

# Release Notes for the 2017B Manual

## Measure Information Forms

Section	Rationale	Description
ACHF-01	Updated guideline for management of heart failure added to Selected References.	<p><b>Add to Selected References:</b></p> <p>5. Yancy CW, Jessup M, Bozkurt B, Butler J, Casey DE Jr, Drazner MH, Fonarow GC, Geraci SA, Horwich T, Januzzi JL, Johnson MR, Kasper EK, Levy WC, Masoudi FA, Applications/LocalApps.McBride PE, Applications/LocalApps.McMurray JJV, Mitchell JE, Peterson PN, Riegel B, Sam F, Stevenson LW, Tang WHW, Tsai EJ, Wilkoff BL. 2013 ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. <i>Circulation</i>. 2013;128:e240–e327.</p>
ACHF-02	<p>Reference to The Joint Commission certification standards was updated in the measure rationale statement. The Joint Commission source was updated in the Selected References.</p> <p>Updated guideline for management of heart failure added to selected references.</p>	<p><b>Change</b> first sentence in the last paragraph of the measure rationale <b>from</b> The Joint Commissions 2014 Disease-Specific Care Advanced Certification Heart Failure standards require:</p> <p><b>to</b> The Joint Commission's 2017 Disease-Specific Care Advanced Certification Heart Failure standards require:</p> <p><b>Change</b> The Joint Commission source in the Selected References to:</p> <p>5. The Joint Commission. <i>The Joint Commission's 2017 Comprehensive Certification Manual for Disease-Specific Care: Advanced Certification in Heart Failure Addendum</i>. Oakbrook Terrace, IL: Author. 2017.</p> <p><b>Add to Selected References:</b></p> <p>6. Yancy CW, Jessup M, Bozkurt B, Butler J, Casey DE Jr, Drazner MH, Fonarow GC, Geraci SA, Horwich T, Januzzi JL, Johnson MR, Kasper EK, Levy WC, Masoudi FA, Applications/LocalApps.McBride PE, Applications/LocalApps.McMurray JJV, Mitchell JE, Peterson PN, Riegel B, Sam F, Stevenson LW, Tang WHW, Tsai EJ, Wilkoff BL. 2013 ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. <i>Circulation</i>. 2013;128:e240–e327.</p>
ACHF-03	Reference to The Joint Commission certification	<p><b>Change</b> first sentence in the last paragraph of the measure rationale <b>From</b> The Joint Commissions 2014 Disease-Specific Care Advanced Certification Heart Failure</p>

	standards was updated in the measure rationale statement. The Joint Commission source was updated in the Selected References.	standards require: To The Joint Commission's 2017 Disease-Specific Care Advanced Certification Heart Failure standards require:  <b>Change</b> The Joint Commission source in the Selected References to: 6. The Joint Commission. The Joint Commission's 2017 Comprehensive Certification Manual for Disease-Specific Care: Advanced Certification in Heart Failure Addendum. Oakbrook Terrace, IL: Author. 2017.
ACHF-04	Updated guideline for management of heart failure added to Selected References.	<b>Add to Selected References:</b>  6. Yancy CW, Jessup M, Bozkurt B, Butler J, Casey DE Jr, Drazner MH, Fonarow GC, Geraci SA, Horwich T, Januzzi JL, Johnson MR, Kasper EK, Levy WC, Masoudi FA, McBride PE, McMurray JJV, Mitchell JE, Peterson PN, Riegel B, Sam F, Stevenson LW, Tang WHW, Tsai EJ, Wilkoff BL. 2013 ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. Circulation. 2013;128:e240–e327.
ACHF-05	Updated guideline for management of heart failure added to Selected References.	<b>Add to Selected References:</b>  6. Yancy CW, Jessup M, Bozkurt B, Butler J, Casey DE Jr, Drazner MH, Fonarow GC, Geraci SA, Horwich T, Januzzi JL, Johnson MR, Kasper EK, Levy WC, Masoudi FA, McBride PE, McMurray JJV, Mitchell JE, Peterson PN, Riegel B, Sam F, Stevenson LW, Tang WHW, Tsai EJ, Wilkoff BL. 2013 ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. Circulation. 2013;128:e240–e327.
ACHF-06	Reference to The Joint Commission certification standards was updated in the measure rationale statement. The Joint Commission source was updated in the Selected References.	<b>Change</b> first sentence in the last paragraph of the measure rationale <b>From</b> The Joint Commissions 2014 Disease-Specific Care Advanced Certification Heart Failure standards require that care, treatment, and services are provided in a planned and timely manner. <b>To</b> The Joint Commission's 2017 Disease-Specific Care Advanced Certification Heart Failure standards require that care, treatment, and services are provided in a planned and timely manner.  <b>Change</b> The Joint Commission source in the Selected References to: 3. The Joint Commission. The Joint Commission's 2017 Comprehensive Certification Manual for Disease-Specific Care: Advanced Certification in Heart Failure Addendum. Oakbrook Terrace, IL: Author. 2017.

