

QCM QCDR - 2019


SQL Data Dictionary

Prepared by QCMetrix – 08/07/2019

QCM QCDR - 2019


Anastomotic Leak Intervention

Quality ID: 354
High Priority Measure: Yes
NQS Domain: Patient Safety
Measure Type: Outcome

Column Name	Type	Description						
 Case_Identifier	nvarchar(50)	The case identifier.						
Patient_Identifier	nvarchar(50)	The patient identifier.						
Surgeon_Identifier	nvarchar(10)	The surgeon identifier						
Operation_Date	date	The date that the principal operative procedure was performed. Format: MM/DD/YYYY Allowed: (1/1 through 11/30)						
CPT_Code	nvarchar(10)	One of the following procedure codes: 43644, 43645, 43775, 43845, 43846, 43847, 43848, 43850, 43855, 43860, 43865, 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44150, 44151, 44155, 44156, 44157, 44158, 44160, 44204, 44205, 44206, 44207, 44208, 44210, 44211, 44212, 44626						
DOB	date	Date of birth, 18 years or older. Format: MM/DD/YYYY						
Anastomotic_Leak_Intervention	bit	<table><tr><th>ID</th><th>Description</th></tr><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	ID	Description	0	No	1	Yes
ID	Description							
0	No							
1	Yes							
Gender	int	Patient's gender. <table><tr><th>ID</th><th>Description</th></tr><tr><td>1</td><td>Male</td></tr><tr><td>2</td><td>Female</td></tr></table>	ID	Description	1	Male	2	Female
ID	Description							
1	Male							
2	Female							

Unplanned Hospital Readmission within 30 Days of Principal Procedure


Quality ID: 356
 High Priority Measure: Yes
 NQS Domain: Effective Clinical Care
 Measure Type: Outcome

Column Name	Type	Description
 Case_Identifier	nvarchar(50)	The case identifier.
Patient_Identifier	nvarchar(50)	The patient identifier.
Surgeon_Identifier	nvarchar(10)	The surgeon identifier
Operation_Date	date	The date that the principal operative procedure was performed. Format: MM/DD/YYYY Allowed: (1/1 through 11/30)
CPT_Code	nvarchar(10)	One of the following procedure codes: 11004, 11005, 11006, 15734, 15920, 15931, 15933, 15940, 15950, 19306, 20100, 20101, 20102, 21811, 21812, 21813, 22904, 22905, 27080, 35221, 35251, 35281, 35840, 36565, 36566, 37617, 38100, 38115, 38120, 38530, 38531, 38564, 38765, 39501, 39540, 39541, 39560, 43122, 43279, 43281, 43282, 43286, 43287, 43288, 43325, 43327, 43330, 43332, 43333, 43336, 43337, 43340, 43500, 43501, 43502, 43510, 43520, 43605, 43610, 43611, 43620, 43621, 43622, 43631, 43632, 43633, 43634, 43640, 43641, 43644, 43645, 43651, 43652, 43653, 43772, 43773, 43774, 43775, 43800, 43810, 43820, 43825, 43830, 43831, 43832, 43840, 43843, 43845, 43846, 43847, 43848, 43850, 43860, 43865, 43870, 43880, 44005, 44010, 44020, 44021, 44025, 44050, 44055, 44110, 44111, 44120, 44125, 44126, 44127, 44130, 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44150, 44151, 44155, 44156, 44157, 44158, 44160, 44180, 44186, 44187, 44188, 44202, 44204, 44205, 44206, 44207, 44208, 44210, 44211, 44212, 44227, 44300, 44310, 44312, 44314, 44316, 44320, 44322, 44340, 44345, 44346, 44602, 44603, 44604, 44605, 44615, 44620, 44625, 44626, 44640, 44650, 44660, 44661, 44680, 44700, 44800, 44820, 44850, 44900, 44950, 44960, 44970, 45000, 45020, 45110, 45111, 45112, 45113, 45114, 45116, 45119, 45120, 45121, 45123, 45126, 45130, 45135, 45136, 45395, 45397, 45400, 45402, 45540, 45550, 45562, 45563, 45800, 45805, 47010, 47015, 47100, 47120, 47122, 47125, 47130, 47300, 47350, 47360, 47361, 47362, 47370, 47380, 47400, 47420, 47425, 47460, 47480, 47564, 47570, 47600, 47605, 47610, 47612, 47620, 47711, 47712, 47715, 47720, 47721, 47740, 47741, 47760, 47765, 47780, 47785, 47800, 47801, 47900, 48000, 48001, 48020, 48100, 48105, 48120, 48140, 48145, 48146, 48148, 48150, 48152, 48153, 48154, 48155, 48500, 48510, 48520, 48540, 48545, 48547,

