CDI Quality Measures Repository

Use this click-by-click guide to review CDI Quality Measures. Click on the hyperlinks to jump within the

	Program / Measure Description	DX / Proc	Link
HVBP	**Claims-Based Measures per Hospital Value-Based Purchasing (HVBP)**		https://qualitynet.cms.gov/inpatient/hvbp
	Mortality measure specifications; supplemental files* contain ICD-10 codes for cohort inclusion, cohort exclusion, and condition categories that are risk variables. A separate downloadable Excel file is available for each condition or procedure.	AMI; COPD Heart Failure Pneumonia Stroke; CABG	https://qualitynet.cms.gov/inpatient/measures/mortality/methodology
	Mortality measure CC to ICD-10 crosswalk files*; Excel files that provide a list of ICD-10 codes applicable to each condition category with risk adjustment impact.	AMI; COPD Heart Failure Pneumonia Stroke; CABG	https://qualitynet.cms.gov/inpatient/measures/mortality/resources
	Complication measure supplemental file* contains ICD-10 codes for cohort inclusion, cohort exclusion, and condition categories that are risk variables.	THA / TKA	https://qualitynet.cms.gov/inpatient/measures/complication/methodology
	Medicare Spending per Beneficiary (MSPB); risk-adjusted using HCC methodology within each Major Diagnostic Category (MDC)	ALL MS-DRGs	https://qualitynet.cms.gov/inpatient/measures/hvbp-mspb
HACRP	**Hospital-Acquired Conditions Reduction Program (HACRP)**		https://qualitynet.cms.gov/inpatient/hac
	AHRQ links to PSI-90 Data Specifications^ and Parameter Estimates for risk adjustment	PSI-90	https://qualityindicators.ahrq.gov/Modules/psi_resources.aspx#techspecs
	HAI measures for are chart-abstracted measures, rather than claims-based; see NHSN Patient Safety Component Manual for details.	CLABSI, CAUTI, SSI, MRSA, CDI	https://www.cdc.gov/nhsn/index.html
HRRP	**Hospital Readmission Reduction Program (HRRP)**		https://qualitynet.cms.gov/inpatient/hrrp
	Readmission measure specifications report; supplemental files* contain ICD-10 codes for cohort inclusion, cohort exclusion, and condition categories that are risk variables, as well as a list of planned readmissions per CMS algorithm. A separate downloadable Excel file is available for each condition or procedure.	AMI; COPD Heart Failure Pneumonia CABG; THA / TKA HW Readmissions	https://qualitynet.cms.gov/inpatient/measures/readmission/methodology
IQR	**CMS Quality Net Overview**		https://qualitynet.cms.gov/inpatient
	Inpatient Quality Reporting (IQR)		https://qualitynet.cms.gov/inpatient/igr
	Payment measures; risk-adjusted measure captures payments for patients across multiple care settings, services, and supplies.	30-day measure for AMI, HF, PN 90-day measure for THA/ TKA	https://qualitynet.cms.gov/inpatient/measures/payment
	Payment measure specifications; supplemental files contain ICD-10 codes for cohort inclusion, cohort exclusion, and condition categories that are risk variables. A separate downloadable Excel file is available for each condition or procedure.	AMI Heart Failure Pneumonia THA / TKA	https://qualitynet.cms.gov/inpatient/measures/payment/methodology
	Payment measure CC to ICD-10 crosswalk files; Excel files that provide a list of ICD-10 codes applicable to each condition category with risk adjustment impact.	AMI Heart Failure Pneumonia THA / TKA	https://qualitynet.cms.gov/inpatient/measures/payment/resources

Excess Days in Acute Care (EDAC); measures complement the readmission measures by also considering ED use and OBS stays following admission.		https://qualitynet.cms.gov/inpatient/measures/edac
EDAC measure specifications report; supplemental files contain ICD-10 codes for cohort inclusion, and condition categories that are risk variables, as well as a list of planned readmissions per CMS algorithm. A separate downloadable Excel file is available for each condition.	AMI Heart Failure Pneumonia	https://qualitynet.cms.gov/inpatient/measures/edac/methodology
EDAC measure CC to ICD-10 crosswalk files; Excel files that provide a list of ICD-10 codes applicable to each condition category with risk adjustment impact.	AMI Heart Failure Pneumonia	https://qualitynet.cms.gov/inpatient/measures/edac/resources

Hospital Quality Measure Results Publicly Displayed	
CMS Care Compare: Complications & Deaths, Unplanned hospital visits, Payment & value of care #	https://www.medicare.gov/care-compare/
Hospital Safety Grade: Claims measures from PSI and HAC	https://www.hospitalsafetygrade.org/

