



MPIP Year 7 Florida Medicaid Cesarean Section Rate Calculation Specifications

Description	<p>The percentage of single liveborn Medicaid births in a practice (pay to provider) that were delivered via cesarean section (C-section).</p>
Initial Measurement Period	<p>January 1, 2019 – December 31, 2019</p> <p>Note: Health plans must also identify eligible providers whose calendar year 2020 or 2021 performance data meets the plan’s benchmark for the Florida Medicaid Cesarean Section measure.</p> <p>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, 2022.</p>
Re-measurement Period	<p>July 1, 2020 – November 30, 2020</p> <p>Note: Health plans must also identify eligible providers whose performance data for the July 1, 2021 – November 30, 2021, or July 1, 2022 – November 30, 2022, measurement period, meets the plan’s benchmark for the Florida Medicaid Cesarean Section measure.</p> <p>Plans may use this re-measurement period to calculate the C-section rate to determine which Identified Providers are newly qualified to receive the incentive payment as of April 1, 2023. The re-measurement period cannot be used to remove an October 1, 2022, qualified provider from receiving the April 1, 2023, incentive payment.</p>
Numerator	<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"> • Recipient’s baby was delivered by a Provider who had a delivery date of service during the measurement period (see above for date spans for each period). • Recipient had a single liveborn delivery (use codes in Table 1). • Recipient had a delivery via a cesarean section (use codes in Table 2). • Recipient’s baby was delivered by a Provider who had a delivery date of service during the measurement period (see above for date spans for each period). • Recipient had a single liveborn delivery (use codes in Table 1). • Recipient had a delivery via a cesarean section (use codes in Table 2). <p>Plans must exclude births that have a diagnosis code listed in Table 4.</p> <p>The numerator should be calculated at the practice (pay to provider) level, rather than at the rendering/treating provider level.</p>
Denominator	<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"> • Recipient’s baby was delivered by a Provider who had a delivery date of service during the measurement period (see above for date spans for each period). • Recipient had a single liveborn delivery (use codes in Table 1).



	<ul style="list-style-type: none"> Recipient had a delivery via a vaginal or cesarean section (use codes in Tables 2 and 3). <p>Plans must exclude births that have a diagnosis code listed in Table 4.</p> <p>The denominator should be calculated at the practice (pay to provider) level, rather than at the rendering/treating provider level.</p>
Calculation	$\frac{\text{Numerator}}{\text{Denominator}} * 100$

Codes used to Identify Included Births

Table 1: ICD-9 and ICD-10 Diagnosis Codes for identifying Singleton Liveborn

ICD- 9	ICD-10	Description
V27.0	Z370	Single live-born

Table 2: 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

Table 3: 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
APR-DRG Codes	APR-DRG Desc
541	VAGINAL DELIVERY W STERILIZATION &/OR D&C
542	VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C
560	VAGINAL DELIVERY

Codes Used to Identify Excluded Births

Table 4: 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
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		