accidentally placed in a submission file after it had already been submitted, so it was sent twice in two separate files. **Tips:** Refer to the Message Description for Warning Message 81 for the OASIS items used for matching residents. This message occurs if the duplicates are in the same file and file is

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		submitted as a production file. The first record is subject to normal editing and the second is edited as a duplicate record and rejected. This message does not occur if the duplicates are in the same file and the file is submitted as a test. The first record is not stored thus eliminating the duplicate files. The OASIS items used for matching patients are the following: (M0040) Patient Last Name (M0040) Patient First Name (M0040) Patient Middle Initial (M0063) Medicare Number (M0064) Social Security Number (M0065) Medicaid Number (M0066) Birth Date (M09060) Death Date (only applies to RFA type 08 – death at home) HHA Internal ID (State-Assigned ID) This message also occurs when a record is submitted that is a duplicate of a record on the Rolloff Track table. **Actions:** Check to see why this record was sent more than once. DO NOT resubmit this record as it is already in the database.
+ 1004	Inconsistent CORR_NUM value: CORR_NUM must be one number greater than the number on the originally stored or previously corrected assessment.	**Cause:** The Correction Number must be 1 number greater than the number on the originally stored or previously corrected assessment with identical key fields. In other words, this assessment went through the duplicate assessment check and passed, the Correction Number was a numerical value - but, the Correction Number was not incremented by 1. **Definitions:** The key fields are as follows: HHA ID Correction Number (M0040) Patient's Last Name (M0040) Patient's First Name (M0064) Social Security Number (M0066) Birth Date (M0069) Gender (M0100) Reason for Assessment Effective Dates: (M0030) Start of Care Date for RFA 01 (M0032) Resumption of Care Date for RFA 03 (M0090) Information Completion Date for RFA 04 and 05 (M0906) Discharge/Transfer/Death Date for RFA 06, 07, 08, and 09. **Example:** Previously stored assessment's Correction Number is 00 (zero, zero) and the Correction Number for this assessment is 02 (zero, two). **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications on submission of correction records.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 1007	No match found: No matching record was found in the database for the submitted record.	**Cause:** No matching record was found in the state's database for the submitted record. The correction request may have been submitted twice. An inactivation request may have been already submitted for this record. A correction or inactivation request may have been submitted after the original assessment was rolled off the state database. **Definitions:** Rolled Off Assessments – Assessments where the M0090 date is greater than 3 years and 1 month in the past AND the assessment submitted greater than 4 months in the past. **Actions:** Make appropriate corrections to the submitted record and resubmit to the state system. Refer to the current data specifications on submission of correction records.

WARNING MESSAGES

The following errors are considered warning errors and are displayed on the Final Validation Report. Warning errors encompass consistency, valid value, and range errors.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 3	Software Vendor information updated: Submitted software Vendor Tax ID number was not found in the State database. Vendor information has been added to the database. Verify the Vendor Tax ID number.	**Cause:** The software vendor in the header record of this submission file does not match with any vendor entered in the State database. **Actions:** The software vendor information was added to the State database. If this is a new vendor, no action is needed. If this is not a new vendor, contact your State Coordinator to check the Vendor Tax ID.
+ 14	Inconsistent CMS Certification Number: The CMS Certification Number submitted in the header record does not match the CMS Certification Number in the State database.	**Cause:** The HHA Medicare Number in the header record of this submission file does not match the HHA Medicare Number in the State database. **Definition:** Header record: The header record contains basic identifying information for the HHA, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. **Tips:** The number must be left justified, contain no embedded dashes or spaces, and any letters must be UPPERCASED. With most encoding software, the HHA Medicare Number is inserted in the header record by the software when a file is created. **Actions:** Contact your State to find the correct HHA Medicare Number. Change the HHA Medicare Number in the HHA software to match the State database or contact your State Coordinator to have the HHA Medicare number in the state database changed to match the HHA software. Contact your software vendor for assistance with changing header record data.
