



# Ambulatory Surgical Center Quality Reporting Program

---

## Support Contractor

### Ambulatory Surgical Center Quality Reporting (ASCQR) Program 2018 Specifications Manual UpdateTitle

#### Questions & Answers

##### **Moderator:**

Dianne Glymph, MLIS  
Project Coordinator, ASCQR Program Support Contractor

##### **Speaker:**

Melissa Thompson, BSN, RN  
Specifications Manual Lead, ASCQR Program Support Contractor

**January 24, 2018  
2 p.m. ET**

- Question:** Is there a way to confirm that we reviewed and e-signed the NHSN re-consent?
- Answer:** For any questions about this form, you can contact NHSN directly at [NHSN@CDC.gov](mailto:NHSN@CDC.gov).
- Question:** My question is on the 2017 data. I know the volume data has been discontinued, but do we still need to submit data for 2017? If so, where can I find the list?
- Answer:** If you are referring to ASC-7, ASC Facility Volume Data on Selected Surgical Procedures, no, you will not be reporting 2017 data. In the 2018 OPPS/ASC Final Rule, this measure was removed for the CY 2019 Payment Determination and subsequent years.
- Question:** What version do we reference for this year's reporting of 2017 data reported this year? Would that be version 6.0?
- Answer:** No, please refer to Specifications Manual v6.0a for encounter dates January, 1, 2017 through December 31, 2017.
- Question:** What was the name of the form we have to sign to get re-certified for NHSN?



## Ambulatory Surgical Center Quality Reporting Program

---

### Support Contractor

- Answer:** The re-consent form. If you have further questions, please contact NHSN at [NHSN@cdc.gov](mailto:NHSN@cdc.gov).
- Question:** Who reports the ASC-12? How do we get this information?
- Answer:** CMS reports ASC-12 and calculates the measure using Medicare claims. If your facility had qualifying cases for ASC-12, you will receive a report via the QualityNet Secure Portal. More information about ASC-12 reports can be found here:  
[www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228775214604](http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228775214604).
- Question:** ASC-1,-2,-3, and -4 are claims-based measures, correct?
- Answer:** Correct, these codes are placed on your CMS Form-1500 version or electronic equivalent when billing.
- Question:** Are these measures only for Medicare's patients?
- Answer:** Yes, the claims-based measures ASC-1 through ASC-4 are captured from Medicare FFS claims, both primary and secondary payer, as well as Medicare Railroad claims.
- Question:** What if you don't perform any procedures that last for 60 minutes or greater at your facility? What do you record in this performance measure?
- Answer:** This measure includes only procedures performed under general or neuraxial anesthesia of 60 minutes or more in duration. Cases that do not meet these requirements should not be included in the denominator and would not be included in the measure performance.
- Question:** What about cases that have only sedation or strictly local that last longer than 60 minutes?
- Answer:** This measure includes only procedures performed under general or neuraxial anesthesia. Cases with strictly sedation or local anesthesia would not be included in the measure, regardless of duration.
- Question:** For ASC-13, what if there is no temperature documented within fifteen minutes after arrival? This patient is in the denominator but just won't be in the numerator, correct?



## Ambulatory Surgical Center Quality Reporting Program

---

### Support Contractor

- Answer:** Yes, if there is no axillary, bladder, core, esophageal, oral, rectal, skin surface, temporal artery, or tympanic temperature measurements recorded within 15 minutes of arrival in the PACU, this case would meet the denominator but not the numerator.
- Question:** What do you report when you do not use general anesthesia or have no procedures that last longer than 60 minutes?
- Answer:** If no cases meet the criteria for ASC-13, Normothermia, you will need to enter zero for both the numerator and denominator in the web-based data collection tool on QualityNet.
- Question:** For the Normothermia measure, our surgical records have an Anesthesia Start time and an Induction Time documented. What should we use as the Anesthesia Start time to determine Anesthesia time?
- Answer:** The focus of the measure is on the period of time the patient is at risk for hypothermia due to anesthetic-induced impairment of normal thermoregulatory control mechanisms. This measure includes not only general anesthesia but also spinal and epidural anesthesia; therefore, it is important to use the definition of duration in the specifications, which references the time from anesthesia start to anesthesia end. We recommend working with anesthesia providers to gain an understanding of the practices of administration of general/spinal/epidural anesthesia within your center. Anesthesia providers understand when this period of time begins and ends based on their approach to the administration of anesthetics and the processes in their center.
- Question:** To clarify, ASC-14 is a new measure to report for encounters in 2018, correct?
- Answer:** Yes, ASC-14, Unplanned Anterior Vitrectomy, is for encounters January 1 through December 31, 2018. These data will then be reported in 2019 (January 1–May 15, 2019).
- Question:** For the Normothermia population, is that all patients or only Medicare patients? Also, is the population count for Normothermia only counting cases over 60 minutes?
- Answer:** ASC-13, Normothermia, is for all patients, not only Medicare patients. The denominator includes all patients, regardless of age, undergoing



# Ambulatory Surgical Center Quality Reporting Program

---

## Support Contractor

surgical procedures under general or neuraxial anesthesia of greater than or equal to 60 minutes duration.

