

Quality ID #335: Maternity Care: Elective Delivery (Without Medical Indication) at < 39 Weeks (Overuse)
– National Quality Strategy Domain: Patient Safety
– Meaningful Measure Area: Appropriate Use of Healthcare

2022 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Outcome – High Priority

DESCRIPTION:
Percentage of patients, regardless of age, who gave birth during a 12-month period, delivered a live singleton at < 39 weeks of gestation, and had elective deliveries (without medical indication) by cesarean birth or induction of labor.

INSTRUCTIONS:
This measure is to be submitted **each time** a procedure is performed for patients undergoing delivery by cesarean birth or induction of labor at less than 39 weeks of gestation during the performance period. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:
All patients, regardless of age, who gave birth during a 12-month period delivering a live singleton at < 39 weeks of gestation

Denominator Criteria (Eligible Cases):

All patients, regardless of age

AND

Single live birth during the performance period (ICD-10-CM): Z37.0

AND

Patient procedure during performance period (CPT): 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622

WITHOUT

Telehealth Modifier: GQ, GT, 95, POS 02

AND

Delivery at < 39 weeks of gestation

NUMERATOR:
Patients who had elective deliveries (without medical indication) by cesarean birth or induction of labor

Numerator Instructions:

INVERSE MEASURE – A lower calculated performance rate for this measure indicates better clinical care or control. The “Performance Not Met” numerator option for this measure is the representation of the better clinical quality or control. Submitting that numerator option will produce a performance rate that trends closer to 0%, as quality

increases. For inverse measures, a rate of 100% means all of the denominator eligible patients did not receive the appropriate care.

Numerator Options:

Performance Met:

Elective delivery (without medical indication) by cesarean birth or induction of labor performed (<39 weeks of gestation) (**G9356**)

OR

Denominator Exception:

Medical indication for delivery by cesarean birth or induction of labor (<39 weeks of gestation) [Documentation of reason(s) for elective delivery (e.g., hemorrhage and placental complications, hypertension, preeclampsia and eclampsia, rupture of membranes (premature or prolonged), maternal conditions complicating pregnancy/delivery, fetal conditions complicating pregnancy/delivery, late pregnancy, prior uterine surgery, or participation in clinical trial)] (**G9361**)

OR

Performance Not Met:

Elective delivery (without medical indication) by cesarean birth or induction of labor not performed (<39 weeks of gestation) (**G9355**)

RATIONALE:

Elective delivery or early induction often leads to prematurity, increased costs, and an increased incidence of cesarean birth. Studies have determined that elective delivery prior to the gestational age of 39 weeks may result in significant short-term neonatal morbidity (neonatal intensive care unit admission rates of 13%–21%). Recent research shows that infants born prior to 39 weeks face a higher risk of breathing disorders and other problems than those who remain in the uterus longer ([Clark et al. 2009](#)).

Substantial disparities exist in the prevalence of preterm birth, fetal demise, maternal mortality, neonatal mortality, and obstetric care utilization ([Bryant et al. 2010](#)). As noted by Kozhimannil et al., “differences in cesarean use or labor induction, including differences not driven by medical need, may contribute to racial disparities in neonatal and maternal outcomes” ([2018](#)). A retrospective study of vital statistics found that disorders related to short gestation and low birth weight were the second-leading cause of fetal demise and that Black, American Indian, and Puerto Rican women experience the highest risk of unfavorable birth outcomes ([MacDorman 2011](#)). Black-White differences in early elective delivery have been recognized, with Black women having 30 percent higher odds of early elective cesarean compared to non-Hispanic White women ([Kozhimannil et al. 2018](#)). At least one study found that policy change effectively eliminating early delivery eliminated Black-White differences in early elective cesarean ([Kozhimannil et al. 2018](#)), suggesting that successful implementation of this measure’s intent may have positive downstream impacts on disparities in maternal and fetal outcomes overall.

