Arkansas Medicaid Inpatient Quality Incentive Guidelines SFY2017, v2017B
Discharges 07/01/2016 (3Q2016) through 12/31/2016 (4Q2016)
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Appendix C
Introduction

This manual is the AFMC Data Abstraction Specifications and Guidelines for the Inpatient Quality Incentive project for SFY2017. The measures were carefully selected to improve care for a large number of Arkansans, including Arkansas Medicaid beneficiaries.

AMART will be available for hospitals to begin collecting the data for 3rd Quarter 2016 and 4th Quarter 2016 discharges.

The criteria were developed jointly by Arkansas Medicaid, the Arkansas Hospital Association, the Arkansas Foundation for Medical Care and the advisory committee, made up of hospital quality professionals.

This manual describes the data elements required to collect and submit the data for the Obstetric, Tobacco Treatment, Newborn Screening, and Medical Imaging measures for the Medicaid Inpatient Quality Incentive program for SFY 2017. It includes information necessary for defining and formatting the data elements, as well as the allowable values for each data element required for the Obstetric (OBS), Tobacco Treatment (TOB), Newborn Screening (NBS), and Abdomen CT Use of Contrast Material (OP-10) measures.

We have included information from the CMS Specifications Manual for National Hospital Inpatient Quality Measures and the Joint Commission Specifications Manual for discharges 07/01/2016 thru 12/31/2016. If/when any information in this manual changes, the information will be provided to hospitals participating in the IQI Project via Release Notes.

General Abstraction Guidelines
The General Abstraction Guidelines are a resource designed to assist abstractors in determining how a question should be answered. The abstractor should first refer to the specific notes and guidelines under each data element. These instructions should take precedence over the following General Abstraction Guidelines. All of the allowable values for a given data element are outlined, and notes and guidelines are often included that provide the necessary direction for abstracting a data element. It is important to use the information found in the notes and guidelines when entering or selecting the most appropriate answer.

Suggested Data Sources
• Suggested Data Sources are NOT listed in priority order, unless otherwise specified in the data element.
• Suggested Data Sources are designed to provide guidance to the abstractor as to the locations/sources where the information needed to abstract a data element will likely be found. However, the abstractor is not limited to these sources for abstracting the information and must review the entire medical record unless otherwise specified in the data element.
• In some instances, a data element may restrict the sources that may be used to gain the information. If so, these sources will be identified and labeled as “Excluded Data Sources.”
• If, after due diligence, the abstractor determines that a value is not documented or is not able to determine the answer value, the abstractor must select “Unable to Determine (UTD)” as the answer if that option is available.
• Hospitals often label forms and reports with unique names or titles. Suggested Data Sources are listed by commonly used titles; however, information may be abstracted from any source that is equivalent to those listed.
  
  **Example:**
  If the “nursing admission assessment” is listed as a suggested source, an acceptable alternative might be titled “nurses initial assessment” or “nursing data base.”

  **Note:**
  Element-specific notes and guidelines should take precedence over the General Abstraction Guidelines.

**Inclusions/Exclusions**
• Inclusions are “acceptable terms” that should be abstracted as positive findings (e.g., “Yes”).
• Inclusion lists are limited to those terms that are believed to be most commonly used in medical record documentation. The list of inclusions should not be considered all-inclusive, unless otherwise specified in the data element.
• Exclusions are “unacceptable terms” that should be abstracted as negative findings (e.g., “No”).
• Exclusion lists are limited to those terms an abstractor may most frequently question whether or not to abstract as a positive finding for a particular element (e.g., “cardiomyopathy” is an unacceptable term for heart failure and should be abstracted as "No"). The list of exclusions should not be considered all-inclusive, unless otherwise specified in the data element.
• When both an inclusion and exclusion are documented in a medical record, the inclusion takes precedence over the exclusion and would be abstracted as a positive finding (e.g., answer “Yes”), unless otherwise specified in the data element.
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Medicaid Inpatient Quality Incentive Criteria

State Fiscal Year 2017

Overview
The 2017 program is aimed at identifying and rewarding hospitals that provide a higher level of care to Arkansas Medicaid beneficiaries. The program will focus on eight performance measures, three submission measures, and one outcome measure.

Criteria
- Hospitals must submit data on all eligible measures and have a minimum of five Arkansas Medicaid cases per eligible topic for Quarters 3 and 4, 2016.
- Hospitals must pass 80 percent of the eligible measures (see thresholds).
- If measure denominator is 0 after data analysis, the hospital will not be eligible for that measure.
- Hospitals must pass validation.

