Primary Cesarean Delivery Rate, Uncomplicated
Technical Specifications

Inpatient Quality Indicators #33 (IQI #33)
AHRQ Quality Indicators™, Version 4.5, May 2013
Provider-Level Indicator
Type of Score: Rate

Description

First-time 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

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with 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

Cesarean delivery MS-DRG codes:
765  CESAREAN SECTION W CC/MCC
766  CESAREAN SECTION W/O CC/MCC

ICD-9-CM Cesarean delivery procedure codes:
740  CLASSICAL C-SECTION
741  LOW CERVICAL C-SECTION
742  EXTRAPERITONEAL C-SECT
744  CESAREAN SECTION NEC
7499  CESAREAN SECTION NOS

ICD-9-CM Hysterotomy procedure code:
7491  HYSTEROTOMY TO TERMIN PG

Denominator

All deliveries, identified by DRG or MS-DRG code.
Delivery DRG codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>370</td>
<td>CESAREAN SECTION W CC</td>
<td>374</td>
<td>VAGINAL DELIVERY W STERILIZATION &amp;/OR D&amp;C</td>
</tr>
<tr>
<td>371</td>
<td>CESAREAN SECTION W/O CC</td>
<td>375</td>
<td>VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &amp;/OR D&amp;C</td>
</tr>
<tr>
<td>372</td>
<td>VAGINAL DELIVERY W COMPLICATING DIAGNOSES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>373</td>
<td>VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES</td>
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</tr>
</tbody>
</table>

Delivery MS-DRG codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>765</td>
<td>CESAREAN SECTION W CC/MCC</td>
<td>774</td>
<td>VAGINAL DELIVERY W COMPLICATING DIAGNOSES</td>
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<td>766</td>
<td>CESAREAN SECTION W/O CC/MCC</td>
<td></td>
<td>VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES</td>
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<tr>
<td>767</td>
<td>VAGINAL DELIVERY W STERILIZATION &amp;/OR D&amp;C</td>
<td>775</td>
<td></td>
</tr>
<tr>
<td>768</td>
<td>VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &amp;/OR D&amp;C</td>
<td></td>
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</tr>
</tbody>
</table>

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 any-listed ICD-9-CM diagnosis codes for previous Cesarean delivery
- 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

ICD-9-CM Previous Cesarean delivery diagnosis codes:

<table>
<thead>
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<th>Code</th>
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</tr>
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<tbody>
<tr>
<td>65420</td>
<td>PREV C-DELIVERY UNSPEC</td>
<td>65423</td>
<td>PREV C-DELIVERY-ANTEPART</td>
</tr>
<tr>
<td>65421</td>
<td>PREV C-DELIVERY-DELIVRD</td>
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