CLINICAL RECOMMENDATION STATEMENTS:

The below evidence statements are quoted from the following clinical practice bulletins: the American College of Obstetrics and Gynecologists (ACOG) “Induction of Labor” (issued in August 2009 and reaffirmed in 2016); the ACOG Medically Indicated Late-Preterm and Early-Term Deliveries Committee Opinion (2019); and the ACOG Avoidance of Nonmedically Indicated Early-Term Deliveries and Associated Neonatal Morbidities Committee Opinion (2019).

Decisions regarding maternal delivery are complex and must take into account maternal and newborn risks, practice environment, and patient preferences. The goal of induction of labor is to achieve vaginal delivery by stimulating uterine contractions before the spontaneous onset of labor. Generally, induction of labor has merit as a therapeutic option when the benefits of expeditious delivery outweigh the risks of continuing the pregnancy. Labor may also be induced for logistic

reasons, e.g., rapid labor, distance, or psychosocial reasons.

However, indications for induction of labor are not absolute but should take into account maternal and fetal conditions, gestational age, cervical status, and other factors. ACOG and the Society for Maternal-Fetal Medicine have long discouraged nonindicated delivery before 39 weeks of gestation because the neonatal risks of late pre-term (34 0/7–36 6/7 weeks of gestation) and early term (37 0/7–38 6/7 weeks of gestation) births are well-established, and the potential neonatal complications associated with elective delivery at less than 39 0/7 weeks are well described. Based on these and other data, timing of elective delivery at 39 weeks of gestation or later is recommended. However, deferring delivery to 39 weeks of gestation is not recommended if there is a medical or obstetric indication for early delivery.

In some cases, health providers will need to weigh competing risks and benefits for the woman and her fetus. The following are examples of maternal or fetal conditions that may be indications for elective delivery by cesarean birth, or early induction of labor:

- Placenta previa*
- Suspected accreta, increta, or percreta*
- Vasa previa*
- Prior classical cesarean*
- Prior myomectomy requiring cesarean delivery*
- Previous uterine rupture*
- Oligohydramnios
- Polyhydramnios
- Growth restriction
- Multiple gestations—uncomplicated
- Multiple gestations—complicated
- Alloimmunization
- Hypertensive disorders of pregnancy
- Diabetes
- HIV
- Intrahepatic cholestasis of pregnancy
- PROM (prelabor rupture of membranes)

* These conditions may be indications for early delivery by cesarean birth; they are not indications for early induction of labor.

COPYRIGHT:

This measure was developed by the American Medical Association (AMA) and the Physician Consortium for Performance Improvement (PCPI) under the Program Quality Measure (PQMM) contract (HHSM-500-2013-00177C) with the Centers for Medicare & Medicaid Services. It is currently maintained by Mathematica under the Electronic Clinical Quality Measures (eCQM) Development and Maintenance for Eligible Clinicians contract

(75FCMC18D0032/75FCMC19F0004) with CMS. This measure is in the public domain.