**Question:** ASC-13 starts next year for 2018 data?

**Answer:** Yes, the ASC 13 measure for version 7.0a of the Specifications Manual is for use in submitting data for encounters from 01/01/2018 through 12/31/2018.

**Question:** When will the Specifications Manual 7.0a be available in PDF format?

**Answer:** The Specifications Manual v.70.a is currently posted on the QualityNet website. You have the option of downloading the entire manual in PDF format.

**Question:** For the vitrectomy measure, is the population all cataract cases, or does it depend on how many cases your facility does?

**Answer:** The ASC-14 vitrectomy measure includes all cataract surgery patients and does not depend on the facility caseload.

**Question:** Is version 7.0 of the Specifications Manual for encounters for 2018 reported in 2019?

**Answer:** For encounters of January 1, 2018 through December 31, 2018, you will resource version 7.0a.

**Question:** I am still concerned on how ASC-12 is collected, and I do not understand. Can you explain further?

**Answer:** CMS calculates ASC-12 using paid Medicare claims. Facilities do not need to submit any data for this measure. If you have further questions about ASC-12, please send them to the Outpatient and ASC Question and Answer tool (<https://cms-ocsq.custhelp.com/>).

**Question:** Is it a requirement to submit a sample size for ASC-13?

**Answer:** No, sampling is not required for the ASC-13, Normothermia, measure. Additional information about sample size requirements can be found here on QualityNet:  
<http://www.qualitynet.org/dcs/BlobServer?blobkey=id&blobnocache=true&blobwhere=1228890750229&blobheader=multipart%2Foctet-stream&blobheadername1=Content->



# Ambulatory Surgical Center Quality Reporting Program

---

## Support Contractor

[Disposition&blobheadervalue1=attachment%3Bfilename%3D2a\\_QDCSa mp\\_v7.0a.PDF&blobcol=urldata&blobtable=MungoBlobs.](#)

**Question:** Can you repeat the deadlines for data submissions for 2017?

**Answer:** All web-based measures are due to be reported by May 15, 2018. QDCs should be applied to at least 50% of your Medicare claims. We have some helpful documents on our website under the ASC tab at: [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com).

**Question:** Can you please explain what is included in the numerator and denominator on ASC-9 and ASC-10?

**Answer:** For ASC-9, the numerator includes patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report. The denominator for this measure includes all patients aged 50 to 75 years of age receiving colonoscopy screening without biopsy or polypectomy. For ASC-10, the numerator includes patients who had an interval of 3 or more years since their last colonoscopy. The denominator for this measure includes all patients aged 18 years and older receiving a surveillance colonoscopy with a history of a prior colonic polyp(s) in previous colonoscopy findings. Additional information about the measure specifications can be found here on QualityNet: <http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772475754>.

**Question:** If we had a transfer prior to a procedure, after discovering new onset Atrial Fibrillation (Afib), would we need to report the code G8914?

**Answer:** Yes, for the Hospital Transfer/Admission measure, for a transfer prior to a procedure due to new onset of Afib, you would report the code G8914 for Medicare patients admitted to the ASC.

**Question:** What is the deadline again for submitting your data?

**Answer:** The submission deadline for all web-based measures is May 15, 2018.

**Question:** What web-based measures will we submit for 2017 data to be reported this year?

**Answer:** For 2017 encounters, you will report ASC-9, ASC-10, and ASC-11 (voluntary) into QualityNet. You will report the ASC-8 measure in the



# Ambulatory Surgical Center Quality Reporting Program

---

## Support Contractor

NHSN online submission tool. Please refer to Specifications Manual v7.0a for encounter dates of January 1 through December 31, 2018 for the CY 202 Payment Determination.

**Question:** Definition of the 60 minutes for Normothermia: Is it the time anesthesia puts down on their record of at side until done with reporting or time under medications themselves?

**Answer:** The focus of the measure is on the period of time the patient is at risk for hypothermia due to anesthetic-induced impairment of normal thermoregulatory control mechanisms. This measure includes not only general anesthesia but also spinal and epidural anesthesia; therefore, it is important to use the definition of duration in the specifications, which references the time from anesthesia start to anesthesia end. We recommend working with anesthesia providers to gain an understanding of the practices of administration of general/spinal/epidural anesthesia within your center. Anesthesia providers understand when this period of time begins and ends based on their approach to the administration of anesthetics and the processes in their center.