ACHFOP-01	Updated guideline for management of heart failure added to selected references.	<p><b>Add to Selected References:</b></p> <p>5. Yancy CW, Jessup M, Bozkurt B, Butler J, Casey DE Jr, Drazner MH, Fonarow GC, Geraci SA, Horwich T, Januzzi JL, Johnson MR, Kasper EK, Levy WC, Masoudi FA, McBride PE, McMurray JJV, Mitchell JE, Peterson PN, Riegel B, Sam F, Stevenson LW, Tang WHW, Tsai EJ, Wilkoff BL. 2013 ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. <i>Circulation</i>. 2013;128:e240–e327.</p>
ACHFOP-02	Updated guideline for management of heart failure added to Selected References.	<p><b>Add to selected references:</b></p> <p>Yancy CW, Jessup M, Bozkurt B, Butler J, Casey DE Jr, Drazner MH, Fonarow GC, Geraci SA, Horwich T, Januzzi JL, Johnson MR, Kasper EK, Levy WC, Masoudi FA, Applications/LocalApps.McBride PE, Applications/LocalApps.McMurray JJV, Mitchell JE, Peterson PN, Riegel B, Sam F, Stevenson LW, Tang WHW, Tsai EJ, Wilkoff BL. 2013 ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. <i>Circulation</i>. 2013;128:e240–e327.</p>
ACHFOP-03	Updated guideline for the management of heart failure added to Selected References.	<p><b>Add to Selected References:</b></p> <p>Yancy CW, Jessup M, Bozkurt B, Butler J, Casey DE Jr, Drazner MH, Fonarow GC, Geraci SA, Horwich T, Januzzi JL, Johnson MR, Kasper EK, Levy WC, Masoudi FA, Applications/LocalApps.McBride PE, Applications/LocalApps.McMurray JJV, Mitchell JE, Peterson PN, Riegel B, Sam F, Stevenson LW, Tang WHW, Tsai EJ, Wilkoff BL. 2013 ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. <i>Circulation</i>. 2013;128:e240–e327.</p>
ACHFOP-04	<p>Reference to The Joint Commission certification standards was updated in the measure rationale statement. The Joint Commission source was updated in the Selected References.</p> <p>Updated guideline for management of heart failure is being added to Selected References.</p>	<p><b>Change</b> the last sentence in the last paragraph of the measure rationale  <b>From</b> (The Joint Commissions 2012 Disease-Specific Care Certification Manual Advanced Certification in Heart Failure standard DSDf.3 EP.1).  <b>To</b> (The Joint Commission's 2017 Comprehensive Certification Manual for Disease-Specific Care).</p> <p><b>Change</b> The Joint Commission source in the Selected References to:  6. The Joint Commission. The Joint Commission's 2017 Comprehensive Certification Manual for Disease-Specific Care: Advanced Certification in Heart Failure Addendum. Oakbrook Terrace, IL: Author. 2017.</p> <p><b>Add to Selected References:</b></p> <p>7. Yancy CW, Jessup M, Bozkurt B, Butler J, Casey DE Jr, Drazner MH, Fonarow GC, Geraci SA,</p>