Bonus Payments
- Qualifying PPS hospitals will receive 5.8 percent of their per diem, or up to $50 per day, on their Medicaid primary discharge (excluding dual eligible beneficiaries and those under one year of age).
- Hospitals that are not eligible for a bonus payment but would like to participate in the evaluation for recognition will have the same requirements.

Thresholds for OBS 4, 5 and 6; NBS 1 and 2; TOB 1, 2 and 3; OP 10
- Threshold 1: Performance in Quarter 3-Quarter 4, 2016, at or above the 75th percentile from Quarters 3 and 4, 2015. Exceptions: OBS 4 performance must be 3 percent or below; OBS 6 must be 22 percent or lower; OP-10 must be 10 percent or below for combined Quarter 3 and Quarter 4, 2016.
- Threshold 2: Hospitals must achieve a 35 percent reduction in failure rate based on submitted data from Quarters 3 and 4, 2015. Exceptions: OBS 4 performance must be 3 percent or below; OBS 5 performance must achieve a 25 percent reduction in failure rate based on submitted data from Quarters 3 and 4, 2015; OBS 6 must be 22 percent or below; OP-10 must be 10 percent or below for combined Quarter 3 and Quarter 4, 2016.
- TOB and NBS-1: Performance of 50 percent minimum must be achieved to qualify for passing.
- AMART will be available for abstraction of OBS, TOB, and NBS records.
- Hospitals using a vendor for measure submission will have XML data files required.

New Measures
OBS-5a and OBS-9
- Hospitals will submit and abstract an adequate sample for combined Quarters 3 and 4, 2016.

OBS-8
- Submit a Notice of Intent to implement policy or submit a copy of the hospital’s depression screening policy.

Sampling Requirements
- AFMC will provide a monthly Arkansas Medicaid case count per topic in AMART.
• Hospitals will have the option to abstract 100 percent of the cases or select a random sample. *Exception:* There will be no sampling option for OBS Mother, OBS Newborn or NBS measures. Hospitals will abstract 100 percent of these cases.
• AMART will generate a monthly case listing.
• Hospitals that utilize a vendor will be able to download the case listing from AMART and provide it to their vendor.
• The monthly patient list will be based on Arkansas Medicaid paid cases.
• Hospitals may choose to submit all payers for individual hospital use only. The data from non-Medicaid records will *not* be used to determine performance rates for the Medicaid IQI Project.

**Validation**
• Two randomly selected charts from each topic per quarter for Quarters 3 and 4, 2016 will be requested for validation.
• OP-10 will not have charts validated.
• To pass validation, a combined score of 80 percent across both quarters will be required.

<table>
<thead>
<tr>
<th># of Eligible Measures</th>
<th># of Measures Required to Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>
### 12 Quality Incentive Measures for SFY 2017
(Must pass 80% of the eligible measures)