+ 16	Inconsistent HHA telephone number: The HHA telephone number submitted in the header record does not match the HHA telephone number in the State database.	**Cause:** The HHA telephone number in the header record of this submission file does not match the HHA telephone number in the State database. **Definitions:** HHA telephone number is the (voice line) number used to reach the HHA contact person. It is not the computer modem (data line) number. Header record: The header record contains basic identifying information for the HHA, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. Contact person: This is the person at the HHA to call if there is a question about a submission. It could be the OASIS coordinator, data entry person, or someone else designated by the HHA. **Tips:** The number must include the area code and contain no embedded

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		nonnumeric characters. With most encoding software, the HHA telephone number is inserted in the header record by the software when a file is created. **Actions:** Change the HHA telephone number in the HHA software to match the State database or contact your State Coordinator to have the HHA telephone number in the State database changed to match the HHA software. Contact your software vendor for assistance with changing the header record data.
+ 17	File creation date missing: There was no file creation date submitted in the header record. Contact your software vendor.	**Cause:** The header record of this submission file does not contain the file creation date. This is the date the submission file was created. **Definitions:** Header record: The header record contains basic identifying information for the HHA, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. File creation date: This is the date the file was created. It is the date on the computer that created the file. **Tip:** With most encoding software, the file creation date is inserted in the header record by the software when a file is created. **Action:** Contact your software vendor for assistance with changing the header record data.
+ 20	HHA address missing: The HHA address was missing from the header record. Update the HHA information in your OASIS encoding software.	**Cause:** The header record of the submission files does not contain the HHA address. **Definition:** Header record: The header record contains basic identifying information for the HHA, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. **Tip:** With most encoding software, the HHA address is inserted in the header record by the software when a file is created. **Action:** Contact your software vendor for assistance with changing the header record data.
+ 21	HHA city missing: The HHA city was missing from the header record. Update the HHA information in your OASIS encoding software.	**Cause:** The header record of the submission files does not contain the HHA's city. **Definition:** Header record: The header record contains basic identifying information for the HHA, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. **Tip:** With most encoding software, the HHA city is inserted in the header record by the software when a file is created. **Action:** Contact your software vendor for assistance with changing the header record data.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 22	HHA state is missing: The HHA state was missing from the header record. Update the HHA information in your OASIS encoding software.	**Cause:** The header record of the submission files does not contain the HHA's state. **Definition:** Header record: The header record contains basic identifying information for the HHA, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. **Tip:** With most encoding software, the HHA state is inserted in the header record by the software when a file is created. **Action:** Contact your software vendor for assistance with changing the header record data.
+ 23	HHA zip code is missing: The HHA zip code was missing from the header record. Update the HHA information in your OASIS encoding software.	**Cause:** The header record of the submission files does not contain the HHA's zip code. **Definition:** Header record: The header record contains basic identifying information for the HHA, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. **Tip:** With most encoding software, the HHA zip code is inserted in the header record by the software when a file is created. **Action:** Contact your software vendor for assistance with changing the header record data.
+ 24	HHA contact person is missing: The HHA contact person was missing from the header record. Update the HHA information in your OASIS encoding software.	**Cause:** The header record of the submission files does not contain the HHA's contact person. **Definition:** Header record: The header record contains basic identifying information for the HHA, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. Contact person: This is the person at the HHA to call if there is a question about a submission. It could be the OASIS coordinator, data entry person, or someone else designated by the HHA. **Tip:** With most encoding software, the HHA contact person is inserted in the header record by the software when a file is created. **Action:** Contact your software vendor for assistance with changing the header record data.
+ 52	Field left justified: The submitted data in the above field was not left justified. Accepted record has been modified (left justified). Verify justification with your software vendor.	**Cause:** Current data specifications require that the identified field must be left justified. The data submitted in this record was not left justified. The CMS OASIS system at the State stored this data in a left justified format. **Action:** Contact your software vendor for assistance to have the format for this item corrected for future submissions.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 81	Patient information updated: Submitted data in the above field is not the same as the data previously submitted for this patient. Verify that the "new" information is correct.	**Causes:** If patient information in this record is similar enough to patient information on the State database based on a set of patient matching criteria, a match occurs and certain fields on the patient (resident) table in the State database are updated. Patient's first name was spelled differently, the birth date was entered incorrectly, or the home health agency may be submitting information that was unknown previously (such as the Medicare or Medicaid number). **Definition:** Resident (Patient) Matching Criteria: Patient identifying information is checked against the resident (patient) table on the CMS OASIS system at the State. This table contains information for all the persons who have records in the database. If a match is found, the fields identified (in the tip below) are checked for matches and are updated if they do not match. **Tips:** Fields that may be updated are: (M0040) Patient Last Name (M0040) Patient First Name (M0040) Patient Middle Initial (M0063) Medicare Number (M0064) Social Security Number (M0065) Medicaid Number (M0066) Birth Date (M0069) Gender (M0906) Death Date (only on RFA type 08: died at home) HHA Indicator
+82	Patient provider updated: This resident was previously cared for by the 'prior' provider identified above.	**Cause:** Occurs when the patient is in the database under one agency and now is in a different agency. The current agency ID is updated in the State database. **Definition:** The current agency ID is the unique State assigned Agency ID (Facid). **Tip:** "Old" is the previous MDS or HHA agency, the 'prior' provider. "New" is the current agency this assessment was submitted for, the current provider. **Action:** No action needed.