*Measure supplemental files and ICD-10 crosswalks updated in April

^PSI specifications updated in July

#Care Compare updates inpatient claims-based measure results in July; MSPB updates annually in January

CMS Use Includes:

Measure	Cohort	Notes	HVBP	HRRP	Care Compare	*Star Rating
AMI	PDX: Type 1 MI (STEMI or NSTEMI) Excluded from measure if other MI type or AMI unspecified. See OCG I.C.9.e.5).	Risk adjusted by both PDX and SDX: anterior wall MI risk higher than other locations; STEMI risk higher than NSTEMI. See OCG I.C.9.e.1) STEMI vs NSTEMI.	MORT	READ	MORT READ EDAC PYMT	MORT EDAC
CABG	Isolated CABG only Excluded from measure if also valve procedures, most other open heart procedures & non-cardiac OR procedures	Coronary atherosclerosis due to lipid rich plaque or calcified coronary lesion are reportable when documented with coronary atherosclerosis; impact risk adjustment for CABG measure.	MORT	READ	MORT READ	MORT READ
COPD	PDX: COPD, Emphysema or Chronic Bronchitis PDX: Respiratory Failure (or Resp Distress, Resp Arrest) w/ J44.0 or J44.1 as SDX	ICD-10-PCS code for BiPAP included in risk adjustment Asthma impacts risk adjustment (need type or exacerbation to report with COPD - see AHA Coding Clinic 1st Quarter 2017)	MORT	READ	MORT READ	MORT READ
PN	PDX: Pneumonia PDX Sepsis w/ pneumonia secondary Excluded from measure if severe sepsis POA	See OCG I.C.1.d. for documentation requirements and reporting of severe sepsis.	MORT	READ	MORT READ EDAC PYMT	MORT EDAC
HF	PDX: Heart Failure; Hypertensive heart disease w/ HF Excluded from measure if external heart assist (including short-term intraoperative), implantable heart assist, heart transplant within prior 12 months	If fluid overload is noncardiogenic (such as when associated with dialysis noncompliance), is separately reported; verify PDX.	MORT	READ	MORT READ EDAC PYMT	MORT EDAC

7030A0CMS Claims-Based, Risk-Adjusted Quality Measures

STK	30 Day Mortality in ischemic stroke as PDX, aged 65 and over, and enrolled in Medicare Fee for Service. PDX: Cerebral infarction due to thrombosis, embolism, occlusion or stenosis; Cerebral infarction – unspecified Cerebral ischemia Acute cerebrovascular insufficiency Cerebral artery syndrome Lacunar syndrome Brain stem or cerebellar stroke syndrome Excluded from measure if hemorrhagic stroke PDX. AMA, Covid-19 POA on index admission, Hospice enrollment in last 12 months. SMR-Mortality in index admission SMR30-Mortality within 30-days of index admission.	Initial NIHSS code used in risk adjustment, if not reported default is 0. Are all deficits reported? Monoplegia and some other non-CC deficits still impact measure risk adjustment. Elixhauser Condition category (CCs) for riskadjustment. https://qualitynet.cms.gov/files/67f42c8be8ad069a97aa7bba?filename=Stroke_Mort_CCtoICD10_RY2025.xlsx	NA	NA	MORT	MORT
THA / TKA	Primary hip / knee replacement, aged 65 and over, and enrolled in Medicare Fee for Service. Excluded from measure if hip resurfacing, hemiarthroplasty, arthroplasty revision; replacement due to fracture, > 1 joint replaced, partial hip/knee, Device removal, Malignancy of pelvis, sacrum, coccyc, lower limbs, bone, bone marrow, or disseminated malignant neoplasm. Transfer from another acute care facility, discharged AMA, Covid-19 POA Risk adjustment: Condition Category (CCs) diagnosis POA on the index admission and 12 months before the index admission.	Complications: Within 7 days: Type 1 MI, pneumonia, sepsis / septic shock Within 30 days: Surgical site bleeding, pulmonary embolism, death Within 90 days: Mechanical complication, periprosthetic joint infection / wound inf	COMP	READ	COMP READ PYMT	COMP READ

*Star Rating: measure included per 2021 Inpatient Public Reporting Preview Help Guide

EDAC = Excess Days in Acute Care (Hospital Return Days); includes IP days, OBS days and ED visits within the 30-day window;