<table>
<thead>
<tr>
<th>PERFORMANCE MEASURES</th>
<th>CRITERIA TO PASS MEASURE</th>
<th>VALIDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBS 4: EARLY ELECTIVE DELIVERY</td>
<td>Must be 3 percent or below for combined Quarter 3 and Quarter 4, 2016.</td>
<td>Two randomly selected charts from OBS Mother from each Quarter 3 and 4, 2016.</td>
</tr>
<tr>
<td>OBS 5: EXCLUSIVE BREAST MILK FEEDING</td>
<td>Must meet threshold 1 or a 25 percent reduction in failure rate for combined Quarter 3 and Quarter 4, 2016.</td>
<td>Two randomly selected charts from OBS Newborn from each Quarter 3 and 4, 2016.</td>
</tr>
<tr>
<td>OBS 6: CESAREAN SECTION: NULLIPAROUS WOMEN</td>
<td>Must be 22 percent or lower for combined Quarter 3 and Quarter 4, 2016.</td>
<td>Two randomly selected charts from the OBS Mother from each Quarter 3 and 4, 2016.</td>
</tr>
<tr>
<td>TOB 1: TOBACCO USE SCREENING</td>
<td>Must meet thresholds 1 or 2 listed above for combined Quarter 3 and Quarter 4, 2016.</td>
<td>Two randomly selected charts from the TOB measure set from each Quarter 3 and 4, 2016.</td>
</tr>
<tr>
<td>TOB 2: TOBACCO USE TREATMENT PROVIDED OR OFFERED</td>
<td>Must meet thresholds 1 or 2 listed above for combined Quarter 3 and Quarter 4, 2016.</td>
<td>Two randomly selected charts from the TOB measure set from each Quarter 3 and 4, 2016.</td>
</tr>
<tr>
<td>TOB 3: TOBACCO USE TREATMENT PROVIDED OR OFFERED AT DISCHARGE</td>
<td>Must meet thresholds 1 or 2 listed above for combined Quarter 3 and Quarter 4, 2016.</td>
<td>Two randomly selected charts from the TOB measure set from each Quarter 3 and 4, 2016.</td>
</tr>
<tr>
<td>NBS 1: TIMELY COLLECTION OF NEWBORN SCREENING SPECIMEN</td>
<td>Must meet thresholds 1 or 2 listed above for combined Quarter 3 and Quarter 4, 2016.</td>
<td>Two randomly selected charts from the NBS measure set from each Quarter 3 and 4, 2016.</td>
</tr>
<tr>
<td>NBS 2: TIMELY SUBMISSION OF NEWBORN SCREENING (NBS) SPECIMEN TO THE ARKANSAS DEPARTMENT OF HEALTH PUBLIC HEALTH LABORATORY</td>
<td>Must meet thresholds 1 or 2 listed above for combined Quarter 3 and Quarter 4, 2016.</td>
<td>Two randomly selected charts from the NBS measure set from each Quarter 3 and 4, 2016.</td>
</tr>
</tbody>
</table>
### OUTCOME MEASURES

<table>
<thead>
<tr>
<th>CRITERIA TO PASS MEASURE</th>
<th>VALIDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must be 10 percent or below for combined Quarter 3 and Quarter 4, 2016.</td>
<td>There will be no validation for this measure.</td>
</tr>
</tbody>
</table>

### SUBMISSION MEASURES

<table>
<thead>
<tr>
<th>CRITERIA TO PASS MEASURE</th>
<th>VALIDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract and submit an adequate sample for Quarters 3 and 4, 2016.</td>
<td>Two randomly selected charts from OBS Newborn from each Quarter 3 and 4, 2016.</td>
</tr>
<tr>
<td>Submit a Notice of Intent to implement policy or submit a copy of the hospital’s depression screening policy</td>
<td>There will be no validation for this measure in SFY2017</td>
</tr>
<tr>
<td>Abstract and submit an adequate sample for Quarters 3 and 4, 2016.</td>
<td>Two randomly selected charts from OBS Mother from each Quarter 3 and 4, 2016.</td>
</tr>
</tbody>
</table>
Measure Information Form and Flow Chart

Perinatal Care (PC) Initial Patient Population
The PC measure set is unique in that there are two distinct Initial Patient Populations within the measure set, mothers and newborns.

Mothers
The population of the PC-Mother measures (PC-01, 02, and 03) are identified using 4 data elements:

- Admission Date
- Birthdate
- Discharge Date
- ICD-10-CM Principal or Other Diagnosis Code

Patients admitted to the hospital for inpatient acute care are included in the PC Mother Initial sampling group if they have: ICD-10-PCS Principal or Other Procedure Codes as defined in Appendix A, Tables 11.01.1, a Patient Age (Admission Date – Birthdate) >= 8 years and < 65 and a Length of Stay (Discharge Date - Admission Date) ≤ 120 days.

Note: Hospitals are NOT required to sample their data. If sampling offers minimal benefit (i.e., a hospital has 80 cases for the quarter and must select a sample of 76 cases), or if the hospital has access to a data source which makes medical record review unnecessary (e.g., using vital records, delivery logs or clinical information systems as a data source for some of the maternal measures in the perinatal measure set), the hospital may choose to use all cases.

Newborns
The population of the PC-Newborn measure (PC-04 and 05) are identified using 5 data elements:

- Admission Date
- Birthdate
- Discharge Date (PC-05 only)
- ICD-10-CM Principal or Other Diagnosis Code
- ICD-10-PCS Principal or Other Procedure Code

Within the PC-Newborn population, there are two 2 subpopulations, i.e. Newborns with Blood Stream Infection or BSI, Newborns with Breast Feeding, each identified by Patient Age at admission and a specific group of diagnosis and procedure codes or lack thereof. The patients in each subpopulation are processed independently through each initial patient population flow. Patients may fall in both subpopulations depending on the
presence or absence of the diagnosis codes or procedure codes and other data elements defined by the respective initial patient subpopulations.