Column Name	Type	Description						
		48548, 49000, 49002, 49010, 49020, 49040, 49060, 49062, 49084, 49203, 49204, 49205, 49215, 49255, 49320, 49322, 49323, 49402, 49425, 49429, 49553, 49557, 49561, 49565, 49566, 49900, 50205, 50500, 50740, 57305, 57307, 60200, 60254, 60270, 60540, 60545, 60650						
DOB	date	Date of birth, 18 years or older. Format: MM/DD/YYYY						
Unplanned_Readmission	bit	<table><tr><th>ID</th><th>Description</th></tr><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	ID	Description	0	No	1	Yes
ID	Description							
0	No							
1	Yes							
Unplanned_Readmission_Date	date	Date of unplanned readmission Format: MM/DD/YYYY						
Gender	int	Patient's gender. <table><tr><th>ID</th><th>Description</th></tr><tr><td>1</td><td>Male</td></tr><tr><td>2</td><td>Female</td></tr></table>	ID	Description	1	Male	2	Female
ID	Description							
1	Male							
2	Female							

Unplanned Reoperation within the 30 Day Postoperative Period


Quality ID: 355
 High Priority Measure: Yes
 NQS Domain: Patient Safety
 Measure Type: Outcome

Column Name	Type	Description
 Case_Identifier	nvarchar(50)	The case identifier.
Patient_Identifier	nvarchar(50)	The patient identifier.
Surgeon_Identifier	nvarchar(10)	The surgeon identifier
Operation_Date	date	The date that the principal operative procedure was performed. Format: MM/DD/YYYY Allowed: (1/1 through 11/30)
CPT_Code	nvarchar(10)	One of the following procedure codes: 11004, 11005, 11006, 11450, 11451, 11462, 11463, 11470, 11471, 11770, 11771, 11772, 15734, 15920, 15931, 15933, 15940, 15950, 19020, 19101, 19110, 19112, 19120, 19125, 19300, 19301, 19302, 19303, 19304, 19305, 19306, 19307, 20100, 20101, 20102, 20200, 20205, 21552, 21554, 21555, 21556, 21557, 21558, 21811, 21812, 21813, 21931, 21932, 21933, 21935, 21936, 22900, 22901, 22902, 22903, 22904, 22905, 23071, 23073, 23075, 23076, 23077, 23078, 24071, 24073, 24075, 24076, 24077, 24079, 25071, 25075, 25077, 25078, 27043, 27045, 27047, 27048, 27049, 27080, 27327, 27328, 27329, 27337, 27339, 27615, 27616, 27632, 27634, 35221, 35251, 35281, 35840, 36561, 36563, 36565, 36566, 36571, 36576, 36590, 36818, 36819, 36820, 36821, 36825, 36830, 37617, 38100, 38115, 38120, 38308, 38500, 38520, 38525, 38530, 38531, 38550, 38555, 38564, 38740, 38745, 38760, 38765, 39501, 39540, 39541, 39560, 43122, 43279, 43280, 43281, 43282, 43286, 43287, 43288, 43325, 43327, 43330, 43332, 43333, 43336, 43337, 43340, 43500, 43501, 43502, 43510, 43520, 43605, 43610, 43611, 43620, 43621, 43622, 43631, 43632, 43633, 43634, 43640, 43641, 43644, 43645, 43651, 43652, 43653, 43770, 43771, 43772, 43773, 43774, 43775, 43800, 43810, 43820, 43825, 43830, 43831, 43832, 43840, 43843, 43845, 43846, 43847, 43848, 43850, 43860, 43865, 43870, 43880, 43886, 43887, 43888, 44005, 44010, 44020, 44021, 44025, 44050, 44055, 44110, 44111, 44120, 44125, 44126, 44127, 44130, 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44150, 44151, 44155, 44156, 44157, 44158, 44160, 44180, 44186, 44187, 44188, 44202, 44204, 44205, 44206, 44207, 44208, 44210, 44211, 44212, 44227, 44300, 44310, 44312, 44314, 44316, 44320, 44322, 44340, 44345, 44346, 44602, 44603, 44604, 44605, 44615,