+ 102	Inconsistent LOCK_DATE: The submitted record was not locked within CMS timing guidelines. The LOCK_DATE should be no earlier than the (M0090) date AND no more than 7 days after the (M0090) date.	**Causes:** The submitted assessment was not completed within CMS timing guidelines. There should be no more than 7 calendar days from the LOCK DATE to the (M0090) Information Completion Date. **Definition:** LOCK DATE is the date the assessment was locked in the HHA's encoding software. This date must be less than or equal to the current date. **Tip:** LOCK DATE is an item that may not be visible to the HHA User. It may be an item that is filled in by the vendor software when the record is copied to an upload file.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		Actions: Contact your software vendor to determine how your software handles the LOCK DATE. No action is required for this submission. To avoid this in the future, review the assessment schedule and verify that all assessments are locked in a timely manner.
+ 103	Inconsistent M0090 date: The submitted assessment was not completed within CMS timing guidelines. The (M0090) date should be no earlier than the (M0030) date AND no more than 5 days after the (M0030) date.	**Causes:** Applies when (M0100) Reason for Assessment is a 01. The submitted assessment was not completed within CMS timing guidelines. There should be no more than 5 calendar days from the (M0030) Start of Care Date to the (M0090) Information Completion Date. **Definition:** Start of Care: Reason for Assessment type 01 is done upon admission of a patient meeting a classification for required OASIS data collection. **Actions:** No action is required for this submission. To avoid this in the future, review the assessment schedule and verify that all assessments are completed in a timely manner.
+ 104	Inconsistent M0030 date: The assessment was not completed within CMS timing guidelines. The M0030 date should be no earlier than the M1005 (M0180) most recent inpatient discharge date AND no more than 14 days after the M1005 (M0180) date.	**Cause:** Applies when (M0100) Reason for Assessment is a 01. There should be no more than 14 calendar days from the (M0030) Start of Care Date to the M1005 (M0180) Inpatient Discharge Date. **Tip:** M1005 (M0180) Inpatient Discharge Date should only be entered when the patient was discharged from an inpatient facility within the past 14 days prior to admission to a home health agency. **Actions:** Make appropriate corrections to the record and resubmit. To avoid this in the future, verify that all assessments are submitted in a timely manner. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 108	Inconsistent M0090 date: The submitted assessment was not completed within CMS timing guidelines. The (M0090) date should be no earlier than the (M0032) date AND no more than 2 days after the (M0032) date.	**Causes:** Applies when (M0100) Reason for Assessment is a 03. The submitted Resumption of Care assessment was not completed within CMS timing guidelines. The assessment needs to be completed within 2 days after the (M0032) Resumption of Care Date. There should be no more than 2 calendar days after the (M0032) Resumption of Care Date to the (M0090) Information Completion Date. **Definition:** Resumption of Care: (M0100) RFA type 03 requires a comprehensive assessment conducted within 2 days of when the patient resumes care following an inpatient stay of 24 hours or longer (for reasons other than diagnostic testing). **Actions:** No action is required for this submission. To avoid this in the future, review the assessment schedule and verify that all assessments are completed in a timely manner.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 109	Inconsistent M0032 date: The submitted assessment M0032 date was late. The M0032 date should be no earlier than the M1005 (M0180) most recent inpatient discharge date AND no more than 14 days after the M1005 (M0180) date.	**Cause:** Applies when (M0100) Reason for Assessment is a 03. There should be no more than 14 calendar days from the M1005 (M0180) Inpatient Discharge Date to the (M0032) Resumption of Care Date. **Tip:** The M1005 (M0180) Inpatient Discharge Date should only be entered when the patient was discharged from an inpatient facility within the past 14 days prior to admission to a home health agency. **Actions:** No action is required for this assessment.
