

### Florida Medicaid Cesarean Section Rate Calculation Specifications 2016

<b>Description</b>	The percentage of single liveborn Medicaid births in a practice (pay to provider) that were delivered via cesarean section (C-section).
<b>Initial Measurement Period</b>	<p>January 1, 2015 – December 31, 2015</p> <p>Managed care plans must use this measurement period to calculate the C-section rate to determine which Identified Providers are qualified to receive the incentive payment as of October 1, 2016.</p>
<b>Re-measurement Period</b>	<p>July 1, 2016 – November 30, 2016</p> <p>Managed care plans must use this re-measurement period to calculate the C-section rate to determine which Identified Providers are qualified to receive the incentive payment as of April 1, 2017.</p>
<b>Numerator</b>	<p>The number of unduplicated Medicaid recipients between the ages of 10 and 60 who meet each of the following criteria is included in the measure numerator:</p> <ul style="list-style-type: none"> <li>• Recipient's baby was delivered by an Identified Provider who had a delivery date of service during the measurement period (see above for date spans for each period).</li> <li>• Recipient had a delivery via a cesarean section (use codes in Table 1).</li> </ul> <p>Managed care plans must exclude births that have a diagnosis code listed in Table 3.</p> <p>The numerator should be calculated at the practice (pay to provider) level, rather than at the rendering/treating provider level.</p>
<b>Denominator</b>	<p>The number of unduplicated Medicaid recipients between the ages of 10-60 who meet each of the following criteria is included in the measure denominator:</p> <ul style="list-style-type: none"> <li>• Recipient's baby was delivered by an Identified Provider who had a delivery date of service during the measurement period (see above for date spans for each period).</li> <li>• Recipient had a delivery via a vaginal or cesarean section (use codes in Tables 1 and 2).</li> </ul> <p>Managed care plans must exclude births that have a diagnosis code listed in Table 3.</p> <p>The numerator should be calculated at the practice (pay to provider) level, rather than at the rendering/treating provider level.</p>
<b>Calculation</b>	$\frac{\text{Numerator}}{\text{Denominator}} * 100$

### Codes used to Identify Included Births

**Table 1: CPT Procedure Codes for Identifying Cesarean Section Deliveries**

CPT Procedure Codes	CPT Procedure Code Description
59510	Global code: routine obstetric care including antepartum care, C-section delivery, and postpartum
59514	C-section delivery only
59515	C-section delivery including postpartum care
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care. Following an attempted vaginal delivery after previous C-section delivery.
59525	C-section delivery with removal of uterus (hysterectomy)
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery
59622	C-section delivery (following attempted vaginal delivery after previous C-section delivery; including postpartum care
540	APR – DRG Inpatient C-Section delivery, liveborn; must be used in conjunction with the appropriate procedure codes to identify C-section deliveries

**Table 2: CPT Procedure Codes for Identifying Vaginal Deliveries**

CPT Procedure Codes	CPT Procedure Code Description
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409	Vaginal delivery only (with or without episiotomy and/or forceps)
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery

### Codes Used to Identify Excluded Births

**Table 3: ICD-9 and ICD-10 Diagnosis Codes for identifying Stillborn and Multiple Gestation Births**

ICD- 9	ICD-10	Description
V27.1	Z37.1	Outcome of delivery, single stillborn
V27.2	Z37.2	Multiple gestations
V27.3	Z37.3	Twins, one live-born and one stillborn
V27.4	Z37.4	Twins, both stillborn
V27.5	Z37.59	Other multiple births, all live-born
V27.6	Z37.69	Other multiple births, some live-born

Attachment II: Florida Medicaid Cesarean Section Rate Calculation Specifications 2016

V27.7	Z37.7	Twins, both live-born
656.40-656.43	O36.4XXØ	Stillborn or intrauterine death
651.00 - 651.93	O3Ø.ØØ9	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester
	O3Ø.91	Multiple gestations, unspecified first, second, or third trimester
	O3Ø.92	
	O3Ø.93	