Centers for Medicare & Medicaid Services (CMS)
Inpatient Prospective Payment System (IPPS) Quality Programs

Measure Exception Form for Healthcare-Associated Infection (HAI)
Data Submission

NOTE: This Measure Exception Form <u>must</u> be renewed at least annually.

This Measure Exception Form may be used for the following Healthcare-Associated Infection (HAI) measures: Surgical Site Infection (SSI), Catheter-Associated Urinary Tract Infection (CAUTI), Central Line-Associated Bloodstream Infection (CLABSI), CAUTI Standardized Infection Ration Stratified for Oncology Locations (CAUTI-Onc), and CLABSI Standardized Infection Ratio Stratified for Oncology Locations (CLABSI-Onc). This form is used by the Hospital Inpatient Quality Reporting (IQR) Program, Hospital Value-Based Purchasing (VBP) Program, Hospital-Acquired Condition (HAC) Reduction Program, and the Prospective Payment Systems (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program.

Fields marked with an asterisk (*) are required.

Specify the applicable quarter(s) for the Measure Exception request(s).

*IPPS Measure Exception Information (select all that apply)

<u>Specified Colon and Abdominal Hysterectomy Surgical Procedures</u>

Only hospitals that performed nine or fewer of any of the specified colon <u>and</u> abdominal hysterectomy surgical procedures combined in the calendar year prior to the reporting year are eligible for the SSI Measure Exception. Any reported specified colon and abdominal hysterectomy surgical procedures will be submitted to CMS and used in the applicable programs.

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Colon and Abdominal Hysterectomy Surgical Site Infection (SSI)

Hospital performed **a combined total of nine or fewer colon surgeries and abdominal hysterectomies** in the calendar year prior to the reporting year.

Calendar Year prior to reporting year (YYYY) _____ Number of procedures performed _____

Exclusion requested for Calendar Year (YYYY) _____

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Specified CAUTI and CLABSI Requirements (HAC Reduction Program, Hospital VBP Program, and PCHQR Program)

As of January 1, 2015, acute care hospitals **are required** to report CLABSI and CAUTI data from all patient care locations that are mapped as National Healthcare Safety Network (NHSN) adult and pediatric medical, surgical, and medical/surgical wards – as provided in the table below – in addition to the ongoing reporting from intensive care units (ICU).

CDC Location Label	CDC Location Code
Medical Ward	IN:ACUTE:WARD:M
Medical/Surgical Ward	IN:ACUTE:WARD:MS
Surgical Ward	IN:ACUTE:WARD:S
Pediatric Medical Ward	IN:ACUTE:WARD:M_PED
Pediatric Medical/Surgical Ward	IN:ACUTE:WARD:MS_PED
Pediatric Surgical Ward	IN:ACUTE:WARD:S_PED

Hospitals that do not have the applicable locations for the CLABSI and CAUTI measures must submit an IPPS Measure Exception Form each year to be excepted from CLABSI and CAUTI reporting for CMS programs. Any unit that does not meet the definition of an ICU, Neonatal ICU, or one of the six wards listed above (e.g., unit mapped as orthopedic ward, telemetry ward, step-down unit) **will not be required** for CMS IPPS reporting; any data reported from non-required units in NHSN **will not be submitted** to CMS. However, any data reported from required units in NHSN will be submitted to CMS and used in the applicable programs.

Catheter-Associated Urinary Tract Infection (CAUTI)

Hospital has no ICU locations and no adult or pediatric medical, surgical, or medical/surgical wards.

Calendar Year (YYYY) _____

January 1 through March 31	April 1 through June 30
July 1 through September 30	October 1 through December 31

Central Line-Associated Bloodstream Infection (CLABSI)

Hospital has no ICU locations and no adult or pediatric medical, surgical, or medical/surgical wards.

Calendar Year (YYYY) _____

January 1 through March 31	April 1 through June 30
July 1 through September 30	October 1 through December 31

CAUTI-Onc and CLABSI-Onc Requirements (Hospital IQR Program)

As of January 1, 2026, acute care hospitals **are required** to report CLABSI-Onc and CAUTI-Onc data on patients being treated in locations mapped as NHSN "oncology wards," as provided in the table below:

CDC Location Label	CDC Location Code
Oncology Medical Critical Care	IN:ACUTE:CC:ONC_M
Oncology Surgical Critical Care	IN:ACUTE:CC:ONC_S
Oncology Medical/Surgical Critical Care	IN:ACUTE:CC:ONC_MS
Oncology Leukemia Ward	IN:ACUTE:WARD:ONC_LEUK
Oncology Lymphoma Ward	IN:ACUTE:WARD:ONC_LYMPH
Oncology Leukemia/Lymphoma Ward	IN:ACUTE:WARD:ONC_LL
Oncology Solid Tumor Ward	IN:ACUTE:WARD:ONC_ST
Oncology Hematopoietic Stem Cell Transplant Ward	IN:ACUTE:WARD:ONC_HSCT
Oncology General Hematology-Oncology Ward	IN:ACUTE:WARD:ONC_HONC
Oncology Mixed Acuity Unit (all ages)	IN:ACUTE:MIXED:ONC

Hospitals that do not have the applicable locations for the CLABSI-Onc and CAUTI-Onc measures must submit an IPPS Measure Exception Form each year to be excepted from CLABSI-Onc and CAUTI-Onc reporting for CMS programs. Any unit that does not meet the definition of an oncology ward as listed above (e.g., unit mapped as orthopedic ward, telemetry ward, step-down unit) **will not be required** for the Hospital IQR Program reporting; any data reported from non-required units in NHSN **will not be submitted** to CMS.

CAUTI-Onc

   Hospital has no oncology wards.

Calendar Year (YYYY) _____

   January 1 through March 31   April 1 through June 30

   July 1 through September 30   October 1 through December 31

CLABSI-Onc

   Hospital has no oncology wards.

Calendar Year (YYYY) _____

   January 1 through March 31   April 1 through June 30

   July 1 through September 30   October 1 through December 31

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*Facility Contact Information

*CMS Certification Number (CCN): _____

*Facility Name: _____

*CEO/Designee Last Name: _____

*CEO/Designee First Name: _____

*Title: _____

*CEO/Designee Email 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 SSI, CLABSI, CAUTI, CLABSI-Onc, and/or CAUTI-Onc measures, as indicated on this form.

*Name: _____

*Position: _____

*Signature: _____

Submission Instructions

Complete and submit this form via email to QRFormsSubmission@hsag.com, secure fax to 877-789-4443, or *Hospital Quality Reporting Secure Portal,* Unified File Management (UFM)/Managed File Transfer (MFT) to QRFormsSubmission@hsag.com.

Following receipt of this request form, CMS will provide an email acknowledgement that the request has been received.