+ 129	Inconsistent M0090 date: Discharge record was not completed within CMS timing guidelines. (M0090) date should be no earlier than (M0906) date AND no more than the 2 days after (M0906) date.	**Causes:** Applies only to (M0100) Reason for Assessment 09. The submitted Discharge assessment was not completed within CMS timing guidelines. There should be no more than 2 calendar days from the (M0906) Discharge/Transfer/Death Date to the (M0090) Information Completion Date. **Definition:** Discharge: (M0100) RFA type 09 requires a comprehensive assessment conducted within 2 days from when the patient is discharged from the home health agency **Actions:** No action is required for this submission. To avoid this in the future, review the assessment timing schedule in the data specifications and verify that all assessments are completed in a timely manner.
+ 223	Inconsistent HHA Medicaid number: The HHA Medicaid number submitted in the header record does not match the (M0012) response in the body record.	**Cause:** The HHA Medicaid number in the header record of this submission file does not match the (M0012) Agency Medicaid Provider Number in the body record. **Definition:** Header record: The header record contains basic identifying information for the HHA, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. **Tips:** The number must be left justified, contain no embedded dashes or spaces, and any letters must be upper cased. With most encoding software, the HHA Medicaid number is inserted in the header record by the software when a file is created. **Actions:** Contact your software vendor for assistance with changing the header record data. Make appropriate corrections to the submitted record and resubmit.
+ 234	Inconsistent LOCK DATE/Submission Date: The submitted assessment was not submitted within CMS timing guidelines. The submission month was later than the month following the Lock Date.	**Cause:** The assessment was not submitted within the CMS timing guidelines. Assessments should be submitted to the State no later than the month after the month in which the assessment was locked. **Examples:** The assessment was locked in the HHA's encoding software on March 1st. The assessment must be submitted no later than April 30th. The assessment was locked in the HHA's encoding software on

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		March 31st. The assessment must be submitted no later than April 30th. **Tips:** Recommend submitting OASIS data more than one time a month. Avoid waiting to submit at the end of a month in case of hardware failure, record rejection, etc. **Actions:** No action is required for this submission. To avoid this in the future, review the assessment timing schedule in the data specifications and verify that all assessments are submitted in a timely manner.
+ 240	Invalid M0060 value: Submitted data in (M0060) is not in the valid range of acceptable values.	**Cause:** (M0060) Patient Zip Code does not have a valid range. The valid ranges are as follows: (M0060) Patient Zip Code bytes 1 through 5 must contain five numbers (M0060) Patient Zip Code bytes 6 through 9 must contain four numbers OR all blanks. 0000 (zero, zero, zero, zero) is acceptable. (M0060) Patient Zip Code bytes 10 and 11 must contain only blanks Action Contact your software vendor for assistance.
+ 257	The submitted HIPPS_CODE must match the calculated HIPPS_CODE value.	**Causes:** The HIPPS_CODE value on this assessment does not match the HIPPS_CODE value that was calculated by the state system. **Actions:** Contact your software vendor for assistance.
+ 262	Inconsistent M0090 date: RFA 04 (M0090) does not meet CMS timing guidelines. RFAs 04 must be done on an every 60 day cycle; (M0090) is no earlier than day 56 and no later than day 60 of that Follow-up cycle.	**Causes:** Applies when (M0100) Reason for Assessment is a 04. The submitted Recertification assessment was not completed within CMS timing guidelines. A recertification assessment must be completed on an every 60 day cycle (when still receiving care) following the (M0030) Start of Care Date; (M0090) Information Completion Date should be no earlier than day 56 and no later than day 60 of that follow-up (recertification) period. **Definition:** (M0100) Reason for Assessment 04: Recertification – Follow Up Assessment: Requires a comprehensive assessment conducted during the last five days of the recertification period. **Actions:** No action is required for this submission. To avoid this in the future, review the assessment schedule and verify that all assessments are completed in a timely manner.
+ 264	Invalid Version Code: This field must contain the Version Code for the data specifications used for submission.	**Causes:** The assessment contained a version code number that was not B1-0800, B1-1202 or C-072009. **Definition:** Version Code 1 is the version of the OASIS actually completed. Version _CD1 is found in the body record bytes 23-34. **Tip:** Data may be transmitting inaccurately, if you are using a previous software version. **Actions:** No action is required for this submission.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		Contact your software vendor for assistance to make sure you are using the most current software version. Refer to current data specification requirements.