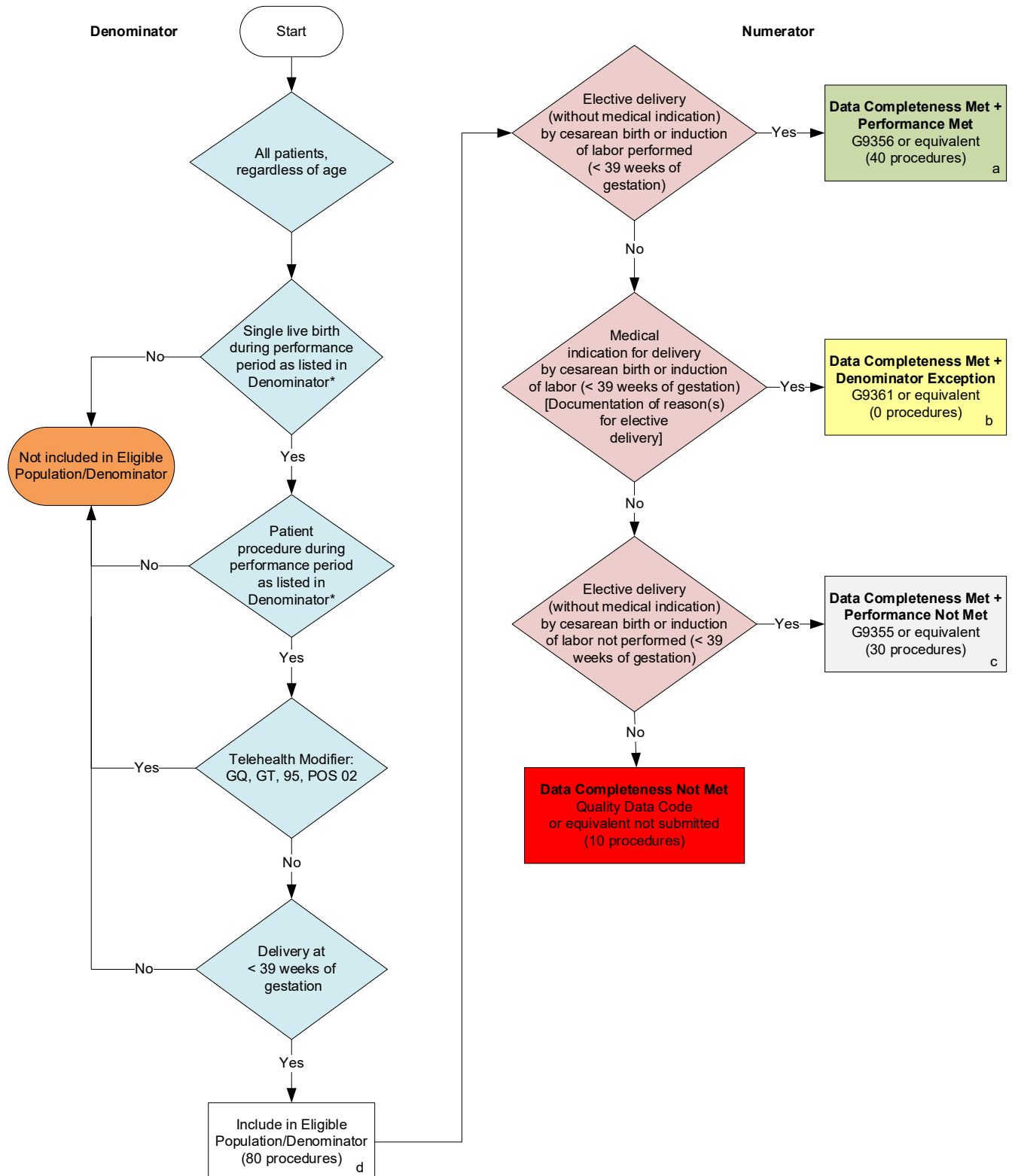
Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. Mathematica disclaims all liability for use or accuracy of any third-party codes contained in the specifications. CPT® contained in the measure's specifications is copyright 2004–2021 American Medical Association. ICD-10 is copyright 2020 World Health Organization. All Rights Reserved.

This performance measure is not a clinical guideline, does not establish a standard of medical care, and has not been tested for all potential applications.

THE MEASURES AND SPECIFICATIONS ARE PROVIDED “AS IS” WITHOUT WARRANTY OF ANY KIND.

**2022 Clinical Quality Measure Flow for Quality ID #335:
Maternity Care: Elective Delivery (Without Medical Indication) at < 39 Weeks (Overuse)**

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.



