

# NHSN Location Mapping Checklist for Acute Care Hospitals (ACHs) Participating in the CMS Hospital Inpatient Quality Reporting Program

**Step 1:** Review the NHSN Locations Protocol for a full list of CDC Location Labels, Codes, and Descriptions to ensure that locations have been correctly mapped in NHSN.

[https://www.cdc.gov/nhsn/pdfs/pscmanual/15locationsdescriptions\\_current.pdf](https://www.cdc.gov/nhsn/pdfs/pscmanual/15locationsdescriptions_current.pdf)

Questions about mapping an inpatient unit per the CDC Location definitions can be directed to NHSN at [nhsn@cdc.gov](mailto:nhsn@cdc.gov).



**Step 2:** Determine if your ACH is required to report Device-Associated (DA) healthcare-associated infection (HAI) data to CMS.

If your facility participates in the Hospital Inpatient Quality Reporting (IQR) Program, then your facility is required to report CLABSI, CAUTI, SSI, MRSA Bacteremia LabID, and C. difficile LabID events to CMS. To contact the Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Program, please email [iqr@hsag.com](mailto:iqr@hsag.com), or by calling toll-free, (844) 472-4477 OR (866) 800-8765, weekdays from 8 a.m. ET to 5 p.m. PT.



**Step 3:** Review the CMS Reporting Requirements for DA HAIs: <https://www.cdc.gov/nhsn/pdfs/cms/cms-reporting-requirements.pdf>

Determine if your ACH has any CMS-reportable locations for DA HAI events:

HAI Event	CDC Location Codes		
CLABSI	<input type="checkbox"/> IN:ACUTE:CC:B	<input type="checkbox"/> IN:ACUTE:CC:R	<input type="checkbox"/> IN:ACUTE:CC:ONC_M
	<input type="checkbox"/> IN:ACUTE:CC:B_PED	<input type="checkbox"/> IN:ACUTE:CC:R_PED	<input type="checkbox"/> IN:ACUTE:CC:ONC_MS
	<input type="checkbox"/> IN:ACUTE:CC:C	<input type="checkbox"/> IN:ACUTE:CC:S	<input type="checkbox"/> IN:ACUTE:CC:ONC_PED
	<input type="checkbox"/> IN:ACUTE:CC:CT	<input type="checkbox"/> IN:ACUTE:CC:S_PED	<input type="checkbox"/> IN:ACUTE:CC:ONC_S
	<input type="checkbox"/> IN:ACUTE:CC:CT_PED	<input type="checkbox"/> IN:ACUTE:CC:T	<input type="checkbox"/> IN:ACUTE:CC:NURS
	<input type="checkbox"/> IN:ACUTE:CC:M	<input type="checkbox"/> IN:ACUTE:CC:T_PED	<input type="checkbox"/> IN:ACUTE:CC:NURS_IV
	<input type="checkbox"/> IN:ACUTE:CC:MS	<input type="checkbox"/> IN:ACUTE:CC_STEP:NURS	
	<input type="checkbox"/> IN:ACUTE:CC:M_PED	<input type="checkbox"/> IN:ACUTE:WARD:M	
	<input type="checkbox"/> IN:ACUTE:CC:MS_PED	<input type="checkbox"/> IN:ACUTE:WARD:MS	
	<input type="checkbox"/> IN:ACUTE:CC:N	<input type="checkbox"/> IN:ACUTE:WARD:MS_PED	
	<input type="checkbox"/> IN:ACUTE:CC:NS	<input type="checkbox"/> IN:ACUTE:WARD:M_PED	
	<input type="checkbox"/> IN:ACUTE:CC:NS_PED	<input type="checkbox"/> IN:ACUTE:WARD:S	
	<input type="checkbox"/> IN:ACUTE:CC:PNATL	<input type="checkbox"/> IN:ACUTE:WARD:S_PED	



CAUTI	<input type="checkbox"/> IN:ACUTE:CC:B	<input type="checkbox"/> IN:ACUTE:CC:NS	<input type="checkbox"/> IN:ACUTE:WARD:M
	<input type="checkbox"/> IN:ACUTE:CC:B_PED	<input type="checkbox"/> IN:ACUTE:CC:NS_PED	<input type="checkbox"/> IN:ACUTE:WARD:MS
	<input type="checkbox"/> IN:ACUTE:CC:C	<input type="checkbox"/> IN:ACUTE:CC:PNATL	<input type="checkbox"/> IN:ACUTE:WARD:MS_PED
	<input type="checkbox"/> IN:ACUTE:CC:CT	<input type="checkbox"/> IN:ACUTE:CC:R	<input type="checkbox"/> IN:ACUTE:WARD:M_PED
	<input type="checkbox"/> IN:ACUTE:CC:CT_PED	<input type="checkbox"/> IN:ACUTE:CC:R_PED	<input type="checkbox"/> IN:ACUTE:WARD:S
	<input type="checkbox"/> IN:ACUTE:CC:M	<input type="checkbox"/> IN:ACUTE:CC:S	<input type="checkbox"/> IN:ACUTE:WARD:S_PED
	<input type="checkbox"/> IN:ACUTE:CC:MS	<input type="checkbox"/> IN:ACUTE:CC:S_PED	<input type="checkbox"/> IN:ACUTE:CC:ONC_M
	<input type="checkbox"/> IN:ACUTE:CC:M_PED	<input type="checkbox"/> IN:ACUTE:CC:T	<input type="checkbox"/> IN:ACUTE:CC:ONC_MS
	<input type="checkbox"/> IN:ACUTE:CC:MS_PED	<input type="checkbox"/> IN:ACUTE:CC:T_PED	<input type="checkbox"/> IN:ACUTE:CC:ONC_PED
	<input type="checkbox"/> IN:ACUTE:CC:N	<input type="checkbox"/> IN:ACUTE:CC_STEP:NURS	<input type="checkbox"/> IN:ACUTE:CC:ONC_S



**If yes**, then your facility is required to submit complete and accurate data to NHSN, per the NHSN surveillance protocols and definitions, for each of the locations in-scope for the CMS HIQR Program. The following resources provide guidance on ensuring complete reporting for the CMS HIQR Program via NHSN:

**CMS Resources for NHSN Users:** <https://www.cdc.gov/nhsn/cms/index.html>

**Adding/Correcting a CMS Certification Number in NHSN:**

<https://www.cdc.gov/nhsn/pdfs/cms/changing-ccn-within-nhsn.pdf>

**NHSN Monthly Checklist for Reporting to CMS Hospital IQR:**

<https://www.cdc.gov/nhsn/pdfs/cms/ACH-Monthly-Checklist-CMS-IQR.pdf>

**If your hospital does not have at least one of the DA HAI reportable locations listed above**, then your hospital must submit an “IPPS Measure Exception Form” with CMS in order to successfully meet HAI reporting requirements. The form, available through QualityNet, allows a facility to indicate that, in accordance with NHSN location definitions, it has no qualifying ICU or adult or pediatric medical, surgical, or medical/surgical ward locations. Questions regarding the CMS IPPS Measure Exception Form should be directed to the QualityNet Hospital Inpatient Questions and Answers Tool:

[https://cmsqualitysupport.servicenowservices.com/qnet\\_qa](https://cmsqualitysupport.servicenowservices.com/qnet_qa).