+ 265	New Patient: A new person has been created in the database of the CMS OASIS system at the state.	**Cause:** In the patient identification fields, the submission contained enough changes or the 1st record submitted has an RFA other than 01, that this assessment was assigned to a new patient, different from the original assessment. **Definition:** Fields used to match patients include: HHA ID (M0064) SSN (M0040) Patient's First and Last Name (M0066) Birth Date (M0069) Gender **Action:** Check the data to be certain there were no errors. If there are no errors, then no action is required. If there are errors, correct using the OASIS Correction Policy.
+ 268	Test File: The agency is not identified as certified at this time. The file was processed as a test file. If you believe this is incorrect, please contact your state OASIS Automation Coordinator.	**Cause:** If the state agency has not yet completed an initial certification kit via Aspen, the system assumes the agency to be a test agency and all files submitted to be test files. **Action:** If you have been issued a provider number, contact your state OASIS Automation Coordinator to verify the certification kit is being processed by Aspen.
+ 277	Test File: The identified agency is a test agency. The file was processed as a test file.	**Cause:** If an agency currently has a test agency designation, the system processes the file as a test file only. **Action:** If you are no longer a test agency and have passed all requirements for certification, contact you state coordinator to verify this distinction.
+ 280	Inconsistent M0230/M0245: If M0230 (Primary Diag) is not a V-code, then optional field M0245 (Primary Payment Diag) is not used to calculate the HIPPS Code on this assessment. Use M0245 (Primary Payment Diag) only if a V-code is used in place of a case mix diagnosis in M0230 (Primary Diag).	**Cause:** When M0090 (Completion Date) is 10/1/2003 or later, applies to M0100 (Reason for Assessment) 01, 03, 04 or 05. M0245 is completed and M0230 is not a V-code. **Definition:** M0230 – Primary Diagnosis M0245 – Primary and Secondary Payment Diagnosis **Action:** A non-key field correction can be completed if appropriate.
+ 281	Inconsistent M0016 data: The Branch ID submitted in this assessment does not match the current Branch ID in the State database.	**Cause:** Applies when M0090 (Completion Date) is 1/1/2004 or later. The Branch ID in M0016 of the submitted file is not the most current Branch ID for this agency. However, the record was accepted and stored in the database. **Definition:** M0016 – Agency Branch ID N – Agency is not a branch nor a Parent

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		P – Agency is a Parent ##Q####### - Indicates the agency is a branch **Action:** None required for this submission. Contact State OASIS Education Coordinator for updated Branch ID.
+ 286	Inconsistent M0090/Submission Date: The submitted assessment was not submitted within CMS timing guidelines. The submission date is more than 30 days from the M0090 (Completion Date).	**Cause:** The assessment was not submitted within the CMS timing guidelines. Assessments should be submitted to the State no later than the month after the month in which the assessment was locked. **Examples:** The assessment was completed on March 1st. The assessment must be submitted no later than March 31st. The assessment was completed on March 31st. The assessment must be submitted no later than April 30th. **Tips:** Recommend submitting OASIS data more than one time a month. Avoid waiting to submit at the end of a month in case of hardware failure, record rejection, etc. **Actions:** No action is required for this submission. To avoid this in the future, review the assessment timing schedule in the data specifications and verify that all assessments are submitted in a timely manner.
+ 287	Inconsistent M1020 (M0230) Primary diagnosis ICD code/M1020 (M0230) Severity Rating: The Severity Rating for the Primary Diagnosis should not be '00'.	**Causes:** The record submitted contains a value of '00' for M1020 (M0230) Severity Rating. **Definition:** M1020 (M0230) – Primary Diagnosis **Action:** Check Final Validation Report to assure that all assessments are submitted timely. Refer to the current data specifications on record sequencing and timing rules.
+ 294	Inconsistent NPI: The NPI number submitted in this record is not consistent with the NPI number submitted in the header record.	**Causes:** NPI in the header file is not an exact match to the NPI in the identified assessment. Definition NPI – National Provider Identifier **Action:** Check Final Validation Report to assure that all assessments are submitted timely. Refer to the current data specifications on record sequencing and timing rules.
