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

2020 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 < 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 less than 39 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 < 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 at < 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 (< 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 (< 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 from the referenced clinical practice bulletin: American College of Obstetrics and Gynecologists Induction of Labor (ACOG 2009) and the ACOG Medically Indicated Late-Preterm and Early-Term Deliveries 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 induction of labor early or late term:

- Placenta previa

- Suspected accrete, increate, 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)

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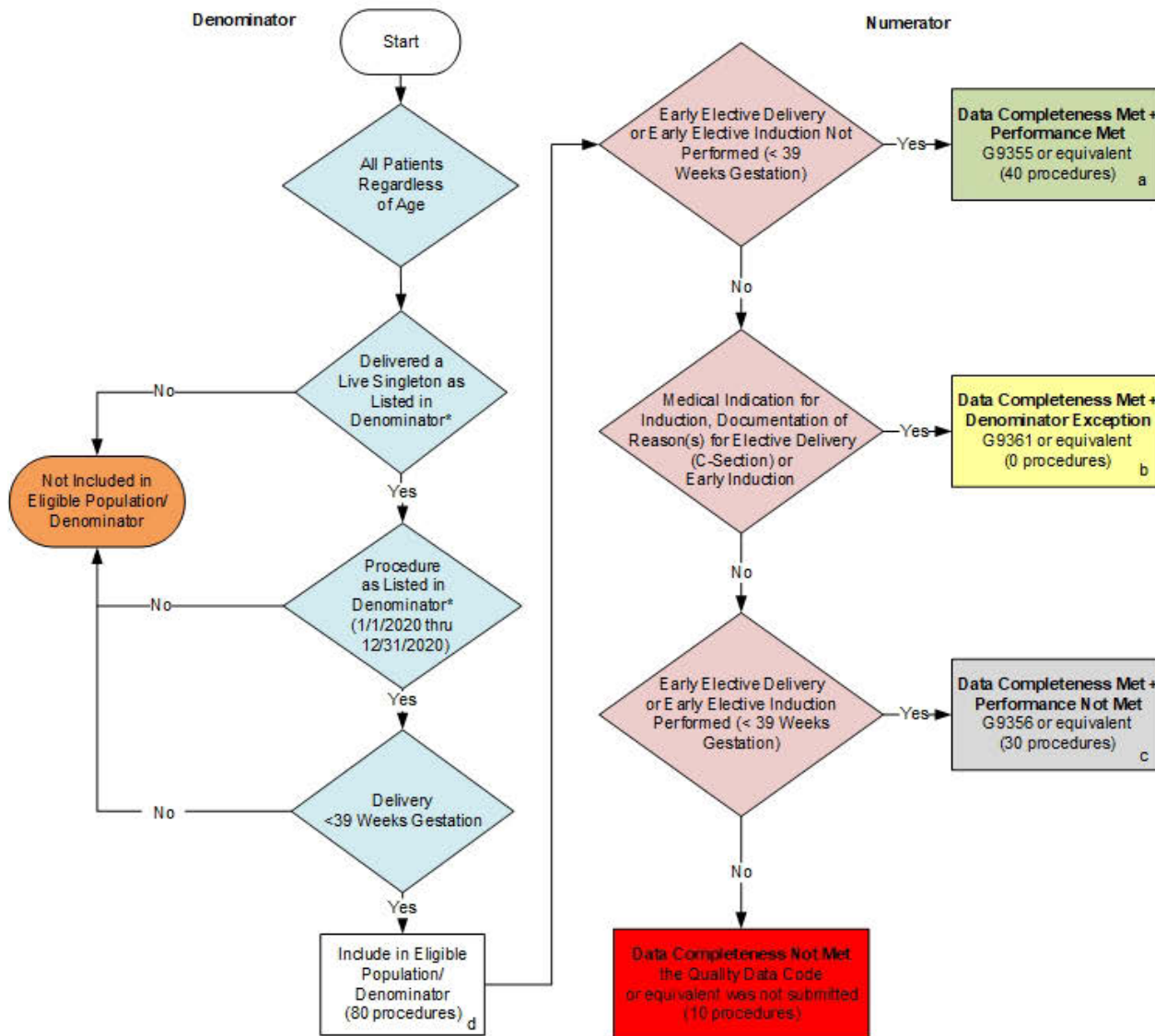
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2020 Clinical Quality Measure Flow for Quality ID #335:
Maternity Care: Elective Delivery or Early Induction Without Medical Indication at <39 Weeks (Overuse)

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

Denominator

Start

All Patients Regardless of Age

Delivered a Live Singleton as Listed in Denominator* → No → Not Included in Eligible Population/ Denominator

Yes

Procedure as Listed in Denominator* (1/1/2020 thru 12/31/2020) → No → Not Included in Eligible Population/ Denominator

Yes

Delivery <39 Weeks Gestation → No → Not Included in Eligible Population/ Denominator

Yes

Include in Eligible Population/ Denominator (80 procedures) d

Numerator

Early Elective Delivery or Early Elective Induction Not Performed (< 39 Weeks Gestation) → Yes → Data Completeness Met + Performance Met G9355 or equivalent (40 procedures) a

No

Medical Indication for Induction, Documentation of Reason(s) for Elective Delivery (C-Section) or Early Induction → Yes → Data Completeness Met + Denominator Exception G9361 or equivalent (0 procedures) b

No

Early Elective Delivery or Early Elective Induction Performed (< 39 Weeks Gestation) → Yes → Data Completeness Met + Performance Not Met G9356 or equivalent (30 procedures) c

No

Data Completeness Not Met the Quality Data Code or equivalent was not submitted (10 procedures)

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=

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

*See the posted measure specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Procedure

2020 Clinical Quality Measure Flow Narrative for Quality ID #335:
Maternity Care: Elective Delivery or Early Induction Without Medical Indication
at < 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 Delivered a Live Singleton:

    a. If Delivered a Live Singleton as Listed in Denominator equals No, do not include in Eligible Population. Stop Processing.

    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 less than 39 Weeks Gestation.

5. Check Delivery less than 39 Weeks Gestation:

    a. If Delivery less than 39 Weeks Gestation equals No, do not include in Eligible Population. Stop Processing.

    b. If Delivery less than 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 (less than 39 Weeks Gestation):

    a. If Early Elective Delivery or Early Elective Induction Not Performed (less than 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 (less than 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 (less than 39 Weeks Gestation).

10. Check Early Elective Delivery or Early Elective Induction Performed (less than 39 Weeks Gestation):

a. If Early Elective Delivery or Early Elective Induction Performed (less than 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 (less than 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=

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

Performance Rate=

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