

Catheter-Associated Urinary Tract Infection (CAUTI) Validation Template

In support of the Centers for Medicare & Medicaid Services (CMS) Hospital-Acquired Condition (HAC) Reduction Program inpatient data validation efforts for the Fiscal Year (FY) 2029 program year:

- Each hospital selected for CAUTI validation is to produce a list of positive urine cultures for intensive care unit (ICU) patients.

The line list should include all **final results** for all positive urine cultures with $\geq 10^5$ colony-forming units (CFUs)/ml **collected during an ICU stay**.

- For each patient confirm:

- The patient had an ICU admission during this hospital stay; and
- The patient had a positive urine culture collected during the ICU stay with $\geq 10^5$ CFU/ml.

(If the patient did not have an ICU admission when the culture was drawn, do not include these on the Validation Template.

Exclude positive cultures with more than 2 organisms present even if one or more results are $\geq 10^5$ CFU/ml.)

[FY 2029 - CAUTI Validation Template](#)

[\(Use this template for 1Q 2026 through 4Q 2026 positive urine cultures - all quarters must be submitted on separate templates\)](#)

FIELD (* indicates required field)	DESCRIPTION	SECTION
NHSN Facility ID*	The National Healthcare Safety Network (NHSN)-assigned facility ID under which your hospital submits NHSN data.	Hospital Information Section Complete the first row in the spreadsheet. The information provided in the first row will be applied to all positive urine cultures listed on the template.
Provider ID/CCN*	Hospital's 6-digit CMS Certification Number (CCN). Do not include any hyphens.	
Hospital Name*	Hospital Name associated with CCN.	
State*	Enter the 2 character abbreviation for the state in which the hospital is located.	
Calendar Quarter*	Select from the drop-down list the calendar quarter to which the CAUTI Validation Template pertains.	
Hospital Contact Name*	Hospital contact name for CMS to contact with questions.	
Contact Phone*	Phone number for hospital contact listed.	
Contact Email*	Email address for hospital contact listed.	
Positive Urine Cultures (Y/N)*	Select Yes or No from the drop-down list. Does the hospital have any final results for positive urine cultures for ICU patients in the calendar quarter referenced?	
Patient Identifier*	The patient identifier assigned by the hospital. Use the same patient identifier that would be submitted to NHSN if the episode of care (EOC) would be reported as a CAUTI event.	Patient & Urine Culture Section Complete for every final positive urine culture.
Birthdate*	The patient date of birth using MM/DD/YYYY format.	
Sex*	Select Female or Male from the drop-down list to indicate the sex of patient. This field will not be validated.	
Admit Date*	Enter date patient was admitted to hospital in MM/DD/YYYY format.	
Discharge Date*	Enter date patient was discharged from the hospital in MM/DD/YYYY format. If a patient has not been discharged from the hospital enter " Not Discharged " for the Discharge Date field. Discharge dates that fall within the reporting quarter will be eligible for validation.	
First Name	First name of patient.	
Last Name	Last name of patient.	
NHSN ICU Location*	Select from the drop-down list, the NHSN ICU location to which the patient was assigned when the positive urine culture was collected. Include only cultures collected during an ICU stay. Only locations from the drop-down will be accepted; do not use a hospital-assigned location.	
Lab ID*	Lab ID, accession number or specimen number corresponding to positive urine culture.	

Urine Culture Date*	Provide the date the urine culture was collected in MM/DD/YYYY format.	
Urine Culture Time	Provide the time the urine was collected if easily available.	

For additional information, view the appropriate CAUTI Abstraction Manual posted on the Inpatient Data Validation Resources page of QualityNet (direct link): <https://qualitynet.cms.gov/inpatient/data-management/data-validation/resources>

For the purposes of CMS inpatient data validation, please note the differences between NHSN data submission and validation template/medical record submission, as described below:

Record Type	NHSN Data Submission	Validation Template Submission	Medical Record Submission to CDAC
Inpatient	Submit data per NHSN instruction.	Enter all positive cultures according to the instructions within the Validation Template.	Submit inpatient records, including corresponding ICU documentation.
CMS Inpatient Rehabilitation Facilities (IRF) and CMS Inpatient Psychiatric Facilities (IPF)	Submit data per NHSN instruction.	Do NOT enter positive cultures for patients that had only a rehabilitation or psychiatric stay. These are not valid for CMS data validation. Cultures submitted on the Validation Template that are not inpatient admissions may result in mismatch.	Rehabilitation and psychiatric stays are not valid for CMS data validation. Records submitted for validation that are not acute inpatient admissions will be considered invalid .

information collection is 0938-1352 (Expires 2/28/2029). The time required to complete this information collection is estimated to average 10 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained.

If you have questions or concerns regarding where to submit your documents, please contact the Validation Support Contractor at validation@telligen.com.