+ 302	Inconsistent M1020 (M0230)/M1024 (M0246) values: If M1024 (M0246) Case mix dx – primary ICD, column 3 or M1024 (M0246) Case mix dx – primary ICD, column 4 is not blank then M1020 (M0230) Primary diagnosis ICD code should be a V-code.	**Cause**: IF M1020 (M0230) Primary Diagnosis is not a V-code then M1024 (M0246) column 3 and column 4 (Payment Diagnoses) should be blank. **Definition**: M1020 (M0230) Primary Diagnosis M1024 (M0246) Case Mix Diagnoses **Actions**: Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 303	Inconsistent M1022 (M0240)/M1024 (M0246) values: If M1024 (M0246) Case mix dx – primary ICD B3 – F3 or M1024 (M0246) Case mix dx – primary ICD B4 – F4 is not blank then the corresponding M1022 (M0240) Other diagnosis ICD code field should be a V-code.	**Cause**: IF M1022 (M0240) Other Diagnoses is not a V-code then M1024 (M0246) B3-F3 and B4-F4 (Payment Diagnoses) should be blank. **Definition**: M1022 (M0240) Other Diagnoses M1024 (M0246) Case Mix Diagnoses **Actions**: Refer to the current data specifications to determine the valid values. Contact your Software vendor for assistance.
+ 304	HIPPS Code Not Calculated: A HIPPS code was not calculated for the OASIS assessment because it was submitted with a M0090 (Date Assessment Completed) date greater than 27 months from the submission date.	**Cause:** The assessment submitted has a M0090 (Date Assessment Completed) date that is older than 27 months from the day it was submitted. A HIPPS code is no longer calculated in this instance. **Definition:** (M0090) Date Assessment Completed Submission Date – Date Assessment was submitted **Actions:** No action is required for this submission. To avoid this in the future, verify that all assessments are submitted in a timely manner.
+ 320	The submitted HIPPS_VERSION must match the calculated HIPPS_VERSION value.	**Cause:** The HIPPS Version submitted does not match the HIPPS version calculated by the state system. **Definition:** HIPPS Version – The HIPPS version of the Grouper used for the assessment. **Actions:** Ensure the proper Grouper was used based on the following: • If M0100 = 01 or 03 and M0090 date is 1/1/2008 or greater, then 3M's grouper shall be used. Version will be V2308 if the M0090 date is prior to 10/1/2009 and Version will be V2409 if the M0090 date is on or after 10/01/2009. • If M0100 = 04 or 05 and M0090 date is 12/27/2007 or greater, then 3M's grouper shall be called. Version will be V2308 if the M0090 date is prior to 10/1/2009 and Version will be V2409 if the M0090 date is on or after 10/01/2009. • If the M0090 date is prior to the dates listed above, then Abt Associates Grouper shall be called. Version will be 02.03.
+ 1002	Inconsistent record sequence: The submitted record does not satisfy the sequence guidelines. The submitted (M0100) does not logically follow the (M0100) previously accepted by the state system.	**Causes:** The record submitted does not satisfy the sequence guidelines. Home Health Agency may have missed submitting a record. The patient's identifying information may not have matched exactly on a previous record submitted and a new row in the resident (patient) table may have been created on the CMS OASIS system at the State for the record causing a failure in the sequencing order. **Definition:** Row on the "resident (patient) table": Each person with data in the database has a "row on the resident (patient) table" in the CMS OASIS system at the State. This "row" contains that person's identifying information and is used to link subsequent records for that

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		person as they are submitted. If the data submitted for a patient does not match a "row", a new "row" is created, thereby making a "new person" in the database that was linked to the record. In some instances, the state system may think that one patient is really two different patients.
		Example:
		The initial record for a patient in a home health agency is a RFA type 01 (Start of Care with further visits anticipated). The next RFA type submitted is RFA type 03 (Resumption of Care). RFA types 01 or 03 cannot follow a RFA type 01. Therefore, an "Out of Sequence - 1002" is received on the RFA type 03.
		Tip:
		When more than one record for the same patient is submitted in the same test file, this sequence edit only compares those records in the file with records previously submitted to the database. The records in the file are not sequenced with each other. Therefore, sequence warnings may appear on the Final Validation Report for a test file but the same production file may not result in the sequence warning.
