Operational Guidance for Acute Care Hospitals to Report Central Line-Associated Bloodstream Infection (CLABSI) Data to CDC's NHSN for the Purpose of Fulfilling CMS's Inpatient Prospective Payment System (IPPS) Requirements

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The Centers for Medicare and Medicaid Services (CMS) published final rules in the *Federal Register* on August 16, 2010[1], August 19, 2013[2], and August 28, 2025[3], that requires acute care hospitals to report central line-associated bloodstream infection (CLABSI) data to the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) under the CMS Inpatient Prospective Payment System (IPPS) and applicable programs:

- Hospital Inpatient Quality Reporting (IQR) Program
- Hospital Value-Based Purchasing (VBP) Program
- Hospital-Acquired Condition (HAC) Reduction Program

More specifically, these rules established NHSN-based CLABSI reporting beginning January 1, 2011, to include reporting of adult, pediatric and neonatal intensive care units (ICUs); expanded the required reporting locations effective January 1, 2015; to include adult and pediatric medical, surgical and medical/surgical wards; and further expanded CLABSI reporting beginning January 1, 2026 to include reporting from all oncology locations. This operational guidance provides additional information about reporting CLABSIs to NHSN as part of CMS IPPS requirements and its associated programs. The requirements for CLABSI reporting to NHSN for these CMS programs do not preempt or supersede any state mandates for CLABSI reporting to NHSN (specifically, hospitals in states with a CLABSI reporting mandate must abide by their state's requirements, even if they are more extensive than the requirements for this CMS program).

NHSN users reporting CLABSI data must adhere to the definitions and reporting requirements for CLABSIs as outlined in the NHSN Patient Safety Component Bloodstream Infection Event Protocol. This includes reporting of denominator data (patient days and central line days) and CLABSIs. A CLABSI is defined as primary laboratory-confirmed bloodstream infection (LCBI) that is not secondary to an infection at another body site, in which an eligible central line – defined as a central line that has been in place for more than two consecutive calendar days following the first access in an inpatient location – is present on the date of the event or the day before. Facilities must report CLABSI data from each patient care location in which facilities are required to monitor and report CLABSIs.

Acute care hospitals must report denominator data and CLABSI events from locations that occur on or after January 1, 2015, from all adult, pediatric, and neonatal intensive care units (ICUs) and from all patient care locations meeting the NHSN definition for adult and pediatric medical, surgical, or combined medical/surgical wards. In addition, CMS expanded reporting of denominator data and CLABSI events that occur on or after January 1, 2026, from all oncology locations (i.e., ICUs, wards, step-down units, and mixed-acuity).

Unless a hospital submits a "*Measure Exception Form for Healthcare-Associated Infection (HAI) Data Submission*" (Located on QualityNet Under HAI Resources) to indicate that they have no adult, pediatric, or neonatal ICU locations and no adult or pediatric medical, surgical, combined medical/surgical wards, oncology wards, oncology step-down units, or oncology mixed-acuity units (in accordance with CDC Locations and Descriptions and Instructions for Mapping Patient Care Locations definitions). Monthly reporting plans must be created or updated in NHSN to include CLABSI surveillance in all locations from which reporting is required, specifically, CLABSI surveillance must be in the monthly reporting plans ("in-plan") in order for data to be shared with CMS. All data fields required for both numerator and

denominator data collection must be submitted to NHSN, including the "no events" field for any month during which no CLABSI events were identified in each patient care location under surveillance. Data must be reported to NHSN by means of manual data entry into the NHSN web-based application or via file imports using the Clinical Document Architecture (CDA) file format for numerator and denominator data (resources available on the NHSN CDA Submission Support Portal (CSSP) | NHSN | CDC.

CDC/NHSN requires that data be submitted on a monthly basis and strongly encourages healthcare facilities to enter each month's data within 30 days of the end of the month in which it is collected (for example, all March data should be entered by April 30), so it has the greatest impact on infection prevention activities. However, for purposes of fulfilling CMS quality measurement reporting requirements, each facility's data must be entered into NHSN no later than 4 ½ months after the end of the reporting quarter. In other words, Q1 (January/February/March) data must be entered into NHSN by August 15, Q2 must be entered by November 15, Q3 must be entered by February 15, and Q4 must be entered by May 15 for data to be shared with CMS. For data submission deadlines that fall on a federal holiday or weekend (Saturday/Sunday), the deadline will default to the first business day thereafter. Data can be modified in NHSN at any time. However, data that is modified in NHSN after the submission deadline are not sent to CMS, will not be used in CMS programs, and will not be publicly reported.

CLABSI data submitted to NHSN by hospitals that elect to participate in the CMS Hospital Inpatient Quality Reporting (HIQR) Program for the Annual Payment Update (APU) by completing the Hospital IQR Notice of Participation (NOP) will be reported by CDC to CMS for each hospital. Beginning the first day of the quarter after NOP submission, CDC will share with CMS all in-plan CLABSI numerator and denominator data from locations that are required for CLABSI reporting (adult, pediatric, and neonatal ICU locations, adult and pediatric medical, surgical, combined medical/surgical wards, oncology wards, oncology step-down units, and oncology mixed-acuity units). CDC will provide hospital-specific CLABSI standardized infection ratios (SIR) for each reporting hospital by CMS Certification Number (CCN). CLABSI SIRs calculated using the 2015 and 2022 NHSN baselines will exclude mucosal barrier injury (MBI) events from the numerator.

A hospital's decision to participate in the HIQR Program for APU may also affect eligibility for the Hospital Value-Based Purchasing (HVBP) Program. Participation in HIQR and successful completion of applicable Hospital IQR requirements are among the criteria for HVBP eligibility; non-participation in or withdrawal from HIQR excludes a hospital from HVBP eligibility.

References:

1. Federal Register :: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System Changes and FY 2011 Rates; Provider Agreements and Supplier Approvals; and Hospital Conditions of Participation for Rehabilitation and Respiratory Care Services; Medicaid Program: Accreditation for Providers of Inpatient Psychiatric Services; Corrections

2. Federal Register :: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2014 Rates; Quality Reporting Requirements for Specific Providers; Hospital Conditions of Participation; Payment Policies Related to Patient Status; Corrections

3. Federal Register :: Medicare and Medicaid Programs and the Children's Health Insurance Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2025 Rates; Quality Programs Requirements; and Other Policy Changes