

Quality ID #335: Maternity Care: Elective Delivery or Early Induction Without Medical Indication at ≥ 37 and < 39 Weeks (Overuse)

- National Quality Strategy Domain: Patient Safety
- Meaningful Measure Area: Appropriate Use of Healthcare

2019 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 who delivered a live singleton at ≥ 37 and < 39 weeks of gestation completed who had elective deliveries or early inductions without medical indication

INSTRUCTIONS:

This measure is to be submitted **each time** a procedure is performed for patients undergoing delivery or induction at 37 or 38 weeks 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 ≥ 37 and < 39 weeks of gestation completed without medical indication for induction

Denominator Criteria (Eligible Cases):

All patients, regardless of age

AND

Live Singleton (ICD-10-CM): Z37.0

AND

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

AND

Delivery between ≥ 37 and < 39 weeks gestation

NUMERATOR:

Patients who had elective deliveries or early inductions

Numerator Options:

Performance Met:

Early elective delivery or early elective induction not performed (≥ 37 and < 39 weeks gestation) **(G9355)**

OR

Denominator Exception:

Medical indication for induction [Documentation of reason(s) for elective delivery (C-section) or early

induction (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:

Early elective delivery or early elective induction performed (≥ 37 and < 39 weeks gestation) (**G9356**)

RATIONALE:

Elective delivery or early induction often leads to prematurity, increased costs, and an increased incidence of cesarean section. Studies have determined that elective delivery or elective cesarean section 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%). Among women undergoing induction, women with their first pregnancies have a higher rate of cesarean delivery than women with prior vaginal births. 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 womb longer.

CLINICAL RECOMMENDATION STATEMENTS:

The following evidence statements are quoted verbatim from the referenced clinical guidelines: ACOG induction of labor guidelines (ACOG, 2009)

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. The benefits of labor induction must be weighed against the potential maternal and fetal risks associated with this procedure.

“Labor may also be induced for logistic reasons, e.g., rapid labor, distance, or psychosocial reasons. In such circumstances, at least 1 of the criteria (for being > 39 weeks) should be met or fetal lung maturity should be established”.

Indications for induction of labor are not absolute but should take into account maternal and fetal conditions, gestational age, cervical status, and other factors. Following are examples of maternal or fetal conditions that may be indications for induction of labor:

- Placental abruption
- Chorioamnionitis
- Fetal demise
- Gestational hypertension
- Preeclampsia, eclampsia
- Premature rupture of membranes
- Post-term pregnancy
- Maternal medical conditions (e.g., diabetes mellitus, renal disease, chronic pulmonary disease, chronic hypertension, antiphospholipid syndrome)
- Fetal compromise (e.g., severe fetal growth restriction, isoimmunization, oligohydramnios)

The individual patient and clinical situation should be considered when determining whether an induction of labor or waiting to perform a C-section at 39 weeks is contraindicated. Generally, some of the contraindications to labor induction are the same as those for spontaneous labor and vaginal delivery. They include, but are not limited to, the following situations:

- Vasa previa or complete placenta previa
- Transverse fetal lie
- Umbilical cord prolapse
- Previous classical cesarean delivery
- Active genital herpes infection
- Previous myomectomy entering the endometrial cavity