Column Name	Type	Description						
		44620, 44625, 44626, 44640, 44650, 44660, 44661, 44680, 44700, 44800, 44820, 44850, 44900, 44950, 44960, 44970, 45000, 45005, 45020, 45100, 45108, 45110, 45111, 45112, 45113, 45114, 45116, 45119, 45120, 45121, 45123, 45126, 45130, 45135, 45136, 45150, 45160, 45171, 45172, 45395, 45397, 45400, 45402, 45505, 45540, 45541, 45550, 45562, 45563, 45800, 45805, 45900, 45905, 46040, 46045, 46060, 46080, 46500, 46250, 46255, 46257, 46258, 46260, 46261, 46262, 46270, 46275, 46280, 46285, 46288, 46700, 46761, 47010, 47015, 47100, 47120, 47122, 47125, 47130, 47300, 47350, 47360, 47361, 47362, 47370, 47371, 47380, 47400, 47420, 47425, 47460, 47480, 47562, 47563, 47564, 47570, 47600, 47605, 47610, 47612, 47620, 47711, 47712, 47715, 47720, 47721, 47740, 47741, 47760, 47765, 47780, 47785, 47800, 47801, 47900, 48000, 48001, 48020, 48100, 48105, 48120, 48140, 48145, 48146, 48148, 48150, 48152, 48153, 48154, 48155, 48500, 48510, 48520, 48540, 48545, 48547, 48548, 49000, 49002, 49010, 49020, 49040, 49060, 49062, 49084, 49203, 49204, 49205, 49215, 49255, 49320, 49321, 49322, 49323, 49324, 49325, 49402, 49421, 49422, 49425, 49426, 49429, 49436, 49505, 49507, 49520, 49521, 49525, 49540, 49550, 49553, 49555, 49557, 49560, 49561, 49565, 49566, 49570, 49572, 49585, 49587, 49590, 49650, 49651, 49652, 49653, 49654, 49655, 49656, 49657, 49900, 50205, 50500, 50740, 55520, 55540, 57305, 57307, 60200, 60210, 60212, 60220, 60225, 60240, 60252, 60254, 60260, 60270, 60271, 60500, 60502, 60520, 60540, 60545, 60650						
DOB	date	Date of birth, 18 years or older. Format: MM/DD/YYYY						
Unplanned_Reoperation	bit	<table><tr><th>ID</th><th>Description</th></tr><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	ID	Description	0	No	1	Yes
ID	Description							
0	No							
1	Yes							
Unplanned_Reoperation_Date	date	Date of unplanned readmission Format: MM/DD/YYYY						
Gender	int	Patient's gender. <table><tr><th>ID</th><th>Description</th></tr><tr><td>1</td><td>Male</td></tr><tr><td>2</td><td>Female</td></tr></table>	ID	Description	1	Male	2	Female
ID	Description							
1	Male							
2	Female							

Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2)

Quality ID: 344
 High Priority Measure: Yes
 NQS Domain: Effective Clinical Care
 Measure Type: Outcome


Column Name	Type	Description																
 Case_Identifier	nvarchar(50)	The case identifier.																
Patient_Identifier	nvarchar(50)	The patient identifier.																
Surgeon_Identifier	nvarchar(10)	The surgeon identifier																
Operation_Date	date	The date that the principal operative procedure was performed. Format: MM/DD/YYYY																
Discharge_Date	date	Hospital Discharge Date Format: MM/DD/YYYY																
CPT_Code	nvarchar(10)	CPT: 37215, 37216																
Admission_Source	int	Source of Admission. <table><tr><th>ID</th><th>Description</th></tr><tr><td>0</td><td>Not Selected</td></tr><tr><td>1</td><td>Admission from home/facility which was home</td></tr><tr><td>2</td><td>Admission from skilled care facility</td></tr><tr><td>3</td><td>Admission from YOUR hospital's Emergency Department (ED)</td></tr><tr><td>4</td><td>Transfer from an outside Emergency Department (ED)</td></tr><tr><td>5</td><td>Transfer from another acute care hospital (inpatient)</td></tr><tr><td>6</td><td>Transfer from another type of healthcare facility not already listed</td></tr></table>	ID	Description	0	Not Selected	1	Admission from home/facility which was home	2	Admission from skilled care facility	3	Admission from YOUR hospital's Emergency Department (ED)	4	Transfer from an outside Emergency Department (ED)	5	Transfer from another acute care hospital (inpatient)	6	Transfer from another type of healthcare facility not already listed
ID	Description																	
0	Not Selected																	
1	Admission from home/facility which was home																	
2	Admission from skilled care facility																	
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6	Transfer from another type of healthcare facility not already listed																	