<table>
<thead>
<tr>
<th>Measures</th>
<th>Initial Patient Population definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC-04</td>
<td>The count of all patients in PC-Newborns with BSI</td>
</tr>
<tr>
<td>PC-05</td>
<td>The count of all patients in PC-Newborns with Breast Feeding</td>
</tr>
</tbody>
</table>

Patients admitted to the hospital for inpatient acute care are included in one of the PC Newborn subpopulations if they have:

**Newborns with BSI** - Patients with a Newborn Patient Age at admission (Admission Date – Birthdate) ≤ 2 days AND satisfy conditions #1 through #3.

1. **NO ICD-10-CM Principal Diagnosis Code** as defined in Appendix A, Table 11.10.2,
2. **ONE** of the following:
   - an **ICD-10-CM Other Diagnosis Code** as defined in Appendix A, Tables 11.12, 11.13, 11.14 Or Birth Weight >= 500g and <= 1499g
   - an **ICD-10-CM Other Diagnosis Code** as defined in Appendix A, Tables 11.15, 11.16, Or Birth Weight >=1500g with ANY OF THE FOLLOWING:
     - an **ICD-10-PCS-Principal or Other Procedure Code** as defined in Appendix A, Tables 11.18 or 11.19
     - Discharge Disposition of 6 (expired) or a Missing Discharge Disposition
     - **NO ICD-10-CM Principal Diagnosis Code** as defined in Appendix A, Table 11.10.3
   - **Birth Weight** Missing or Unable To Determine (UTD).
3. **NO ICD-10-CM Other Diagnosis Code** as defined in Appendix A, Table 11.20 Or Birth Weight < 500g

There is NO sampling for this measure.

**Newborns with Breast Feeding** - Patient Age at admission (Admission Date – Birthdate) ≤ 2 days, Length of Stay (Discharge Date - Admission Date) ≤ 120 days, an ICD-10-CM Principal Diagnosis Code as defined in Appendix A, Table 11.20.1, **NO ICD-10-CM Other Diagnosis Codes** as defined in Appendix A, Table 11.21, **NO ICD-10-PCS-Principal or Other Procedure Code** as defined in Appendix A, Table 11.22 are included in this subpopulation and are eligible to be sampled.
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Note: To determine eligible cases using Discharge Status codes, Discharge Status value = 20 has the same description as Discharge Disposition value = 6.
Measure Set: Obstetric Services

Measure ID#: OBS-4

Measure Name: Elective Delivery

Description: Patients with elective vaginal deliveries or elective cesarean births at \( \geq 37 \) and \(< 39\) weeks of gestation completed

Rationale: For almost 3 decades, the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) have had in place a standard requiring 39 completed weeks gestation prior to ELECTIVE delivery, either vaginal or operative (ACOG, 1996). A survey conducted in 2007 of almost 20,000 births in HCA hospitals throughout the U.S. carried out in conjunction with the March of Dimes at the request of ACOG revealed that almost 1/3 of all babies delivered in the United States are electively delivered with 5% of all deliveries in the U.S. delivered in a manner violating ACOG/AAP guidelines. Most of these are for convenience, and result in significant short term neonatal morbidity (neonatal intensive care unit admission rates of 13- 21%) (Clark et al., 2009).

According to Glantz (2005), compared to spontaneous labor, elective inductions result in more cesarean deliveries and longer maternal length of stay. The American Academy of Family Physicians (2000) also notes that elective induction doubles the cesarean delivery rate. Repeat elective cesarean sections before 39 weeks gestation also result in higher rates of adverse respiratory outcomes, mechanical ventilation, sepsis and hypoglycemia for the newborns (Tita et al., 2009).