		Horwich T, Januzzi JL, Johnson MR, Kasper EK, Levy WC, Masoudi FA, Applications/LocalApps.McBride PE, Applications/LocalApps.McMurray JJV, Mitchell JE, Peterson PN, Riegel B, Sam F, Stevenson LW, Tang WHW, Tsai EJ, Wilkoff BL. 2013 ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. Circulation. 2013;128:e240–e327.
ACHFOP-05	Updated guideline for management of heart failure is being added to Selected References.	<b>Add to Selected References:</b> 3. Yancy CW, Jessup M, Bozkurt B, Butler J, Casey DE Jr, Drazner MH, Fonarow GC, Geraci SA, Horwich T, Januzzi JL, Johnson MR, Kasper EK, Levy WC, Masoudi FA, Applications/LocalApps.McBride PE, Applications/LocalApps.McMurray JJV, Mitchell JE, Peterson PN, Riegel B, Sam F, Stevenson LW, Tang WHW, Tsai EJ, Wilkoff BL. 2013 ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. Circulation. 2013;128:e240–e327.
ACHFOP-06	Updated guideline for management of heart failure is being added to Selected References.	<b>Add to Selected References:</b> 6. Yancy CW, Jessup M, Bozkurt B, Butler J, Casey DE Jr, Drazner MH, Fonarow GC, Geraci SA, Horwich T, Januzzi JL, Johnson MR, Kasper EK, Levy WC, Masoudi FA, Applications/LocalApps.McBride PE, Applications/LocalApps.McMurray JJV, Mitchell JE, Peterson PN, Riegel B, Sam F, Stevenson LW, Tang WHW, Tsai EJ, Wilkoff BL. 2013 ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. Circulation. 2013;128:e240–e327.
ACHFOP-07	Updated guideline for management of heart failure is being added to Selected References.	<b>Add to Selected References:</b> 6. Yancy CW, Jessup M, Bozkurt B, Butler J, Casey DE Jr, Drazner MH, Fonarow GC, Geraci SA, Horwich T, Januzzi JL, Johnson MR, Kasper EK, Levy WC, Masoudi FA, Applications/LocalApps.McBride PE, Applications/LocalApps.McMurray JJV, Mitchell JE, Peterson PN, Riegel B, Sam F, Stevenson LW, Tang WHW, Tsai EJ, Wilkoff BL. 2013 ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. Circulation. 2013;128:e240–e327.
CSTK	Add new measures CSTK-10, CSTK-11, CSTK-12	<b>CSTK Sample Size Requirements section:</b>  Ischemic Stroke With IV t-PA, IA t-PA, or MER <b>Add CSTK-10, CSTK-11, CSTK-12 to list of measures</b>

		<p>Quarterly Sample Size CSTK Subpopulation 2 Add CSTK-10, CSTK-11, CSTK-12 to list of measures</p> <p>Monthly Sample Size CSTK Subpopulation 2 Add CSTK-10, CSTK-11, CSTK-12 to list of measures</p>
CSTK-02	<p>Data collection for CSTK-02 Modified Rankin Score (mRS) at 90 Days is suspended for Comprehensive Stroke Centers, Effective January 1, 2018.</p> <p>The measure may be collected for other stroke certification programs in the future.</p>	<p><b>Add Header:</b> <b>*SUSPENDED for Comprehensive Stroke Centers, Effective January 1, 2018*</b></p> <p><b>Change Performance Measure Name:</b> <b>From Modified Rankin Score (mRS) at 90 Days</b> <b>To Modified Rankin Score (mRS) at 90 Days *SUSPENDED for Comprehensive Stroke Centers, Effective January 1, 2018*</b></p>
PC-05	To update the link in the reference.	<p><b>From:</b> Ip, S., Chung, M., Raman, G., et al. (2007). Breastfeeding and maternal and infant health outcomes in developed countries. Rockville, MD: US Department of Health and Human Services. Available at: <a href="http://www.ahrq.gov/downloads/pub/evidence/pdf/brfout/brfout.pdf">http://www.ahrq.gov/downloads/pub/evidence/pdf/brfout/brfout.pdf</a></p> <p><b>To:</b> Ip, S., Chung, M., Raman, G., et al. (2007). Breastfeeding and maternal and infant health outcomes in developed countries. Rockville, MD: US Department of Health and Human Services. Available at: <a href="https://archive.ahrq.gov/downloads/pub/evidence/pdf/brfout/brfout.pdf">https://archive.ahrq.gov/downloads/pub/evidence/pdf/brfout/brfout.pdf</a></p>

## Data Elements

Section	Rationale	Description
Admitting Diagnosis	Update allowable values to include the current CMS ICD-10 link.	<p>Allowable Values</p> <p><b>Change</b> <b>From:</b> Any valid diagnosis code as per the CMS ICD-10-CM master code table (2015 Code Descriptions in Tabular Order): <a href="http://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-">http://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-</a></p>

