

Cesarean Delivery Rate, Uncomplicated Technical Specifications

Inpatient Quality Indicators #21 (IQI #21)

AHRQ Quality Indicators™, Version 4.5, May 2013

Provider-Level Indicator

Type of Score: Rate

Description

Cesarean deliveries without a hysterotomy procedure per 1,000 deliveries. Excludes deliveries with complications (abnormal presentation, preterm delivery, fetal death, multiple gestation diagnoses, or breech procedure).

[NOTE: The software provides the rate per delivery. However, common practice reports the measure as per 1,000 deliveries. The user must multiply the rate obtained from the software by 1,000 to report the number of Cesarean deliveries per 1,000 deliveries.]

Numerator

Number of Cesarean deliveries among cases meeting the inclusion and exclusion rules for the denominator. Cesarean deliveries are identified by either

- DRG or MS-DRG codes for Cesarean delivery; or
- any-listed ICD-9-CM procedure codes for Cesarean delivery without any-listed ICD-9-CM procedure codes for hysterotomy.

Cesarean delivery DRG codes:

370	CESAREAN SECTION W CC	371	CESAREAN SECTION W/O CC
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Cesarean delivery MS-DRG codes:

765	CESAREAN SECTION W CC/MCC	766	CESAREAN SECTION W/O CC/MCC
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ICD-9-CM Cesarean delivery procedure codes:

740	CLASSICAL C-SECTION	744	CESAREAN SECTION NEC
741	LOW CERVICAL C-SECTION	7499	CESAREAN SECTION NOS
742	EXTRAPERITONEAL C-SECT		

ICD-9-CM Hysterotomy procedure code:

7491	HYSTEROTOMY TO TERMIN PG
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Denominator

All deliveries, identified by DRG or MS-DRG code.

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Delivery DRG codes:

370	CESAREAN SECTION W CC	374	VAGINAL DELIVERY W STERILIZATION &/OR D&C
371	CESAREAN SECTION W/O CC		
372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	375	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C
373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES		

Delivery MS-DRG codes:

765	CESAREAN SECTION W CC/MCC	774	VAGINAL DELIVERY W COMPLICATING DIAGNOSES
766	CESAREAN SECTION W/O CC/MCC		
767	VAGINAL DELIVERY W STERILIZATION &/OR D&C	775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES
768	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C		

Exclude cases:

- with any-listed ICD-9-CM diagnosis codes for abnormal presentation, preterm, fetal death, or multiple gestation
- with any-listed ICD-9-CM procedure codes for breech
- with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing) or principal diagnosis (DX1=missing)

See *Inpatient Quality Indicators Appendices*:

- Appendix A – Abnormal Presentation, Preterm, Fetal Death and Multiple Gestation Diagnosis Codes
- Appendix B – Breech Procedure Codes