**Question:** For ASC-13, Normothermia, we do more than a thousand cases per year but only about a hundred with general anesthesia cases greater than 60 minutes. What is our minimum?

**Answer:** For the ASC-13, Normothermia, this measure includes only procedures performed under general or neuraxial anesthesia of 60 minutes or more in duration. Cases that do not meet these requirements would not be included in the denominator and would not be included in the measure performance. With about 100 cases greater or equal to 60 minutes in duration, sampling for this measure is as follows:

Population per Year: 0-900

Yearly Sample Size: 63

Quarterly Sample Size: 16

Monthly Sample Size: 6

For ASCs with fewer than 63 cases, the total population of cases is required.

**Question:** Where do we enter data for ASC-13 and -14?

**Answer:** Data for ASC-13 and ASC-14 will be entered into the online submission tool via QualityNet.



## Ambulatory Surgical Center Quality Reporting Program

---

### Support Contractor

- Question:** Is the slide deck available, and if yes, how do we obtain it?
- Answer:** Yes, slides are available on our website, [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com). Just click on today's event. After the event, you can find them under the Archived Events tab.
- Question:** If ASC-13 is not applicable to our ASC, how do we properly report?
- Answer:** If no cases meet the criteria for ASC-13, Normothermia, you will need to enter "0" for both the numerator and denominator in the web-based data collection tool on QualityNet.
- Question:** What is the volume to utilize for the ASC-9, -10, -13, -14? Is it the ASC's total patient volume or the total volume for that particular measure? For example, total ASC volume versus total cataract volume.
- Answer:** To obtain the volume, use the total number of cases that meet the denominator criteria specified in the measure information form (MIF). The sampling size specifications for the measures ASC-9, -10, and -13 can be found on Table 3 in the **QDC & Samp** section of the Specifications Manual v.7.0a. For ASC-14, you will include all cataract surgery patients.
- Question:** If we do not perform colonoscopies or eyes, we no longer have to enter any data into QualityNet, only the influenza on NHSN, correct?
- Answer:** No. You must go in to QualityNet and put a zero value in for ASC-9, ASC-10, and ASC-11 (voluntary). If you do not enter zeros, the system interprets this as your facility did not report the data.
- Question:** When is the NHSN email expected to be sent?
- Answer:** NHSN will send an email to the Facility Administrator and Primary Contact for the facility registered in the NHSN to make them aware that an updated NHSN Agreement to Participate and Consent form is available. This notification will be sent sometime this month.
- Question:** To clarify, when we enter data this year for 2017 encounter dates, we would go by Specifications Manual 6.0a? The 7.0a manual reviewed today was for entering 2018 encounters next year?
- Answer:** Correct.
- Question:** Today I only saw ASC-9, -10, and -11 to enter, is that correct?



## Ambulatory Surgical Center Quality Reporting Program

---

### Support Contractor

- Answer:** That is correct. For the 2017 encounters, you will only report ASC-9, ASC-10, and ASC-11 (ASC-11 is a voluntary measure) through the QualityNet Secure Portal and ASC-8 via the NHSN portal. Per the 2018 OPPS/ASC Final Rule, web-based measures ASC-6 and ASC-7 were removed for the program beginning with the CY 2019 Payment Determination, which is for 2017 encounter dates.
- Question:** How can I regain access to QualityNet if my password expired while I was on maternity leave and I am the only current representative from our facility with a log-in?
- Answer:** Call QualityNet directly at 866-288-8912 to reset your password.
- Question:** Is it correct to say that we report ASC-8 on NHSN and all other codes are reported on QualityNet?
- Answer:** ASC-8 is submitted via NHSN. The other web-based measures ASC-9, -10, and -11 (voluntary) are submitted via QualityNet. However, Quality Data Codes (QDCs), which are ASC-1, -2, -3, and -4 are submitted on your Medicare claim forms.
- Question:** If QualityNet reads all measures as completed, we are fine, correct?
- Answer:** Yes. Please ensure you are looking at the correct payment year. If you have a doubt, please call our help desk at 866-800-8756.
- Question:** How do we proceed if we have not received an email from NHSN?
- Answer:** The form will be sent sometime this month. If you have any questions, please contact NHSN directly at [NHSN@cdc.gov](mailto:NHSN@cdc.gov).
- Question:** Is there a Continuing Education Credit (CEU) number for medical coders with AAPC?
- Answer:** Not at this time. CEUs are offered to the boards listed on slide 49.