

# FAQs: CLABSI & CAUTI Oncology (Onc) Measures for CMS Hospital Inpatient Quality Reporting Program

December 2025

## 1. What are the new CMS reporting requirements beginning January 1, 2026?

Starting in CY 2026, hospitals participating in the CMS Hospital IQR Program must report CLABSI and CAUTI for all oncology locations, including:

- Oncology ICUs
- Oncology wards
- Oncology step-down units
- Oncology mixed-acuity units
- Pediatric oncology wards (where applicable)

These locations **must** be added as in-plan in the NHSN Monthly Reporting Plan beginning January 2026.

## 2. Why is CMS adding oncology-specific location to CLABSI and CAUTI reporting?

The decision to adopt the CAUTI-Onc and CLABSI-Onc measure supports the CMS National Quality Strategy priority area of “Safety and Resiliency.” Specifically, it advances the safety goal to “achieve zero preventable harm” and expands the collection and use of safety indicator data across programs for key areas to improve tracking and show progress toward reducing harm.

The adoption of this measure also supports the “Outcomes and Alignment” priority area in the CMS National Quality Strategy by collaborating with other federal agencies, namely the CDC, to promote alignment in quality measurement and close the existing reporting gap among vulnerable patients with cancer in inpatient settings.

For more information regarding the CLABSI and CAUTI-Onc measures, refer to the CMS FY2025 IPPS/LTCH PPS final rule: [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](#)

## 3. Which Oncology locations are included?

CMS and CDC/NHSN will use the following CDC location codes for the new oncology-stratified measures:

Location Name	NHSN Location Code
Oncology Medical Critical Care	IN:ACUTE:CC:ONC_M
Oncology Medical-Surgical Critical Care	IN:ACUTE:CC:ONC_MS
Oncology Pediatric Critical Care	IN:ACUTE:CC:ONC_PED
Oncology Surgical Critical Care	IN:ACUTE:CC:ONC_S
Oncology Leukemia Ward	IN:ACUTE:WARD:ONC_LEUK
Oncology Lymphoma Ward	IN:ACUTE:WARD:ONC_LYMPH
Oncology Leukemia/Lymphoma Ward	IN:ACUTE:WARD:ONC_LL
Oncology Solid Tumor Ward	IN:ACUTE:WARD:ONC_ST



<b>Oncology Hematopoietic Stem Cell Transplant Ward</b>	IN:ACUTE:WARD:ONC_HSCT
<b>Oncology Pediatric Hematopoietic Stem Cell Transplant Ward</b>	IN:ACUTE:WARD:ONC_HSCT_PED
<b>Oncology General Hematology-Oncology Ward</b>	IN:ACUTE:WARD:ONC_HONC
<b>Oncology Pediatric General Hematology/Oncology Ward</b>	IN:ACUTE:WARD:ONC_HONC_PED
<b>Oncology Step-down Unit</b>	IN:ACUTE:STEP:ONC
<b>Oncology Mixed Acuity Unit</b>	IN:ACUTE:MIXED:ONC

\*for information on location mapping, including location descriptions, refer to the [CDC Locations and Descriptions and Instructions for Mapping Patient Care Locations](#).

**4. Do hospitals need to report data differently for oncology locations?**

No. The process remains the same:

- Manual NHSN entry OR
- CDA import (if using electronic file submission)

The only change is that oncology locations must now be in-plan and reported monthly.

**5. Will the 2015 or 2022 baseline model be used for the CLABSI-Onc and CAUTI-Onc Measure?**

The 2022 baseline model will be used for both CLABSI-Onc and CAUTI-Onc SIR reports beginning in January 2026. For more information on the CLABSI and CAUTI SIR model, refer to the [2022 baseline SIR guide](#).

**6. Are MBI-LCBIs excluded from the CLABSI-Onc SIR?**

Yes. Mucosal Barrier Injury - Laboratory Confirmed Bloodstream Infections (MBI-LCBI) remain excluded from the CLABSI-Onc SIR numerator, consistent with NHSN definitions.

**7. How should hospitals prepare for the CLABSI/CAUTI-Onc measure starting in January 2026?**

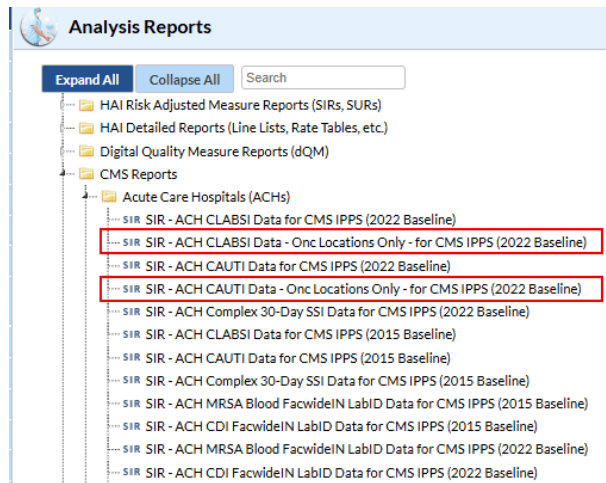
Recommended steps:

1. Review and update NHSN location mapping for all oncology care areas listed in question 3.
2. Confirm correct mapping to the CDC oncology ward/step-down/mixed-acuity codes.
3. Update the January 2026 Monthly Reporting Plan to include newly applicable locations.
4. Validate that denominator data (device days, patient days) are captured accurately.
5. Ensure internal teams (infection prevention, IT, quality, oncology nursing, etc.) are aware of the change.

**8. Will there be new SIR reports for the CLABSI and CAUTI-Onc measures?**

Yes. NHSN created oncology-stratified CMS output reports, which display CLABSI and CAUTI SIRs specific to non-ICU oncology locations.





**9. Are CMS reporting deadlines changing?**

No, CMS quarterly reporting deadlines remain the same for acute care hospitals that participate in CMS Hospital IQR Program.

For additional guidance, refer to *“Important Dates & Deadlines”* under the [Hospital IQR Program Resources](#).

**10. Do hospitals need to resubmit historic CLABSI/CAUTI denominator and numerator data for newly mapped oncology locations?**

No, newly mapped oncology locations included in question 3 are only required to be reported beginning January 2026.

**11. How do hospitals submit questions regarding the new CLABSI-Onc and CAUTI-Onc measures?**

For questions regarding CLABSI-Onc and CAUTI-Onc measures, data entry, analysis and reporting please contact the NHSN Help Desk. NHSN Users can request support and submit questions through the [NHSN-ServiceNow Customer Service Portal](#). Users that do not have access to SAMS can email the Help Desk at [nhsn@cdc.gov](mailto:nhsn@cdc.gov).

For program related questions (e.g. submission vs. non-submission, APU, etc.), please submit questions to CMS Quality Support [Ask a Question - QualityNet](#).

