



QCM QCDR - 2022


SQL Data Dictionary

Prepared by QCMetrix – 02/14/2022

Quality ID	Description
258	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)
259	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)
260	Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2)
344	Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2)
354	Anastomotic Leak Intervention
355	Unplanned Reoperation within the 30 Day Postoperative Period
356	Unplanned Hospital Readmission within 30 Days of Principal Procedure

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																
	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 border="1" data-bbox="862 1228 1503 1642"> <thead> <tr> <th>ID</th> <th>Description</th> </tr> </thead> <tbody> <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> </tbody> </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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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


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	nvarchar(50)	The case identifier.																
Patient_Identifier	nvarchar(50)	The patient identifier.																
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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 border="1" data-bbox="857 1287 1490 1703"> <thead> <tr> <th>ID</th> <th>Description</th> </tr> </thead> <tbody> <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> </tbody> </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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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


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Symptomatic_Or_Other_Carotid_Stenosis	bit	<table border="1"> <thead> <tr> <th>ID</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </tbody> </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																								
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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																
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Discharge_Date	date	Hospital Discharge Date Format: MM/DD/YYYY																
CPT_Code	nvarchar(10)	CPT: 37215, 37216																
Admission_Source	int	Source of Admission. <table border="1" data-bbox="896 1115 1494 1562"> <thead> <tr> <th>ID</th> <th>Description</th> </tr> </thead> <tbody> <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> </tbody> </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	<p>Indicate whether the patient was discharged to home or to another type of facility.</p> <table border="1"> <thead> <tr> <th>ID</th> <th>Description</th> </tr> </thead> <tbody> <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> </tbody> </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 border="1"> <thead> <tr> <th>ID</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </tbody> </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																								
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0	No																															
1	Yes																															
DOB	date	<p>Date of birth, 18 years or older.</p> <p>Format: MM/DD/YYYY</p>																														

Column Name	Type	Description						
Gender	int	Patient's gender. <table border="1" data-bbox="898 321 1414 432"> <thead> <tr> <th>ID</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> </tbody> </table>	ID	Description	1	Male	2	Female
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Telehealth_Modifier_Allowed	bit	<table border="1" data-bbox="898 499 1511 611"> <thead> <tr> <th>ID</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </tbody> </table> <p>NO IF GQ, GT, 95, POS 02</p>	ID	Description	0	No	1	Yes
ID	Description							
0	No							
1	Yes							


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, 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 border="1"> <thead> <tr> <th>ID</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </tbody> </table>	ID	Description	0	No	1	Yes
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Telehealth_Modifier_Allowed	bit	<table border="1"> <thead> <tr> <th>ID</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </tbody> </table> <p>NO IF GQ, GT, 95, POS 02</p>	ID	Description	0	No	1	Yes
ID	Description							
0	No							
1	Yes							

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
	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, 19305, 19306, 19307, 20100, 20101, 20102, 20200, 20205, 21552, 21554, 21555, 21556, 21557, 21558, 21601, 21602, 21603, 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, 43497, 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, 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,

Column Name	Type	Description						
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DOB	date	Date of birth, 18 years or older. Format: MM/DD/YYYY						
Unplanned_Reoperation	bit	<table border="1"> <thead> <tr> <th>ID</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </tbody> </table>	ID	Description	0	No	1	Yes
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Unplanned_Reoperation_Date	date	Date of unplanned readmission Format: MM/DD/YYYY						
Gender	int	Patient's gender. <table border="1"> <thead> <tr> <th>ID</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> </tbody> </table>	ID	Description	1	Male	2	Female
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ID	Description							
0	No							
1	Yes							

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
	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, 21601, 21602, 21603, 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, 43497, 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, 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,

Column Name	Type	Description						
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DOB	date	Date of birth, 18 years or older. Format: MM/DD/YYYY						
Unplanned_Readmission	bit	<table border="1"> <thead> <tr> <th>ID</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </tbody> </table>	ID	Description	0	No	1	Yes
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Unplanned_Readmission_Date	date	Date of unplanned readmission Format: MM/DD/YYYY						
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