SAMPLE CALCULATIONS

Data Completeness=

$$\frac{\text{Performance Met (a=40 procedures)} + \text{Denominator Exception (b=0 procedures)} + \text{Performance Not Met (c=30 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures) – Denominator Exception (b=0 procedures)}} = \frac{40 \text{ procedures}}{70 \text{ procedures}} = 57.14\%$$

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Procedure

CPT only copyright 2021 American Medical Association. All rights reserved. The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

v6

**2022 Clinical Quality Measure Flow Narrative for Quality ID #335:
Maternity Care: Elective Delivery (Without Medical Indication) at Less Than 39 Weeks (Overuse)**

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator.
2. All patients, regardless of age.
3. Check *Single live birth during performance period as listed in Denominator**:
 - a. If *Single live birth during performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Single live birth during performance period as listed in Denominator** equals Yes, proceed to check *Patient procedure during the performance period as listed in Denominator**.
4. Check *Patient procedure during performance period as listed in Denominator**:
 - a. If *Patient procedure during performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient procedure during performance period as listed in Denominator** equals Yes, proceed to check *Telehealth Modifier*.
5. Check *Telehealth Modifier*:
 - a. If *Telehealth Modifier* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Telehealth Modifier* equals Yes, proceed to check *Delivery at less than 39 weeks gestation*.
6. Check *Delivery at less than 39 weeks gestation*:
 - a. If *Delivery at less than 39 weeks gestation* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Delivery at less than 39 weeks gestation* equals Yes, include in *Eligible Population/Denominator*.
7. Denominator Population:
 - a. Denominator Population is all Eligible Procedures in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 procedures in the Sample Calculation.
8. Start Numerator
9. Check *Elective delivery (without medical indication) by cesarean birth or induction of labor performed (less than 39 weeks of gestation)*:
 - a. If *Elective delivery (without medical indication) by cesarean birth or induction of labor performed (less than 39 weeks of gestation)* equals Yes, include in *Data Completeness Met and Performance Met*.
 - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 procedures in the Sample Calculation.

- b. If *Elective delivery (without medical indication) by cesarean birth or induction of labor performed (less than 39 weeks of gestation)* equals No, proceed to check *Medical indication for delivery by cesarean birth or induction of labor (less than 39 weeks of gestation) [Documentation of reason(s) for elective delivery]*.
10. Check *Medical indication for delivery by cesarean birth or induction of labor (less than 39 weeks of gestation) [Documentation of reason(s) for elective delivery]*:
 - a. If *Medical indication for delivery by cesarean birth or induction of labor (less than 39 weeks of gestation) [Documentation of reason(s) for elective delivery]* equals Yes, include in *Data Completeness Met and Denominator Exception*.
 - *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 0 procedures in the Sample Calculation.
 - b. If *Medical indication for delivery by cesarean birth or induction of labor (less than 39 weeks of gestation) [Documentation of reason(s) for elective delivery]* equals No, proceed to check *Elective delivery (without medical indication) by cesarean birth or induction of labor not performed (less than 39 weeks of gestation)*.
11. Check *Elective delivery (without medical indication) by cesarean birth or induction of labor not performed (less than 39 weeks of gestation)*:
 - a. If *Elective delivery (without medical indication) by cesarean birth or induction of labor not performed (less than 39 weeks of gestation)* equals Yes, include in *Data Completeness Met and Performance Not Met*.
 - *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 procedures in the Sample Calculation.
 - b. If *Elective delivery (without medical indication) by cesarean birth or induction of labor not performed (less than 39 weeks of gestation)* equals No, proceed to check *Data Completeness Not Met*.
12. Check *Data Completeness Not Met*:
 - If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations:

Data Completeness equals Performance Met (a equals 40 procedures) plus Denominator Exception (b equals 0 procedures) plus Performance Not Met (c equals 30 procedures) divided by Eligible Population/Denominator (d equals 80 procedures). All equals 70 procedures divided by 80 procedures. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 procedures) divided by Data Completeness Numerator (70 procedures) minus Denominator Exception (b equals 0 procedures). All equals 40 procedures divided by 70 procedures. All equals 57.14 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Procedure

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.