Column Name	Type	Description																														
Discharge_Destination	int	<div>Indicate whether the patient was discharged to home or to another type of facility.</div> <table><tr><th>ID</th><th>Description</th></tr><tr><td>0</td><td>Not Selected</td></tr><tr><td>1</td><td>Discharged to home care/self-care (CMS #01)</td></tr><tr><td>2</td><td>Disch/transf to short term hospital for inpatient care (CMS #02)</td></tr><tr><td>3</td><td>Disch/transf to skilled nursing facility (SNF) (CMS #03)</td></tr><tr><td>4</td><td>Disch/transf to long term care hospital (CMS #63)</td></tr><tr><td>5</td><td>Hospice - home (CMS #50)</td></tr><tr><td>6</td><td>Hospice - medical facility (certified) providing hospice care (CMS #51)</td></tr><tr><td>7</td><td>Disch/transf to home care of organized home health service in anticipation of covered skilled care (CMS #06)</td></tr><tr><td>8</td><td>Disch/transf to inpatient rehab, incl. rehab distinct part unit of a hospital (CMS #62)</td></tr><tr><td>9</td><td>Left against medical advice (AMA) or discontinued care (CMS #07)</td></tr><tr><td>10</td><td>Expired (CMS # 20)</td></tr><tr><td>11</td><td>N/A - Pt still in hospital >30 days</td></tr><tr><td>12</td><td>Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (CMS #65)</td></tr><tr><td>13</td><td>Discharged/transferred to another type of health care institution not defined elsewhere in this code list (CMS # 70)</td></tr></table>	ID	Description	0	Not Selected	1	Discharged to home care/self-care (CMS #01)	2	Disch/transf to short term hospital for inpatient care (CMS #02)	3	Disch/transf to skilled nursing facility (SNF) (CMS #03)	4	Disch/transf to long term care hospital (CMS #63)	5	Hospice - home (CMS #50)	6	Hospice - medical facility (certified) providing hospice care (CMS #51)	7	Disch/transf to home care of organized home health service in anticipation of covered skilled care (CMS #06)	8	Disch/transf to inpatient rehab, incl. rehab distinct part unit of a hospital (CMS #62)	9	Left against medical advice (AMA) or discontinued care (CMS #07)	10	Expired (CMS # 20)	11	N/A - Pt still in hospital >30 days	12	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (CMS #65)	13	Discharged/transferred to another type of health care institution not defined elsewhere in this code list (CMS # 70)
ID	Description																															
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1	Discharged to home care/self-care (CMS #01)																															
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13	Discharged/transferred to another type of health care institution not defined elsewhere in this code list (CMS # 70)																															
Symptomatic_Or_Other_Carotid_Stenosis	bit	<table><tr><th>ID</th><th>Description</th></tr><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table> <div>YES IF Symptomatic carotid stenosis: Ipsilateral carotid territory TIA or stroke less than 120 days prior to procedure: <u>9006F</u> OR Other carotid stenosis: Ipsilateral TIA or stroke 120 days or greater prior to procedure or any prior contralateral carotid territory or vertebrobasilar TIA or stroke: <u>9007F</u></div>	ID	Description	0	No	1	Yes																								
ID	Description																															
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DOB	date	<div>Date of birth, 18 years or older.</div> <div>Format: MM/DD/YYYY</div>																														

Column Name	Type	Description						
Gender	int	Patient's gender.						
		<table><tr><th>ID</th><th>Description</th></tr><tr><td>1</td><td>Male</td></tr><tr><td>2</td><td>Female</td></tr></table>	ID	Description	1	Male	2	Female
ID	Description							
1	Male							
2	Female							

Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2)

Quality ID: 260
 High Priority Measure: Yes
 NQS Domain: Patient Safety
 Measure Type: Outcome