PSI	Condition w/ POA "N" or "U"	Measure excludes patients with:	Review Notes
#2	In-hospital deaths in low mortality MS-DRGs DRG list revised annually	Any diagnosis of trauma, cancer, an immunocompromised state	Ensure PDX is accurate for low mortality DRGs
#3*	Pressure ulcer (stage III, IV or unstageable) *See AHA Coding Clinic 4th quarter 2017 regarding unstageable pressure ulcers; OCG I.C.12.a. pressure ulcer stage*	PDX or POA Y/W of Pressure Ulcer (stage III, IV or unstageable) Severe burns, exfoliative skin disorders; MDC 14 OB; LOS < 3 days *(Note – deep tissue injury no longer codes as unstageable)*	Clinically validate pressure ulcer documentation. Ulcer may diabetic (PVD/neuropathic), venous/stasis or arterial/ischemic
#4	~~Deaths among surgical discharges with serious treatable conditions.~~ PSI 4 replaced with Inpatient Surgical Complication Mortality Rate (ISCMR) Medicare FFS & Medicare Advantage discharges beginning July 2023 (first cohort 7/23-6/25)	No exclusions, but only certain procedures are included in the measure.	Ensure PDX and procedure codes are accurate for inclusion in measure Ensure accurate POA status of all conditions. Be aware of observation/bedded outpatient status conversions to inpatient status
#5	Retained surgical item	PDX or POA Y/W of Retained / unretrieved fragment Items intentionally left in (See CC2Q25) MDC 15	Ensure accurate POA status. Be aware of observation/bedded outpatient status conversions to inpatient status See CC3Q14 to define when surgery ends (pt leaves O.R.)
#6*	Iatrogenic pneumothorax (only J95.811) *Postoperative air leak not included*	PDX or POA Y/W of Iatrogenic pneumothorax Chest trauma, pleural effusion, thoracic surgery, lung biopsy, diaphragmatic repair, cardiac procedure, rib fx MDC 14 or 15	Review for spontaneous pneumothorax d/t an underlying condition. Pneumothorax d/t emphysema is coded as emphysema PDX d/t code first instruction under J93.12 in tabular
#7	CLABSI (only T80.211A)	PDX or POA Y/W of CLABSI LOS < 2 days; immunocompromised; cancer; MDC 15	Immunodeficiency (D84.-) in exclusion criteria. Not if peripheral line or catheter tip infection
#8*	In-hospital fall associated fracture rate *Includes traumatic fx; either traumatic or osteoporotic fx of femur*	PDX or SDX POA of hip fracture or joint prosthesis associated fracture; MDC 14 &15;osteoporotic pathologic fractures (non-hip)	If multiple fx incl hip, hip fx takes priority See CC4Q19 / OCG I.C.19.b.3) iatrogenic injuries

#9*	Postoperative hemorrhage or hematoma rate *Does not include intraoperative hemorrhage / hematoma or postop seroma.*	PDX or POA Y/W of Postop hemorrhage or hematoma If only procedure performed was control of the hemorrhage or draining of hematoma or if thrombolytic medication (PCS code) was given before or same day of the first procedure Coagulation disorders; Medication related coagulopathy, Z79.01, or Z79.02 if POA	Review for hereditary or acquired coagulation disorders; aplastic anemia, pancytopenia, thrombocytopenia, ITP, adverse effect of anticoagulants/antithrombotics/thrombolytics, hemorrhagic disorder due to extrinsic circulating anticoagulants, DIC, acquired hemophilia. Look for long term use of anticoagulants, antiplatelets and antithrombotics
#10*	Postop AKI requiring dialysis Elective admit type	PDX or POA Y/W of: Acute renal failure, cardiac arrest, severe cardiac dysrhythmia, shock, CKD 5, ESRD, urinary tract obstruction Dialysis on or before same day as 1st OR proc; partial or total nephrectomy on a solitary kidney MDC 14 & 15	Validate AKI vs CKD Ensure all procedures DOS is correct
#11*	Postop respiratory failure Prolonged postop vent (> 96 hr) Postop vent (24-96 hr) $\geq$ 2 days postop Reintubation $\geq$ 1 day postop *Does not include acute postop pulmonary insufficiency or acute respiratory failure that is not "postoperative", or when adverse effect of anesthesia.* Elective admit type	PDX or POA Y/W of Acute respiratory failure Neuromuscular disorders (severe dementia but not mild or moderate), quadriplegia, laryngeal /pharyngeal/nose/mouth/ facial surgery, esophageal resection; lung CA or lung transplant; degenerative neuro disorders, end-stage HF Tracheostomy as the only procedure or before the 1st OR procedure MDC 4 Respiratory, MDC 14	Know the difference between acute postop respiratory failure vs acute postop pulmonary insufficiency vs acute postop respiratory insufficiency. Ensure reintubation DOS and vent hours are correct. Look for evidence of end stage heart failure