Type of Measure: Process

Improvement Noted As: Decrease in the rate

Numerator Statement: Patients with elective deliveries

Included Populations:

\textit{ICD-10-PCS Principal Procedure Code or ICD-10-PCS Other Procedure Codes} for one or more of the following:

- Medical induction of labor as defined in Appendix A, Table 11.05 while not in Labor prior to the procedure
- Cesarean birth as defined in Appendix A, Table 11.06 and all of the following:
  - not in Labor
  - no history of a Prior Uterine Surgery

Excluded Populations:
None
Data Elements:
- ICD-10-PCS Other Procedure Codes
- ICD-10-PCS Principal Procedure Code
- Labor
- Prior Uterine Surgery

Denominator Statement: Patients delivering newborns with >= 37 and < 39 weeks of gestation completed

Included Populations:
- ICD-10-PCS Principal Procedure Code or ICD-10-PCS Other Procedure Codes for delivery as defined in Appendix A, Table 11.01.1
- ICD-10-CM Principal Diagnosis Code or ICD-10-CM Other Diagnosis Codes for planned cesarean birth in labor as defined in Appendix A, Table 11.06.1

Excluded Populations:
- ICD-10-CM Principal Diagnosis Code or ICD-10-CM Other Diagnosis Codes for conditions possibly justifying elective delivery prior to 39 weeks gestation as defined in Appendix A, Table 11.07
- Less than 8 years of age
- Greater than or equal to 65 years of age
- Length of stay > 120 days
- Gestational Age < 37 or >= 39 weeks or UTD

Data Elements:
- Admission Date
- Birthdate
- Discharge Date
- Gestational Age
- ICD-10-CM Other Diagnosis Codes
- ICD-10-CM Principal Diagnosis Code

Risk Adjustment: No

Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical records.

Data Accuracy: Variation may exist in the assignment of ICD-10-CM codes; therefore, coding practices may require evaluation to ensure consistency.

Measure Analysis Suggestions: In order to identify areas for improvement, hospitals may want to review results based on specific ICD-10 codes or patient populations. Data could be analyzed further to determine specific patterns or trends to help reduce elective deliveries.
Sampling: No. Hospitals will abstract 100% of the OBS-Mother population.

Data Reported As: Aggregate rate generated from count data reported as a proportion.

Selected References:

Original Performance Measure Source / Developer:
Hospital Corporation of America-Women's and Children's Clinical Services
PC-01: Elective Delivery

**Numerator:** Patients with elective deliveries

**Denominator:** Patients delivering newborns with $\geq 37$ and $< 39$ weeks of gestation completed

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[Diagram with flowchart for PC-01: Elective Delivery]
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Measure Set: Obstetric Services

Measure ID#: OBS-5

Performance Measure Name:
OBS-5 Exclusive Breast Milk Feeding
OBS-5a Breastmilk Feeding – Observe and Assess Breastfeeding

Description:
OBS-5 Exclusive breast milk feeding during the newborn's entire hospitalization
OBS-5a Newborns delivered at this hospital who received breastmilk feeding observation and assessment from qualified hospital staff

Rationale: Exclusive breast milk feeding for the first 6 months of neonatal life has long been the expressed goal of World Health Organization (WHO), Department of Health and Human Services (DHHS), American Academy of Pediatrics (AAP) and American College of Obstetricians and Gynecologists (ACOG). ACOG has recently reiterated its position (ACOG, 2007). A recent Cochrane review substantiates the benefits (Kramer et al., 2002). Much evidence has now focused on the prenatal and intrapartum period as critical for the success of exclusive (or any) BF (Centers for Disease Control and Prevention [CDC], 2007; Petrova et al., 2007; Shealy et al., 2005; Taveras et al., 2004). Exclusive breast milk feeding rate during birth hospital stay has been calculated by the California Department of Public Health for the last several years using newborn genetic disease testing data. Healthy People 2010 and the CDC have also been active in promoting this goal.

Type of Measure: Process

Improvement Noted As: Increase in the rate

Numerator Statement:
OBS-5 Newborns that were fed breast milk only since birth
OBS-5a Newborns that received breastmilk observation and assessment from qualified hospital staff

Included Populations:
Not applicable

Excluded Populations:
None

Data Elements:
- Exclusive Breast Milk Feeding
- Breastmilk Feeding – Observe and Assess Breastfeeding
**Denominator Statement:**
Single term newborns discharged alive from the hospital

**Included Populations:**
Liveborn newborns with *ICD-10-CM Principal Diagnosis Code* for single liveborn newborn as defined in Appendix A, Table 11.20.1

**Excluded Populations:**
- Admitted to the Neonatal Intensive Care Unit (NICU) at this hospital during the hospitalization
- *ICD-10-CM Other Diagnosis Codes* for galactosemia as defined in Appendix A, Table 11.21
- *ICD-10-PCS Principal Procedure Code or ICD-10-PCS Other Procedure Codes* for parenteral nutrition as defined in Appendix A, Table 11.22
- Experienced death
- Length of Stay >120 days
- Patients transferred to another hospital
- Patients who are not term or with <37 weeks gestation completed