		<p><a href="#">CM-and-GEMs.html</a></p> <p>To: Any valid diagnosis code as per the CMS ICD-10-CM master code table (Code Descriptions in Tabular Order): <a href="https://www.cms.gov/Medicare/Coding/ICD10/index.html">https://www.cms.gov/Medicare/Coding/ICD10/index.html</a></p>
Bloodstream Infection Present on Admission	To further clarify notes for abstraction.	<p><b>Change</b> and move to the second bullet</p> <p><b>From:</b> Documentation of the suspected bloodstream infection being present on admission should be taken at face value regardless of the blood culture results.</p> <p><b>To:</b> Regardless of the blood culture results, if there is documentation by the clinician specifically stating that a suspected bloodstream infection was present on admission, this should be taken at face value, select "yes".</p>
Delayed Endovascular Rescue Procedure	The timeframe for delay was reduced from 24 to 8 hours due to endovascular stroke therapy clinical trials, e.g. DEFUSE-3, that may initiate EVT later than 6 hours after stroke onset.	<b>Change</b> all time references from 24 hours to 8 hours
Discharge Code	This change is intended to better align measures in the Hospital Outpatient Quality Reporting (OQR) Program with those used in the Inpatient Quality Reporting (IQR) Program regarding the abstraction of cases for which a value of 7, Left Against Medical Advice, for Discharge Code is selected.	<p><b>Change</b> Notes for Abstraction:</p> <p><b>From:</b></p> <ul style="list-style-type: none"> <li>To select value "7" there must be explicit documentation that the patient left against medical advice.</li> </ul> <p>Examples:</p> <ul style="list-style-type: none"> <li>Progress notes state that patient requests to be discharged but that discharge was medically contraindicated at this time. Nursing notes reflect that patient left against medical advice and AMA papers were signed, select value "7".</li> <li>Physician order written to discharge to home. Nursing notes reflect that patient left before discharge instructions could be given, select value "1".</li> </ul> <p><b>To:</b></p> <ul style="list-style-type: none"> <li>When determining whether to select value 7 ("Left Against Medical Advice"):</li> <li>A signed AMA form is not required for this data element, but in the absence of a signed form, the medical record must contain physician or nurse documentation that the patient left against medical advice or AMA.</li> <li>For this data element, a signed AMA form is not required.</li> </ul>

		<ul style="list-style-type: none"> <li>Do not consider AMA documentation and other disposition documentation as “contradictory.” If any source states the patient left against medical advice, select value 7, regardless of whether the AMA documentation was written last (e.g., AMA form signed and discharge instruction sheet states “Discharged home with belongings”—Select value 7).</li> <li>Physician order written to discharge to home. Nursing notes reflect that the patient left before discharge instructions could be given; select value 1.</li> </ul>
Discharge Time	To align with changes in the Hospital Outpatient (HOP) Specifications Manual.	Updated the Data Element to align with the Hospital Outpatient (HOP) Specifications Manual.
History of Stillbirth	To add clarification for abstraction.	<p><b>Add to Notes for Abstraction:</b></p> <p>If there is documentation in the medical record of a prior pregnancy resulting in stillbirth, fetal death or intrauterine fetal demise occurring at 20 weeks gestation or greater, select “Yes.”</p>
Last Known Well	Provide clarification for the abstractor.	<p><b>Add</b></p> <p>New second sub-bullet to <b>EXCEPTION:</b> under second bulleted note:</p> <ul style="list-style-type: none"> <li>If the physician documents <i>Last Known Well</i> as unknown and the same physician crosses out unknown or mentions in a later note that <i>Last Known Well</i> is now known with a time documented, select “Yes.”</li> <li>If the physician documents <i>Last Known Well</i> or stroke/symptom onset unknown as a <i>Reason for Not Initiating IV Thrombolytic</i> and the <i>Time Last Known Well</i> is also documented on a Code Stroke Form or elsewhere in the medical record, “unknown” should be disregarded and “Yes” selected.</li> </ul>
Positive Brain Image	Exclusion terms added to provide clarification for the abstractor regarding the size of the brain hemorrhage.	<p>Guidelines for Abstraction: Exclusions</p> <p><b>Add:</b></p> <ul style="list-style-type: none"> <li>ECASS criteria H1 or H2</li> <li>Micro</li> <li>Incidental</li> <li>Petechial</li> <li>Trace</li> </ul>
Post-Discharge Evaluation Conducted Within 72 Hours	Updates provided to Notes for Abstraction and Guidelines for Abstraction to clarify who needs to conduct the Post-Discharge Evaluation.	<p><b>Notes for Abstraction</b></p> <p><b>Change 2nd bullet:</b></p> <p><b>From:</b></p> <p>The post-discharge evaluation must be conducted within 72 hours following the patient’s discharge from the hospital in order to select “Yes.” To compute 72 hours, count the day after hospital discharge as day 1.</p>