#12*	Periop PE / DVT *Upper extremity DVTs not included* *Single subsegmental PE does not included* *Chronic PE or DVT not included*	PDX or POA Y/W of PE or proximal DVT First OR procedure occurs after or on the 10th day following admission Acute brain or spinal injury POA; Heparin induced thrombocytopenia; ECMO If only OR procedure is pulmonary arterial or dialysis access thrombectomy or there has been interruption of the vena cava or if any of these occur before or the same day as the first OR procedure MDC 14 &15	Ensure POA Prophylaxis vs treatment Accurate location/vessel(s) coded
#13*	Postop sepsis (all sepsis codes) Surgical discharge; Elective admit type	PDX or POA Y/W of Infection; Pressure ulcer stage 3-4 or unspecified included with infections First OR procedure occurs after the 10th day following admission MDC 14 OB	Risk adjustment for highest immune risk category (level 3 of 4 includes transplant status, transplant complications, severe malnutrition, immunodeficiency, etc.) Ensure accuracy of PoO, PoA, procedure date
#14*	Postop wound dehiscence (internal) AND postop re-closures in abdominopelvic surgery *Dehiscence of external wound not included*	PDX or POA Y/W of wound dehiscence LOS < 2 days MDC 14 & 15	Ensure accuracy of depth of dehiscence Ensure accuracy of PoO, admit date, procedure date
#15*	Accidental puncture / laceration during abdominopelvic surgery (excluding inspection procedures) *PSI only when 2nd procedure > 1 day postop.*	PDX or POA Y/W of accidental puncture / laceration MDC 14 & 15	Ensure accuracy of PoO, procedure date Ensure reportability of accidental puncture/laceration (see CCs 21Q1, 22Q1, & 23Q4)
#17	Birth Trauma Injury	Preterm infants < 2000 gm; osteogenesis imperfecta	Verify trauma was clinically significant and meets criteria for reportable condition.
#18	OB Trauma, vaginal delivery w/ instrumentation 3rd or 4th degree OB laceration	None	Clinically validate the laceration degree; watch episiotomy vs tear.
#19	OB Trauma, vaginal delivery w/o instrumentation 3rd or 4th degree OB laceration	None	Clinically validate the laceration degree; watch episiotomy vs tear.

PoA = Present on Admission; PoA = Priority of Admission; PoO = Point of Origin

*Component of PSI-90

Cohort	Notes	Links
Transforming Episode Accountability Model (TEAM)	The **TEAM Model** is a mandatory, five-year bundled payment program from the Centers for Medicare & Medicaid Services (CMS) that launches on January 1, 2026. It holds selected acute care hospitals accountable for both the cost and quality of care for five surgical episodes — lower extremity joint replacement, surgical hip/femur fracture treatment, spinal fusion, coronary artery bypass graft (CABG), and major bowel procedures — covering the inpatient or outpatient anchor procedure plus 30 days post-discharge.	CMS Official Model Page – Transforming Episode Accountability Model (TEAM),
	Included: Acute care hospitals under the Inpatient Prospective Payment System (IPPS) in CMS-selected Core-Based Statistical Areas (CBSAs).	
	Excluded: Hospitals outside selected CBSAs, Indian Health Service/tribal hospitals, and non-Medicare FFS beneficiaries or procedures outside the five defined episodes.	CMS Model Overview PDF – TEAM Model Overview (September 2025 U

Quality Measure Timeline

January
*Medicare Spending per Beneficiary (MSPB) updates to Care Compare
*CMS Care Compare quarterly refresh (mortality, readmission, complications)
*CMS/ONC eCQM logic updates and annual value set releases

April
*Quality measure files defining cohorts (Mort, Comp, Readm, etc.) and ICD-10 crosswalk file updates posted to QualityNet.
*IPPS Proposed Rule released - outlines revisions/proposals to HVBP, HRRP, HACRP, IQR
*CMS Hospital IQR Measure Specifications Manual and eCQM annual updates released

July
*PSI specification updates posted to AHRQ
*IP claims-based measure results posted to Care Compare
*CMS Star Ratings and MSPB updates published
*Hospital Compare Preview Reports available for facility validation

August
*IP Final Rule released - describes revisions to HVBP, HRRP, HACRP, and IQR
*AHRQ PSI Software Version Update (if applicable) finalized

October
*New ICD-10-CM/PCS codes and MS-DRG Grouper effective for FY
*HRRP and HACRP penalties published for new fiscal year
*CMS Hospital Readmissions and Complication Data refresh on Care Compare

December
*CMS posts IQR/eQM reporting specifications and next-year deadlines
*Committee annual review: summary of regulatory changes and upcoming measure shifts