

**Centers for Medicare & Medicaid Service (CMS)  
PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program  
Measure Exception Form**

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Specify the calendar year for each National Healthcare Safety Network (NHSN) HAI Measure exception request(s).

(\*) Indicates required fields.

**Measure Exception Information** (The exception(s) you are requesting must be selected.)

**Select all that apply:**

**Surgical Site Infection (SSI)**

Select this option if the hospital performed **a combined total of 9 or fewer colon surgeries and abdominal hysterectomies** in the calendar year prior to the reporting year.

Calendar Year Prior to Reporting Year \_\_\_\_\_

Number of Procedures Performed \_\_\_\_\_

Exclusion Requested for Calendar Year \_\_\_\_\_

**Other (Please Describe)**

**If additional space is required, please attach additional documentation.**

Calendar Year Prior to Reporting Year \_\_\_\_\_

Number of Procedures Performed \_\_\_\_\_

Exclusion Requested for Calendar Year \_\_\_\_\_

**Specified colon and abdominal hysterectomy surgical procedures:**

Only hospitals that performed 9 or fewer of any of the specified colon surgeries **and** abdominal hysterectomies combined in the calendar year prior to the reporting year. The **NHSN Operative Procedure Category Mappings to International Classification of Diseases, Clinical Modification (ICD-CM) Codes** is located on the *NHSN* website.

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**Facility Contact Information**

\*CMS Certification Number (CCN): \_\_\_\_\_

\*Facility Name: \_\_\_\_\_

\*CEO/Designee Last Name: \_\_\_\_\_

\*CEO/Designee First Name: \_\_\_\_\_

\*CEO/Designee Title: \_\_\_\_\_

\*CEO/Designee E-Mail Address: \_\_\_\_\_

\*CEO/Designee Telephone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_

I hereby certify that the facility meets the exception criteria and therefore has no data to submit related to the specified measure(s):

\*Name: \_\_\_\_\_

\*Position: \_\_\_\_\_

\*Date: \_\_\_\_\_

**Additional Comments:**

Complete and submit the Measure Exception Form via email to: [PCHQualityReporting@hcqis.org](mailto:PCHQualityReporting@hcqis.org). Following receipt of the form, an email acknowledgement will be sent confirming the form has been received.

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PRA Disclosure Statement

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