		Actions:
		There are a limited number of exceptions to the sequence guidelines. If you are certain this record is correct due to an exception, no action is needed.
		If this message occurred because a record was completed and not submitted, submit the missing record.
		If after reviewing the HHA Online Web-Duplicate Patients Report you believe a new patient may have been created in error, contact your state OASIS coordinator.
		Review the Late Assessment Report to assure that all records are submitted timely.
+ 1003	Inconsistent effective date sequence: The record submitted does not satisfy the sequence guidelines. The effective date of this record submitted is a date earlier than the effective date of the most current record in the state system.	**Cause:**
		The effective date of the record submitted is earlier than the effective date of the most current record stored in the State system.
		Definition:
		The effective date is based on the RFA value. If required on the data record submitted, this message applies to the following date items: (M0030) Start of Care Date for RFA type 01 (M0032) Resumption of Care Date for RFA type 03
		(M0090) Information Completion Date for RFA types 04 & 05
		(M0906) Discharge/Transfer/Death Date for RFA types 06, 07, 08, & 09
		Example:
		RFA 06 (M0100) has an effective date (M0906) of March 1st and was submitted on April 15th. Then RFA 03 (M0100) with an effective date (M0032) of February 1st and was submitted on April 30th.
		Tip:
		When a record is missed and completed late, it must not be back dated to the date it was actually due. Records cannot be back dated.
		Action:
		Check Final Validation Report to assure that all assessments are submitted timely.
		Refer to the current data specifications on record sequencing and timing rules.

DATA SPECIFICATION 1.04 MESSAGES

The following Errors messages are consistent with Data Specifications 1.04 only – affected by records with a M0090 (Completion Date) prior to 10/1/2000.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 107 – Warning	Inconsistent with M0090 date: The submitted assessment was not completed within CMS timing guidelines. RFA 4 must be completed every 2 months from the (M0030) date; no earlier than 5 days before and no later than 1 day before the (M0030) date.	**Causes:** Applies when (M0100) Reason for Assessment is a 04. The submitted Recertification assessment was not completed within CMS timing guidelines. A recertification assessment must be completed every two months (when still receiving care) following (M0030) Start of Care Date, should be no earlier than 5 calendar days before and no later 1 calendar day before the care began. **Definition:** (M0100) Reason for Assessment 04: Recertification – Follow Up Assessment: Requires a comprehensive assessment conducted during the last five days of the recertification period. **Example:** (M0030) Start of Care Date is January 22. Recertification assessment is due in March (every two months). The last five days of the recertification period is 17, 18, 19, 20 and 21 (22 minus 5 = 17, then count out the 5 day window). The recertification assessment's (M0090) Information Completion Date must fall within the five-day window. Otherwise, the assessment receives this warning message. **Actions:** No action is required for this submission. To avoid this in the future, review the assessment schedule and verify that all assessments are completed in a timely manner.
+ 135 – Fatal Record	Inconsistent M0170/M0180/M0190 values: If (M0170) Inpatient Facilities "NA" is checked, then (M0180) Inpatient Discharge Date and (M0190) Inpatient Diagnosis must be blank.	**Cause:** IF the submitted (M0170) "NA" response is checked, THEN (M0180) Inpatient Discharge Date and (M0190) Inpatient ICD-9 responses must be blank. **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications on record sequencing and timing rules. Refer to the OASIS Implementation Manual, Item-by-Item Tips. Contact your software vendor for assistance.
+ 139 – Fatal Record	Inconsistent M0170/M0190 values: If M0170 Inpatient Facilities response 1, 2, 3 or 4 has been checked, then (M0190) Inpatient Diagnoses cannot be blank.	**Cause:** IF (M0170) From which of the following Inpatient Facilities… response 1, 2, 3 or 4 is checked, THEN (M0190) Inpatient Diagnoses field(s) cannot be blank. You may have submitted a blank or a value that is not accepted by your state. **Definition:** (M0170) From which of the following Inpatient Facilities was the patient discharged during the past 14 days? **Tip:**

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
		A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications on record sequencing and timing rules. Contact your state OASIS Coordinator for a list of values that are not accepted by your state.