Column Name	Type	Description																
 Case_Identifier	nvarchar(50)	The case identifier.																
Patient_Identifier	nvarchar(50)	The patient identifier.																
Surgeon_Identifier	nvarchar(10)	The surgeon identifier																
Operation_Date	date	The date that the principal operative procedure was performed. Format: MM/DD/YYYY																
Discharge_Date	date	Hospital Discharge Date Format: MM/DD/YYYY																
CPT_Code	nvarchar(10)	CPT: 35301																
Admission_Source	int	Source of Admission. <table><tr><th>ID</th><th>Description</th></tr><tr><td>0</td><td>Not Selected</td></tr><tr><td>1</td><td>Admission from home/facility which was home</td></tr><tr><td>2</td><td>Admission from skilled care facility</td></tr><tr><td>3</td><td>Admission from YOUR hospital's Emergency Department (ED)</td></tr><tr><td>4</td><td>Transfer from an outside Emergency Department (ED)</td></tr><tr><td>5</td><td>Transfer from another acute care hospital (inpatient)</td></tr><tr><td>6</td><td>Transfer from another type of healthcare facility not already listed</td></tr></table>	ID	Description	0	Not Selected	1	Admission from home/facility which was home	2	Admission from skilled care facility	3	Admission from YOUR hospital's Emergency Department (ED)	4	Transfer from an outside Emergency Department (ED)	5	Transfer from another acute care hospital (inpatient)	6	Transfer from another type of healthcare facility not already listed
ID	Description																	
0	Not Selected																	
1	Admission from home/facility which was home																	
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Column Name	Type	Description																														
Discharge_Destination	int	<div>Indicate whether the patient was discharged to home or to another type of facility.</div> <table><tr><th>ID</th><th>Description</th></tr><tr><td>0</td><td>Not Selected</td></tr><tr><td>1</td><td>Discharged to home care/self-care (CMS #01)</td></tr><tr><td>2</td><td>Disch/transf to short term hospital for inpatient care (CMS #02)</td></tr><tr><td>3</td><td>Disch/transf to skilled nursing facility (SNF) (CMS #03)</td></tr><tr><td>4</td><td>Disch/transf to long term care hospital (CMS #63)</td></tr><tr><td>5</td><td>Hospice - home (CMS #50)</td></tr><tr><td>6</td><td>Hospice - medical facility (certified) providing hospice care (CMS #51)</td></tr><tr><td>7</td><td>Disch/transf to home care of organized home health service in anticipation of covered skilled care (CMS #06)</td></tr><tr><td>8</td><td>Disch/transf to inpatient rehab, incl. rehab distinct part unit of a hospital (CMS #62)</td></tr><tr><td>9</td><td>Left against medical advice (AMA) or discontinued care (CMS #07)</td></tr><tr><td>10</td><td>Expired (CMS # 20)</td></tr><tr><td>11</td><td>N/A - Pt still in hospital >30 days</td></tr><tr><td>12</td><td>Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (CMS #65)</td></tr><tr><td>13</td><td>Discharged/transferred to another type of health care institution not defined elsewhere in this code list (CMS # 70)</td></tr></table>	ID	Description	0	Not Selected	1	Discharged to home care/self-care (CMS #01)	2	Disch/transf to short term hospital for inpatient care (CMS #02)	3	Disch/transf to skilled nursing facility (SNF) (CMS #03)	4	Disch/transf to long term care hospital (CMS #63)	5	Hospice - home (CMS #50)	6	Hospice - medical facility (certified) providing hospice care (CMS #51)	7	Disch/transf to home care of organized home health service in anticipation of covered skilled care (CMS #06)	8	Disch/transf to inpatient rehab, incl. rehab distinct part unit of a hospital (CMS #62)	9	Left against medical advice (AMA) or discontinued care (CMS #07)	10	Expired (CMS # 20)	11	N/A - Pt still in hospital >30 days	12	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (CMS #65)	13	Discharged/transferred to another type of health care institution not defined elsewhere in this code list (CMS # 70)
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Symptomatic_Or_Other_Carotid_Stenosis	bit	<table><tr><th>ID</th><th>Description</th></tr><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table> <div>YES IF Symptomatic carotid stenosis: Ipsilateral carotid territory TIA or stroke less than 120 days prior to procedure: <u>9006F</u> OR Other carotid stenosis: Ipsilateral TIA or stroke 120 days or greater prior to procedure or any prior contralateral carotid territory or vertebrobasilar TIA or stroke: <u>9007F</u></div>	ID	Description	0	No	1	Yes																								
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1	Yes																															
DOB	date	<div>Date of birth, 18 years or older.</div> <div>Format: MM/DD/YYYY</div>																														

Column Name	Type	Description
Gender	int	Patient's gender.

Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) Who Die While in Hospital


Quality ID: 347
 High Priority Measure: Yes
 NQS Domain: Patient Safety
 Measure Type: Outcome

Column Name	Type	Description						
 Case_Identifier	nvarchar(50)	The case identifier.						
Patient_Identifier	nvarchar(50)	The patient identifier.						
Surgeon_Identifier	nvarchar(10)	The surgeon identifier						
Operation_Date	date	The date that the principal operative procedure was performed. Format: MM/DD/YYYY						
CPT_Code	nvarchar(10)	One of the following: 34701, 34703, 34705						
Aortic_Aneurysm_Formatted	bit	<table><tr><th>ID</th><th>Description</th></tr><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table> <p>YES IF</p> <p><u>For women:</u></p> <p>Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT: <u>9003F</u></p> <p>OR</p> <p>Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT: <u>9004F</u></p> <p><u>For men:</u></p> <p>Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT: <u>9004F</u></p>	ID	Description	0	No	1	Yes
ID	Description							
0	No							
1	Yes							
DOB	date	Date of birth, 18 years or older. Format: MM/DD/YYYY						

Column Name	Type	Description						
Gender	int	<div>Patient's gender.</div> <table><tr><th>ID</th><th>Description</th></tr><tr><td>1</td><td>Male</td></tr><tr><td>2</td><td>Female</td></tr></table>	ID	Description	1	Male	2	Female
ID	Description							
1	Male							
2	Female							
Death_In_Hospital	int	<div>Death in hospital following endovascular AAA repair</div> <table><tr><th>ID</th><th>Description</th></tr><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	ID	Description	0	No	1	Yes
ID	Description							
0	No							
1	Yes							

Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #2)

Quality ID: 259
 High Priority Measure: Yes
 NQS Domain: Patient Safety
 Measure Type: Outcome


Column Name	Type	Description																
 Case_Identifier	nvarchar(50)	The case identifier.																
Patient_Identifier	nvarchar(50)	The patient identifier.																
Surgeon_Identifier	nvarchar(10)	The surgeon identifier																
Operation_Date	date	The date that the principal operative procedure was performed. Format: MM/DD/YYYY																
Discharge_Date	date	Hospital Discharge Date Format: MM/DD/YYYY																
ICD_10_CM	nvarchar(10)	I71.4																
CPT_Code	nvarchar(10)	One of the following: 34701, 34703, 34705																
Admission_Source	int	Source of Admission. <table><tr><th>ID</th><th>Description</th></tr><tr><td>0</td><td>Not Selected</td></tr><tr><td>1</td><td>Admission from home/facility which was home</td></tr><tr><td>2</td><td>Admission from skilled care facility</td></tr><tr><td>3</td><td>Admission from YOUR hospital's Emergency Department (ED)</td></tr><tr><td>4</td><td>Transfer from an outside Emergency Department (ED)</td></tr><tr><td>5</td><td>Transfer from another acute care hospital (inpatient)</td></tr><tr><td>6</td><td>Transfer from another type of healthcare facility not already listed</td></tr></table>	ID	Description	0	Not Selected	1	Admission from home/facility which was home	2	Admission from skilled care facility	3	Admission from YOUR hospital's Emergency Department (ED)	4	Transfer from an outside Emergency Department (ED)	5	Transfer from another acute care hospital (inpatient)	6	Transfer from another type of healthcare facility not already listed
ID	Description																	
0	Not Selected																	
1	Admission from home/facility which was home																	
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6	Transfer from another type of healthcare facility not already listed																	

