

# HQR<sub>x</sub>

*Your Prescription for Successful Quality Reporting*



*Hospital Quality Reporting (HQR) Bimonthly News Blast*

[www.qualityreportingcenter.com](http://www.qualityreportingcenter.com)

## VTE Population and Sampling: Only One Sub-Population Remains!

Beginning with January 2017 discharges, Venous Thromboembolism (VTE) Population and Sampling has **one** sub-population:

- **Other VTE Only (sub-population 3)**

Only cases that have an *ICD-10-CM Other Diagnosis Code* of VTE, as per Appendix A, Tables 7.03 and 7.04 of the *Specifications Manual for National Hospital Inpatient Quality Measures*; a Patient Age greater than or equal to 18 years; and a Length of Stay less than or equal to 120 days are included for the reporting of the VTE Population and Sampling numbers for your hospital. This is the one sub-population that meets the initial patient population rules for the remaining VTE measure: VTE-6 (Incidence of Potentially-Preventable Venous Thromboembolism).

With the removal of VTE-5 (Venous Thromboembolism Discharge Instructions) for calendar year (CY) 2017 reporting period/fiscal year (FY) 2019 payment determination, the “Principal VTE” (sub-population 2) was retired. It is no longer necessary to report the population and sampling numbers of patients with an *ICD-10-CM Principal Diagnosis Code*. It is also no longer necessary to abstract the “Principal VTE” cases. Any cases submitted to the CMS Clinical Warehouse without the other diagnosis of VTE will be rejected.

Need more information? Please see the [Q1 2017 Hospital Inpatient Quality Reporting \(IQR\) Checklist](#).

Questions? Please contact us at (866) 800-8765, Monday through Friday, 8 a.m. to 8 p.m. ET.