+ 148 – Fatal Record	Inconsistent M0170/M0200/M0220 values: If (M0170) Inpatient Facilities response = 1-4 OR (M0200) Regimen "Yes" is checked, then (M0220) Conditions "NA" must be blank.	**Cause:** Applies when (M0100) Reason for Assessment is a 01, or 03. IF (M0170) From which of the following Inpatient Facilities… response 1, 2, 3 or 4 is checked OR (M0200) Medical or Treatment Regimen Change… is checked "Yes", THEN (M0220) Conditions Prior to… "NA" response must be unchecked. **Definitions:** (M0170) From which of the following Inpatient Facilities was the patient discharged during the past 14 days? (M0200) Medical or Treatment Regimen Change Within Past 14 Days (M0220) Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications on record sequencing and timing rules. Refer to the OASIS Implementation Manual, Item-by-Item Tips.
+ 149 – Fatal Record	Inconsistent M0170/M0200/M0220 values: If (M0170) response "NA" is checked AND (M0200) "No" is unchecked, then (M0220) "NA" must be checked.	**Cause:** Applies when (M0100) Reason for Assessment is a 01 or 03. IF (M0170) Which of the following inpatient Facilities… "NA" AND (M0200) Medical or Treatment Regimen Change… "No" have both been checked, THEN (M0220) Conditions Prior to… "NA" field must be checked. **Definition:** (M0170) From which of the following Inpatient Facilities was the patient discharged during the past 14 days? (M0200) Medical or Treatment Regimen Change Within Past 14 Days (M0220) Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days **Tip:** A checked response displays as a "1" on the validation report. A blank response (unchecked) displays as a "0" (zero) on the validation report. **Actions:** Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications on record sequencing and timing rules. Refer to the OASIS Implementation Manual, Item-by-Item Tips.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 235 – Warning	Inconsistent Version Number: This field must contain the version number for the data specifications used for submission. The current and only allowable version number is 1.04.	**Cause:** The assessment contained a version number for the data specifications used for submissions that was not the current version number of 1.04. **Definition:** Data Specifications version 1.04, Revision 1 are the specifications used for OASIS B-1 submission files for submissions from the home health agency to their respective state. The Layout Submitted Version Code is found in the body record bytes 35 through 39. **Tip:** Data may be transmitting inaccurately, if you are using a previous software version. **Actions:** No action is required for this submission. Contact your software vendor for assistance to make sure you are using the most current software version. Refer to current data specification requirements.

INACTIVE MESSAGES

MESSAGE NUMBER	MESSAGE
2	HHA Agency ID in the header was not fond in the State database.
15	Inconsistent HHA Medicaid Number: The HHA Medicaid Number submitted in the header record does not match the HHA Medicaid number in the State database.
35	This was a private pay record and has not been accepted by the state system – record was rejected.
123	Inconsistent M0066/M0090 dates: The data submitted in the (M0066) response is not consistent with the data in (M0090). The (M0066) date must be earlier than or equal to the (M0090) date.
189	Inconsistent M0150 values: If (M0150) Payment Sources item 0 (zero) is checked, then (M0150) items 1 thru UK must be unchecked. Unchecked items must be submitted as 0 (zero).
225	Birth date is invalid: This required date contains an invalid date for the submitted record.
226	Date in future: The birth date is later than the current date. The birth date must precede or be the same as the current date.
227	Date too old: The birth date is more than 140 years in the past. The birth date cannot be more than 140 years in the past.
228	Effective date was > current date – record was rejected.
233	Invalid (M0064) length: The submitted data in (M0064) is incorrect length: If the (M0064) response contains numbers only, the (M0064) must be the 9 numbers in length.
242	Inconsistent MASK_VERSION_CODE value: If MASK_VERSION_CD is checked, then all required fields must be masked.
243	Inconsistent MASK_VERSION_CODE value: If MASK_VERSION_CD is unchecked, then no field in the record is to be masked.
244	Inconsistent M0150/MASK_VERSION_CODE values: If (M0150) Payment Sources items 1, 2, 3, or 4 are all unchecked, then MASK_VERSION_CD must be checked.
245	Inconsistent M0150/MASK_VERSION_CODE values: If (M0150) Payment Sources items 1, 2, 3, or 4 are checked, then MASK_VERSION_CD must be unchecked.
1005	Invalid Correction Record: The submitted CORR_NUM is greater than 0 (zero). The original assessment to be corrected does not exist on the state's database.
1006	Invalid Correction Record: Submitted CORR_NUM on this record is not consistent with the patient information on the state database. The patient was not found on the state's database.