NHSN Facility ID*	Provider ID/CCN*	Hospital Name*	State*	Calendar Quarter*	Hospital Contact Name*	Contact Phone*	Contact Email*	Positive Urine Cultures (Y/N)*	Patient Identifier*
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Birthdate*

Sex*

Admit Date*

Discharge Date*

First Name

Last Name

NHSN ICU Location*

Lab ID*

Urine Culture Date*

Urine Culture Time

Below is a list of NHSN ICU Locations applicable for CMS inpatient data validation CAL

CDC LOCATION LABEL	CDC LOCATION CODE
Inpatient Adult Critical Care Units	
Burn Critical Care	IN:ACUTE:CC:B
Medical Cardiac Critical Care	IN:ACUTE:CC:C
Medical Critical Care	IN:ACUTE:CC:M
Medical-Surgical Critical Care	IN:ACUTE:CC:MS
Neurologic Critical Care	IN:ACUTE:CC:N
Neurosurgical Critical Care	IN:ACUTE:CC:NS
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
Onsite Overflow Critical Care	IN:ACUTE:CC:OF_ONSITE
Prenatal Critical Care	IN:ACUTE:CC:PNATL
Respiratory Critical Care	IN:ACUTE:CC:R
Surgical Cardiothoracic Critical Care	IN:ACUTE:CC:CT
Surgical Critical Care	IN:ACUTE:CC:S
Trauma Critical Care	IN:ACUTE:CC:T
Inpatient Pediatric Critical Care Units	
ONC Pediatric Critical Care	IN:ACUTE:CC:ONC_PED
Pediatric Burn Critical Care	IN:ACUTE:CC:B_PED
Pediatric Surgical Cardiothoracic Critical Care	IN:ACUTE:CC:CT_PED
Pediatric Medical Critical Care	IN:ACUTE:CC:M_PED
Pediatric Medical-Surgical Critical Care	IN:ACUTE:CC:MS_PED
Pediatric Neurosurgical Critical Care	IN:ACUTE:CC:NS_PED
Pediatric Respiratory Critical Care	IN:ACUTE:CC:R_PED
Pediatric Surgical Critical Care	IN:ACUTE:CC:S_PED
Pediatric Trauma Critical Care	IN:ACUTE:CC:T_PED

JTI reporting.
LOCATION DESCRIPTION
Critical care area for the care of patients with significant/major burns.
Critical care area for the care of patients with serious heart problems that DO NOT require heart surgery.
Critical care area for the care of patients who are being treated for nonsurgical conditions.
Critical care area for the care of patients with medical and/or surgical conditions.
Critical care area for the care of patients with life- threatening neurologic diseases.
Critical care area for the surgical management of patients with severe neurologic diseases or those at risk for neurologic injury as a result of surgery.
Critical care area for the care of oncology patients who are being treated for nonsurgical conditions related to their malignancy.
Critical care area for the evaluation and management of oncology patients with serious illness before and/or after cancer-related surgery.
Critical care area for the care of oncology patients with medical and/or surgical conditions related to their malignancy.
Area previously used for non-patient care or an unused patient care area which has been repurposed to care for critically ill or injured patients on a temporary basis OR an ICU acuity patient care area used specifically for overflow/surge critically ill patients formally admitted to the facility.
Critical care area for the care of pregnant women with complex medical or obstetric problems requiring a high level of care to prevent the loss of the fetus and to protect the life of the mother.
Critical care area for the evaluation and treatment of patients with severe respiratory conditions.
Critical care area for the care of patients following cardiac and/or thoracic surgery.
Critical care area for the evaluation and management of patients with serious illness before and/or after surgery.
Critical care area for the care of patients who require a high level of monitoring and/or intervention following trauma or during critical illness related to trauma.
Critical care area for the care of oncology patients ≤18 years old who are being treated for surgical or nonsurgical conditions related to their malignancy.
Critical care area for the care of patients ≤18 years old with significant/major burns.
Critical care area for the care of patients ≤18 years old following cardiac and thoracic surgery.
Critical care area for the care of patients ≤18 years old who are being treated for nonsurgical conditions.
Critical care area for the care of patients ≤18 years old with medical and/or surgical conditions.
Critical care area for the surgical management of patients ≤18 years old with severe neurologic diseases or those at risk for neurologic injury as a result of surgery.
Critical care area for the evaluation and treatment of patients ≤18 years old with severe respiratory conditions.
Critical care area for the evaluation and management of patients ≤18 years old with serious illness before and/or after surgery.
Critical care area for the care of patients ≤18 years old who require a high level of monitoring and/or intervention following trauma or during critical illness related to trauma.