		<p><b>To</b></p> <p>The post-discharge evaluation must be conducted within 72 hours by a heart failure program team member following the patient's discharge from the hospital in order to select "Yes." To compute 72 hours, count the day after hospital discharge as day 1.</p> <p><b>Guidelines for Abstraction</b></p> <p><b>Add to Exclusion column:</b></p> <ul style="list-style-type: none"> <li>Automated generic phone calls/messages</li> <li>Computerized self-management services/remote patient monitoring products</li> </ul>
Reason for Not Administering Antithrombotic Therapy by End of Hospital Day 2	To provide clarification for abstractors respecting alternative terms used for antithrombotic therapy.	<p><b>Notes for Abstraction</b></p> <p><b>Add:</b></p> <p>A new second sub-bullet:</p> <ul style="list-style-type: none"> <li>Consider the terms "anticoagulant", "antiplatelet", and "blood thinners" synonymous with antithrombotic therapy. Physician/APN/PA or pharmacist documentation,(e.g., "no blood thinners", "no anticoagulant medications", "no antiplatelet medications"), select "Yes".</li> </ul>
Reason for Not Prescribing Antithrombotic Therapy at Discharge	To provide clarification for abstractors respecting other terms that may be used for antithrombotic therapy.	<p><b>Notes for Abstraction</b></p> <p><b>Add:</b></p> <p>A new second sub-bullet under 2nd bullet</p> <ul style="list-style-type: none"> <li>Consider the terms "anticoagulant", "antiplatelet", and "blood thinners" synonymous with antithrombotic therapy. Physician/APN/PA or pharmacist documentation,(e.g., "no blood thinners", "no anticoagulant medications", "no antiplatelet medications"), select "Yes".</li> </ul>
Reason for Not Prescribing Anticoagulation Therapy at Discharge	To provide clarification for abstractors respecting an alternative term that may be used for anticoagulation therapy.	<p><b>Notes for Abstraction</b></p> <p><b>Add:</b> New second sub-bullet under 2nd bullet</p> <ul style="list-style-type: none"> <li>Consider the term "blood thinners" synonymous with anticoagulant therapy. Physician/APN/PA or pharmacist documentation, e.g., "no blood thinners", select "Yes".</li> </ul>
Site of Primary Vessel Occlusion	Correct typo	<p><b>Allowable Values</b></p> <p><b>Change value 12:</b></p> <p><b>From</b> posterior communicating artery</p> <p><b>To</b> posterior cerebral artery</p>



## Supplemental Materials

Section	Rationale	Description
<p>Appendix A - ICD-10 Code Tables</p>	<p>One new ICD-10 table 8.1c was added for use in the new Comprehensive Stroke measures.</p> <p>PC Table 11.05: one code was added and four codes were deleted to more accurately identify cases with medical induction of labor.</p> <p>Table 11.07: added codes to identify cases with HIV and acute cholecystitis. Removed non-specific proteinuria codes since there are other codes listed on the table that are more descriptive of the specific conditions.</p> <p>Table 11.09: added codes to exclude cases with complete or partial placenta previa. Deleted codes that excluded cases with term delivery who had pre-term labor and one newborn code that would not be used on a maternal record.</p>	<p><b>Add Table 8.1c Thrombectomy Root Procedures</b></p> <p>Table 11.05 Medical Induction of Labor <b>Add:</b> 3E0P7GC Introduction of Other Therapeutic Substance into Female Reproductive, Via Natural or Artificial Opening</p> <p><b>Delete:</b> 10900ZC Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Open Approach 10903ZC Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Percutaneous Approach 10904ZC Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Percutaneous Endoscopic Approach 10908ZC Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Via Natural or Artificial Opening Endoscopic</p> <p>Table 11.07 Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation <b>Add:</b> O98.72 Human immunodeficiency virus disease complicating childbirth K80.00 Calculus of gallbladder w acute cholecyst w/o obstruction K80.01 Calculus of gallbladder w acute cholecystitis w obstruction K80.12 Calculus of GB w acute and chronic cholecyst w/o obstruction K80.13 Calculus of GB w acute and chronic cholecyst w obstruction K80.42 Calculus of bile duct w acute cholecystitis w/o obstruction K80.43 Calculus of bile duct w acute cholecystitis with obstruction K80.46 Calculus of bile duct w acute and chronic cholecyst w/o obst K80.47 Calculus of bile duct w acute and chronic cholecyst w obst K80.62 Calculus of GB and bile duct w acute cholecyst w/o obst K80.63 Calculus of GB and bile duct w acute cholecyst w obstruction K80.66 Calculus of GB and bile duct w ac and chr cholecyst w/o obst K80.67 Calculus of GB and bile duct w ac and chr cholecyst w obst</p>