Column Name	Type	Description																														
Discharge_Destination	int	<div>Indicate whether the patient was discharged to home or to another type of facility.</div> <table><tr><th>ID</th><th>Description</th></tr><tr><td>0</td><td>Not Selected</td></tr><tr><td>1</td><td>Discharged to home care/self-care (CMS #01)</td></tr><tr><td>2</td><td>Disch/transf to short term hospital for inpatient care (CMS #02)</td></tr><tr><td>3</td><td>Disch/transf to skilled nursing facility (SNF) (CMS #03)</td></tr><tr><td>4</td><td>Disch/transf to long term care hospital (CMS #63)</td></tr><tr><td>5</td><td>Hospice - home (CMS #50)</td></tr><tr><td>6</td><td>Hospice - medical facility (certified) providing hospice care (CMS #51)</td></tr><tr><td>7</td><td>Disch/transf to home care of organized home health service in anticipation of covered skilled care (CMS #06)</td></tr><tr><td>8</td><td>Disch/transf to inpatient rehab, incl. rehab distinct part unit of a hospital (CMS #62)</td></tr><tr><td>9</td><td>Left against medical advice (AMA) or discontinued care (CMS #07)</td></tr><tr><td>10</td><td>Expired (CMS # 20)</td></tr><tr><td>11</td><td>N/A - Pt still in hospital >30 days</td></tr><tr><td>12</td><td>Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (CMS #65)</td></tr><tr><td>13</td><td>Discharged/transferred to another type of health care institution not defined elsewhere in this code list (CMS # 70)</td></tr></table>	ID	Description	0	Not Selected	1	Discharged to home care/self-care (CMS #01)	2	Disch/transf to short term hospital for inpatient care (CMS #02)	3	Disch/transf to skilled nursing facility (SNF) (CMS #03)	4	Disch/transf to long term care hospital (CMS #63)	5	Hospice - home (CMS #50)	6	Hospice - medical facility (certified) providing hospice care (CMS #51)	7	Disch/transf to home care of organized home health service in anticipation of covered skilled care (CMS #06)	8	Disch/transf to inpatient rehab, incl. rehab distinct part unit of a hospital (CMS #62)	9	Left against medical advice (AMA) or discontinued care (CMS #07)	10	Expired (CMS # 20)	11	N/A - Pt still in hospital >30 days	12	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (CMS #65)	13	Discharged/transferred to another type of health care institution not defined elsewhere in this code list (CMS # 70)
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Aortic_Aneurysm_Formatted	bit	<table><tr><th>ID</th><th>Description</th></tr><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table> <div><div>YES IF</div><div><div>For women:</div><div>Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT: <u>9003F</u></div></div><div><div>OR</div><div>Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT:<u>9004F</u></div></div><div><div>For men:</div><div>Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT: <u>9004F</u></div></div></div>	ID	Description	0	No	1	Yes																								
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Column Name	Type	Description						
DOB	date	Date of birth, 18 years or older. Format: MM/DD/YYYY						
Gender	int	Patient's gender. <table><tr><th>ID</th><th>Description</th></tr><tr><td>1</td><td>Male</td></tr><tr><td>2</td><td>Female</td></tr></table>	ID	Description	1	Male	2	Female
ID	Description							
1	Male							
2	Female							

Rate of Open Repair of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #7)

Quality ID: 258
 High Priority Measure: Yes
 NQS Domain: Patient Safety
 Measure Type: Outcome


