**2024-2025 MPIP Florida Medicaid Cesarean Section Rate Calculation Specifications**

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| **Description** | The percentage of single liveborn Medicaid births in a practice (pay to provider) that were delivered via cesarean section (C-section). |
| **Initial Measurement Period** | January 1, 2023 - December 31, 2023Plans 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 February 1, 2025. |
| **Re-measurement Period** | July 1, 2024 - November 30, 2024Plans 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 May 1, 2025. The re-measurement period cannot be used to remove a February 1, 2025, qualified provider from receiving the May1, 2025 incentive payment.  |
| **Numerator** | 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:* 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).

Plans must exclude births that have a diagnosis code listed in Table 4.The numerator should be calculated at the practice (pay to provider) level, rather than at the rendering/treating provider level. |
| **Denominator** | 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:* 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 vaginal or cesarean section (use codes in Tables 2 and 3).

Plans must exclude births that have a diagnosis code listed in Table 4.The denominator should be calculated at the practice (pay to provider) level, rather than at the rendering/treating provider level. |
| **Calculation** | $$\frac{Numerator}{Denominator} \* 100$$ |

**Codes used to Identify Included Births**

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

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

**Table 2:** CPT Procedure Codes for Identifying Cesarean Section Deliveries

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| **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 |
| 59612 | Vaginal Delivery Only, after previous cesarean section (with or without episiotomy, and/or forceps). |
| **APR-DRG Codes** | **APR-DRG Description** |
| 541 | Vaginal delivery with sterilization and/or D&C  |
| 542 | Vaginal delivery with complicating procedures exc sterilization and/or D&C  |
| 560 | Vaginal Delivery  |

**Codes Used to Identify Excluded Births**

**Table 4:** ICD-10 Diagnosis Codes for identifying Stillborn and Multiple Gestation Births

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| --- | --- | --- |
|  | **ICD-10** | **Description** |
|  | Z37.1 | Outcome of delivery, single stillborn |
|  | Z37.2 |  Outcome of delivery, twins, both liveborn.  |
|  | Z37.3 | Twins, one live-born and one stillborn |
|  | Z37.4 | Twins, both stillborn |
|  | Z37.50 | Multiple births, unspecified, all liveborn |
|  | Z37.51 | Triplets, all liveborn |
|  | Z37.52 | Quadruplets, all liveborn |
|  | Z37.53 | Quintuplets, all liveborn |
|  | Z37.54 | Sextuplets, all liveborn |
|  | Z37.59 | Other multiple births, all live-born |
|  | Z37.60 | Multiple births, unspecified, some liveborn |
|  | Z37.61 | Triplets, some liveborn |
|  | Z37.62 | Quadruplets, some liveborn |
|  | Z37.63 | Quintuplets, some liveborn |
|  | Z37.64 | Sextuplets, some liveborn |
|  | Z37.69 | Other multiple births, some live-born |
|  | Z37.7 |  Other multiple births, all stillborn. |
|  | O36.4XXØ | Stillborn or intrauterine death |
|  | O3Ø.ØØ9 | Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester |
| O30.109 | Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester |
| O30.209 | Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester |
| O30.899 | Other specified multiple gestation, unable to determine number of placenta & number of amniotic sacs, unspecified trimester |
| O3Ø.91O3Ø.92O3Ø.93 | Multiple gestations, unspecified first, second, or third trimester |