		<p><b>Delete:</b>  01211 Gestational proteinuria, first trimester  01212 Gestational proteinuria, second trimester  01213 Gestational proteinuria, third trimester  01221 Gestational edema with proteinuria, first trimester  01222 Gestational edema with proteinuria, second trimester  01223 Gestational edema with proteinuria, third trimester</p> <p>Table 11.09 Multiple Gestations and Other Presentations</p> <p><b>Add:</b>  044.00 Complete placenta previa NOS or without hemorrhage-unspecified trimester  044.03 Complete placenta previa NOS or without hemorrhage-third trimester  044.10 Complete placenta previa with hemorrhage unspecified trimester  044.13 Complete placenta previa with hemorrhage third trimester  044.20 Partial placenta previa NOS or without hemorrhage, unspecified trimester  044.23 Partial placenta previa NOS or without hemorrhage, third trimester  044.30 Partial placenta previa with hemorrhage unspecified trimester  044.33 Partial placenta previa with hemorrhage third trimester</p> <p><b>Delete:</b>  06022X0 Term delivery with preterm labor, second trimester, not applicable or unspecified  06022X1 Term delivery with preterm labor, second trimester, fetus 1  06022X2 Term delivery with preterm labor, second trimester, fetus 2  06022X3 Term delivery with preterm labor, second trimester, fetus 3  06022X4 Term delivery with preterm labor, second trimester, fetus 4  06022X5 Term delivery with preterm labor, second trimester, fetus 5  06022X9 Term delivery with preterm labor, second trimester, other fetus  06023X0 Term delivery with preterm labor, third trimester, not applicable or unspecified  06023X1 Term delivery with preterm labor, third trimester, fetus 1  06023X2 Term delivery with preterm labor, third trimester, fetus 2  06023X3 Term delivery with preterm labor, third trimester, fetus 3  06023X4 Term delivery with preterm labor, third trimester, fetus 4  06023X5 Term delivery with preterm labor, third trimester, fetus 5  06023X9 Term delivery with preterm labor, third trimester, other fetus  P015 Newborn affected by multiple pregnancy</p>
Appendix C - Medication Tables	Medications have been discontinued by the manufacturer(s).	<p><b>Remove from Table 8.1 Statin Medications:</b>  Atorvastatin/ezetimibe  Juvisync</p>

		Liptruzet Simvastatin/sitagliptin
Transmission Data Processing Flow: Clinical	The data element Patient HIC# is being deleted as it is not used by CMS in the abstraction process and may contain the patients Social Security Number.	Remove all Patient HIC# references.
Transmission of Data	The data element Patient HIC# is being deleted as it is not used by CMS in the abstraction process and may contain the patients Social Security Number.  To align with Data Dictionary changes.	Remove all Patient HIC# references.  Change XML files based on updates made in MIFs and Data Elements.

## General Release Notes

Rationale	Description
New measures were added to the Comprehensive Stroke measure set.	<p>New MIFs were created for the new Comprehensive Stroke measures:</p> <p>CSTK 10 - Modified Rankin Score (mRS) at 90 Days: Favorable Outcome  CSTK 11 - Timeliness of Reperfusion: Arrival Time to TICI 2B or Higher  CSTK 12 - Timeliness of Reperfusion: Skin Puncture to TICI 2B or Higher</p> <p>These data elements were added for use in those new measures:  <i>Post-Treatment Thrombolysis in Cerebral Infarction (TICI) Reperfusion Grade Date</i>  <i>Post-Treatment Thrombolysis in Cerebral Infarction (TICI) Reperfusion Grade Time</i>  <i>Failed Attempt at Thrombectomy</i></p>