Column Name	Type	Description																
 Case_Identifier	nvarchar(50)	The case identifier.																
Patient_Identifier	nvarchar(50)	The patient identifier.																
Surgeon_Identifier	nvarchar(10)	The surgeon identifier																
Operation_Date	date	The date that the principal operative procedure was performed. Format: MM/DD/YYYY																
Discharge_Date	date	Hospital Discharge Date Format: MM/DD/YYYY																
CPT_Code	nvarchar(10)	One of the following: 35081, 35102																
Admission_Source	int	Source of Admission. <table><tr><th>ID</th><th>Description</th></tr><tr><td>0</td><td>Not Selected</td></tr><tr><td>1</td><td>Admission from home/facility which was home</td></tr><tr><td>2</td><td>Admission from skilled care facility</td></tr><tr><td>3</td><td>Admission from YOUR hospital's Emergency Department (ED)</td></tr><tr><td>4</td><td>Transfer from an outside Emergency Department (ED)</td></tr><tr><td>5</td><td>Transfer from another acute care hospital (inpatient)</td></tr><tr><td>6</td><td>Transfer from another type of healthcare facility not already listed</td></tr></table>	ID	Description	0	Not Selected	1	Admission from home/facility which was home	2	Admission from skilled care facility	3	Admission from YOUR hospital's Emergency Department (ED)	4	Transfer from an outside Emergency Department (ED)	5	Transfer from another acute care hospital (inpatient)	6	Transfer from another type of healthcare facility not already listed
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Column Name	Type	Description																														
Discharge_Destination	int	<div>Indicate whether the patient was discharged to home or to another type of facility.</div> <table><tr><th>ID</th><th>Description</th></tr><tr><td>0</td><td>Not Selected</td></tr><tr><td>1</td><td>Discharged to home care/self-care (CMS #01)</td></tr><tr><td>2</td><td>Disch/transf to short term hospital for inpatient care (CMS #02)</td></tr><tr><td>3</td><td>Disch/transf to skilled nursing facility (SNF) (CMS #03)</td></tr><tr><td>4</td><td>Disch/transf to long term care hospital (CMS #63)</td></tr><tr><td>5</td><td>Hospice - home (CMS #50)</td></tr><tr><td>6</td><td>Hospice - medical facility (certified) providing hospice care (CMS #51)</td></tr><tr><td>7</td><td>Disch/transf to home care of organized home health service in anticipation of covered skilled care (CMS #06)</td></tr><tr><td>8</td><td>Disch/transf to inpatient rehab, incl. rehab distinct part unit of a hospital (CMS #62)</td></tr><tr><td>9</td><td>Left against medical advice (AMA) or discontinued care (CMS #07)</td></tr><tr><td>10</td><td>Expired (CMS # 20)</td></tr><tr><td>11</td><td>N/A - Pt still in hospital >30 days</td></tr><tr><td>12</td><td>Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (CMS #65)</td></tr><tr><td>13</td><td>Discharged/transferred to another type of health care institution not defined elsewhere in this code list (CMS # 70)</td></tr></table>	ID	Description	0	Not Selected	1	Discharged to home care/self-care (CMS #01)	2	Disch/transf to short term hospital for inpatient care (CMS #02)	3	Disch/transf to skilled nursing facility (SNF) (CMS #03)	4	Disch/transf to long term care hospital (CMS #63)	5	Hospice - home (CMS #50)	6	Hospice - medical facility (certified) providing hospice care (CMS #51)	7	Disch/transf to home care of organized home health service in anticipation of covered skilled care (CMS #06)	8	Disch/transf to inpatient rehab, incl. rehab distinct part unit of a hospital (CMS #62)	9	Left against medical advice (AMA) or discontinued care (CMS #07)	10	Expired (CMS # 20)	11	N/A - Pt still in hospital >30 days	12	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (CMS #65)	13	Discharged/transferred to another type of health care institution not defined elsewhere in this code list (CMS # 70)
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Aortic_Aneurysm_Formatted	bit	<table><tr><th>ID</th><th>Description</th></tr><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table> <div><div>YES IF</div><div><div>For women:</div><div>Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT: 9003F</div></div><div><div>OR</div><div>Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT:9004F</div></div><div><div>For men:</div><div>Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT: 9004F</div></div></div>	ID	Description	0	No	1	Yes																								
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Column Name	Type	Description						
DOB	date	Date of birth, 18 years or older. Format: MM/DD/YYYY						
Gender	int	Patient's gender. <table><tr><th>ID</th><th>Description</th></tr><tr><td>1</td><td>Male</td></tr><tr><td>2</td><td>Female</td></tr></table>	ID	Description	1	Male	2	Female
ID	Description							
1	Male							
2	Female							

Rate of Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS) Who Are Stroke Free or Discharged Alive

Quality ID: 345
 High Priority Measure: Yes
 NQS Domain: Effective Clinical Care
 Measure Type: Outcome

Column Name	Type	Description						
 Case_Identifier	nvarchar(50)	The case identifier.						
Patient_Identifier	nvarchar(50)	The patient identifier.						
Surgeon_Identifier	nvarchar(10)	The surgeon identifier						
Operation_Date	date	The date that the principal operative procedure was performed. Format: MM/DD/YYYY						
CPT_Code	nvarchar(10)	CPT: 37215, 37216						
Symptomatic_Or_Other_Carotid_Stenosis	bit	<table><tr><th>ID</th><th>Description</th></tr><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table> <p>YES IF Symptomatic carotid stenosis: Ipsilateral carotid territory TIA or stroke less than 120 days prior to procedure: <u>9006F</u></p> <p>OR Other carotid stenosis: Ipsilateral TIA or stroke 120 days or greater prior to procedure or any prior contralateral carotid territory or vertebrobasilar TIA or stroke: <u>9007F</u></p>	ID	Description	0	No	1	Yes
ID	Description							
0	No							
1	Yes							
DOB	date	Date of birth, 18 years or older. Format: MM/DD/YYYY						
Postop_Death_CAS	bit	Postop Death following undergoing Carotid Artery Stenting (CAS) <table><tr><th>ID</th><th>Description</th></tr><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	ID	Description	0	No	1	Yes
ID	Description							
0	No							
1	Yes							

Column Name	Type	Description						
Postop_Stroke_CAS	bit	<div>Postop Stroke following undergoing Carotid Artery Stenting (CAS)</div> <table><tr><th>ID</th><th>Description</th></tr><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	ID	Description	0	No	1	Yes
ID	Description							
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Gender	int	<div>Patient's gender.</div> <table><tr><th>ID</th><th>Description</th></tr><tr><td>1</td><td>Male</td></tr><tr><td>2</td><td>Female</td></tr></table>	ID	Description	1	Male	2	Female
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