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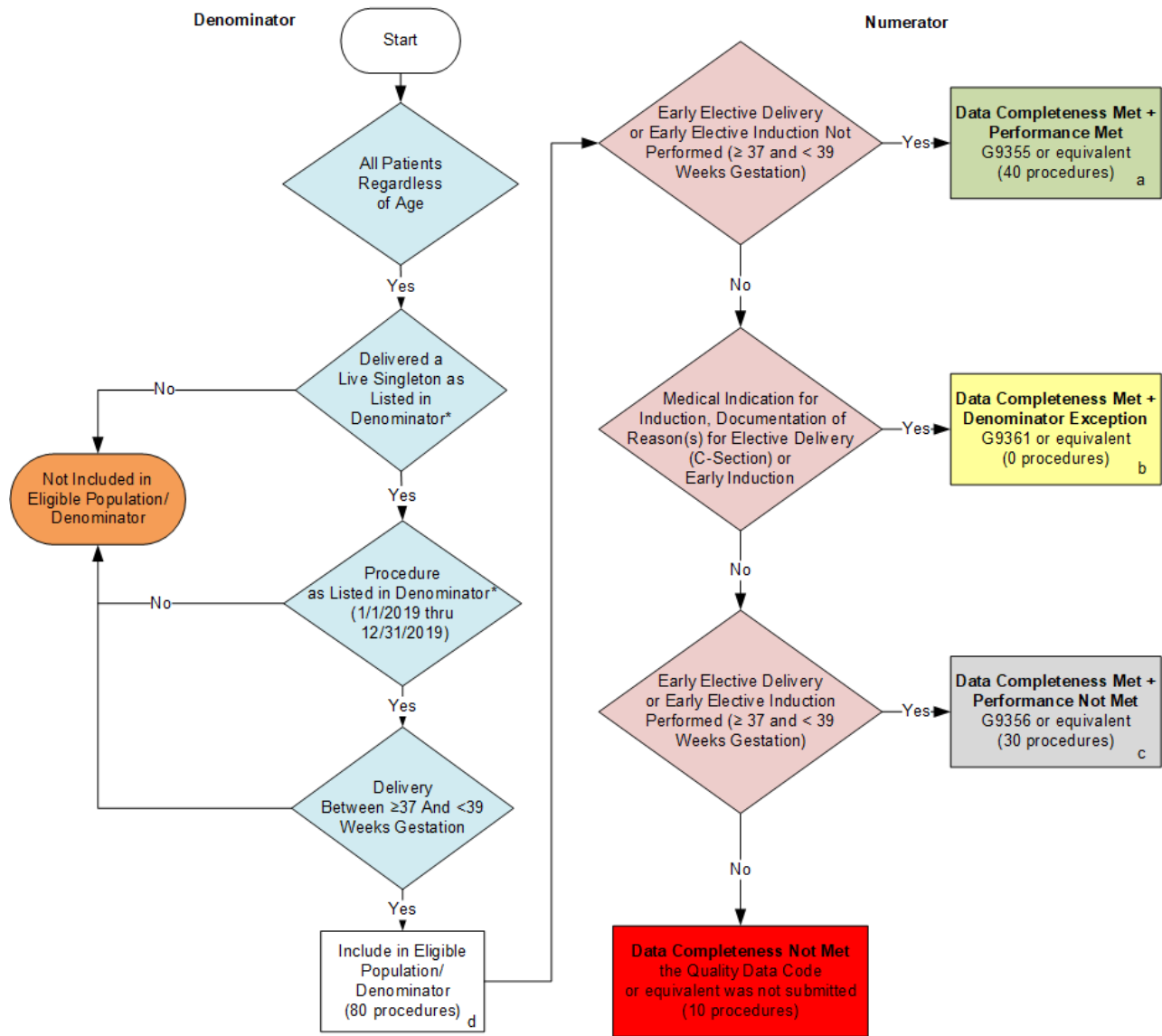
The AMA's and PCPI's significant past efforts and contributions to the development and updating of the Measures is acknowledged. CMS is solely responsible for the review and enhancement ("Maintenance") of the Measures as of June 16, 2015.

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**2019 Clinical Quality Measure Flow for Quality ID #335:
Maternity Care: Elective Delivery or Early Induction Without Medical Indication
at ≥ 37 and < 39 Weeks (Overuse)**



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

**2019 Clinical Quality Measure Flow Narrative for Quality ID #335:
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at ≥ 37 and < 39 Weeks (Overuse)**

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

1. Start with Denominator
2. All Patients Regardless of Age
3. Check Delivered a Live Singleton:
 - a. If Delivered a Live Singleton as Listed in Denominator equals No, do not include in Eligible Population.
 - b. If Delivered a Live Singleton as Listed in Denominator equals Yes, proceed to check Procedure Performed.
4. Check Procedure Performed:
 - a. If Procedure as Listed in Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Procedure as Listed in Denominator equals Yes, proceed to check Delivery Between ≥ 37 Weeks and < 39 Weeks Gestation.
5. Check Delivery Between ≥ 37 Weeks and < 39 Weeks Gestation:
 - a. If Delivery Between ≥ 37 Weeks and < 39 Weeks Gestation equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Delivery Between ≥ 37 Weeks and < 39 Weeks Gestation equals Yes, include in Eligible Population.
6. 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.
7. Start Numerator
8. Check Early Elective Delivery or Early Elective Induction Not Performed (≥ 37 and < 39 Weeks Gestation):
 - a. If Early Elective Delivery or Early Elective Induction Not Performed (≥ 37 and < 39 Weeks Gestation) equals Yes, include in Data Completeness Met and Performance Met.
 - b. 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.
 - c. If Early Elective Delivery or Early Elective Induction Not Performed (≥ 37 and < 39 Weeks Gestation) equals No, proceed to check Medical Indication for Induction, Documentation of Reason(s) for Elective Delivery (C-section) or Early Induction.
9. Check Medical Indication for Induction, Documentation of Reason(s) for Elective Delivery (C-section) or Early Induction:

- a. If Medical Indication for Induction, Documentation of Reason(s) for Elective Delivery (C-section) or Early Induction equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. 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 patients in the Sample Calculation.
 - c. If Medical Indication for Induction, Documentation of Reason(s) for Elective Delivery (C-section) or Early Induction equals No, proceed to check Early Elective Delivery or Early Elective Induction Performed (> 37 and <39 Weeks Gestation).
10. Check Early Elective Delivery or Early Elective Induction Performed (≥ 37 and <39 Weeks Gestation):
- a. If Early Elective Delivery or Early Elective Induction Performed (≥ 37 and <39 Weeks Gestation) equals Yes, include in Data Completeness Met and Performance Not Met.
 - b. 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.
 - c. If Early Elective Delivery or Early Elective Induction Performed (> 37 and <39 Weeks Gestation) equals No, proceed to check Data Completeness Not Met.
11. Check Data Completeness Not Met:
- a. 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 =

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

Performance Rate =

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