USER GUIDE AND SUBMISSION INSTRUCTIONS

---> The **FY 2029 Validation Template User Guide and Submission Instructions**, along with supporti
To access, select **[Hospitals-Inpatient]**, and then **[Data Management]**, followed by **[Data Validation]**,
<https://qualitynet.cms.gov/inpatient/data-management/data-validation/resources>

The only acceptable method of sending HAI Validation Templates is via the CMS Unified File Manage
<https://gnetmft.cms.gov>

HAI Validation Templates contain Protected Health Information (PHI) and cannot be sent via email -- e
workplace email, it would still be considered a security violation.

*It is recommended to submit HAI Validation Templates at least a week prior to the submission deadline
transmitting files, and to allow time for revisions/corrections when necessary.*

*If you are unable to log in to UFM/MFT, the first person to contact is your hospital's Security Official (SO)
If your SO is unable to establish your access, you will need to contact the Center for Clinical Standards &
It is recommended hospitals have two SOs at all times to ensure the ability to upload Validation Templ*

We suggest hospitals ask their IT department to add validation@telligen.com to their 'Safe Senders Lis

HAI VALIDATION TEMPLATE COMPLETION & SUBMISSION TIPS

Prior to submitting HAI Validation Templates to CMS, **it is recommended that quality assurance is per**
Review the [Definitions] tab to ensure correct information is entered in each field.

- ✓ Do not add, delete, rename, or change the order of the tabs.
- ✓ Do not add, delete, or rename column headings.
- ✓ Do not leave the first row blank or skip rows between patient data.
- ✓ Make sure the Provider ID/CCN field is exactly 6 numeric characters (do not add a hyphen
- ✓ Make sure the State field contains the 2 character abbreviation for your state, not the full
- ✓ Verify the Calendar Quarter listed on each Validation Template is correct.
- ✓ Review all dates for accuracy and correct format as specified on the [Definitions] tab.
- ✓ If a patient has not been discharged from the hospital, enter 'Not Discharged' for the Disc
- ✓ The 'Positive Urine Cultures' column cannot include rows listing both "Yes" and "No"; ent
- ✓ Ensure all NHSN ICU locations are within the approved NHSN drop down on the template
- ✓ Be sure to populate all required fields on each consecutive row if there were multiple fin
- ✓ Perform quality check of data entered into this template against what was entered into N
- ✓ Check to ensure any cases with a separate Inpatient Rehabilitation Facility (IRF) or Inpatie
- ✓ Append the file name with the 6-digit CMS Certification Number (CCN)/Provider ID, follow
For example: 012345_1QYY_FYXX_CAUTI_ValTemp.xlsx

When submitting templates via the [Compose] button within the **Mail** area of the UFM/MFT dashboar
with the 6-digit CCN/Provider ID, Submission Quarter, and Template type(s) attached.

For example: 012345 1QYY FYXX CLABSI & CAUTI Validation Templates

- When choosing a recipient, select the ellipsis button to the right of the To field and then select the [C

Do NOT select any individual person(s) from the recipient list; only select the "Validation Support Contractor" group. Some individual accounts are not regularly monitored—sending to any one individual risks

- Leave the 'Require Registered Users' box checked under Options. Un-checking this box puts the messages in the 'Spam' folder.
- We strongly encourage hospitals to add a check on the 'Read Receipt' box under Options.
After a file has been *downloaded* by someone on the Validation Support Contractor team, it will be processed and sent to the recipient's email.
- It is suggested that users verify a message has been sent by clicking on the [Sent Items] button from the top of the email client.
NOTE: *It can take a couple minutes for messages to appear in the Sent Items folder. Please as this significantly delays processing and requires version confirmation.*
- You will receive email confirmation (usually within 2 business days of being downloaded) from the Validation Support Contractor team.
Templates were *processed*. If you do not receive a processing confirmation, please include the recipient's email to validation@telligen.com

ng documentation, can be found on the CMS *QualityNet* website.
and lastly **[Resources]**:

ement (UFM)/Managed File Transfer (MFT) web-based application:

ven if a template were sent encrypted from a secure

: in case there are difficulties with

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↗ *Quality (CCSQ) Service Center by phone at 866-288-8912.*
ates by the established submission deadlines.

t' to ensure validation-related email notifications are received.

formed on the data within the template.

1).

I state name.

harge Date field.

ering "No" indicates no positive cultures for the quarter.

. Hospital-assigned locations will not be accepted.

al positive cultures collected for the same patient.

IHSN; stay mindful of differing CMS and NHSN deadlines.

ent Psychiatric Facility (IPF) CCN are not included on the template.

ved by an underscore and the quarter.

d, input the subject of the message

Groups] tab to locate the "Validation Support Contractor" group.

Support Contract" Group.
delay in processing.

message at risk of not being processed.

It will be in the queue for processing.

the left-side navigation panel of the UFM/MFT dashboard.
, *do NOT re-send messages multiple times*,

Validation Support Contractor letting you know the Validation
your hospital's 6-digit CCN/Provider ID in an