**Data Elements:**
- Admission Date
- Admission to NICU
- Birthdate
- Discharge Date
- Discharge Disposition
- *ICD-10-CM Other Diagnosis Codes*
- *ICD-10-PCS Other Procedure Codes*
- *ICD-10-CM Principal Diagnosis Code*
- *ICD-10-PCS Principal Procedure Code*
- Term Newborn

**Risk Adjustment:** No

**Data Collection Approach:** Retrospective data sources for required data elements include administrative data and medical records.

**Data Accuracy:** Variation may exist in the assignment of ICD-10-CM codes; therefore, coding practices may require evaluation to ensure consistency.

**Measure Analysis Suggestions:** In order to identify areas for improvement in breast milk feeding rates, hospitals may wish to review documentation for reasons. Education efforts can be targeted based on the specific reasons identified.

**Sampling:** No. Hospitals will abstract 100% of OBS Newborn cases.
Data Reported As: Aggregate rate generated from count data reported as a proportion.

Selected References:

PC-05: Exclusive Breast Milk Feeding

Numerator: Newborns that were fed breast milk only since birth
Denominator: Single term newborns discharged alive from the hospital

Start

Run cases that are included in the PC-Newborn Initial Patient Newborns with Breast Feeding and pass the edits defined in the Transmission Data Processing Flow. Clinical through this measure.

Discharge Disposition

= 1, 2, 3, 7, 8

Term Newborn

= Y

Admission to NICU

= N

Exclusive Breast Milk Feeding

= N

Excluded

Not in Measure Population

In Measure Population

In Numerator Population

Stop
Measure Set: Obstetric Services

Measure ID#: OBS-6

Measure Name: Cesarean Birth

Description: Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth

Rationale: The removal of any pressure to not perform a cesarean birth has led to a skyrocketing of hospital, state and national cesarean birth (CB) rates. Some hospitals now have CB rates over 50%. Hospitals with CB rates at 15-20% have infant outcomes that are just as good and better maternal outcomes (Gould et al., 2004). There are no data that higher rates improve any outcomes, yet the CB rates continue to rise. This measure seeks to focus attention on the most variable portion of the CB epidemic, the term labor CB in nulliparous women. This population segment accounts for the large majority of the variable portion of the CB rate, and is the area most affected by subjectivity.

As compared to other CB measures, what is different about NTSV CB rate (Low-risk Primary CB in first births) is that there are clear cut quality improvement activities that can be done to address the differences. Main et al. (2006) found that over 60% of the variation among hospitals can be attributed to first birth labor induction rates and first birth early labor admission rates. The results showed if labor was forced when the cervix was not ready the outcomes were poorer. Alfirevic et al. (2004) also showed that labor and delivery guidelines can make a difference in labor outcomes. Many authors have shown that physician factors, rather than patient characteristics or obstetric diagnoses are the major driver for the difference in rates within a hospital (Berkowitz, et al., 1989; Goyert et al., 1989; Luthy et al., 2003). The dramatic variation in NTSV rates seen in all populations studied is striking according to Menacker (2006). Hospitals within a state (Coonrod et al., 2008; California Office of Statewide Hospital Planning and Development [OSHPD], 2007) and physicians within a hospital (Main, 1999) have rates with a 3-5 fold variation.

Type of Measure: Outcome

Improvement Noted As: Decrease in the rate

Numerator Statement: Patients with cesarean births

Included Populations: ICD-10-PCS Principal Procedure Code or ICD-10-PCS Other Procedure Codes for cesarean birth as defined in Appendix A, Table 11.06

Excluded Populations: None
Data Elements:
- ICD-10-PCS Other Procedure Codes
- ICD-10-PCS Principal Procedure Code

Denominator Statement: Nulliparous patients delivered of a live term singleton newborn in vertex presentation

Included Populations:
- ICD-10-PCS Principal Procedure Code or ICD-10-PCS Other Procedure Codes for delivery as defined in Appendix A, Table 11.01.1
- Nulliparous patients with ICD-10-CM Principal Diagnosis Code or ICD-10-CM Other Diagnosis Codes for outcome of delivery as defined in Appendix A, Table 11.08 and with a delivery of a newborn with 37 weeks or more of gestation completed

Excluded Populations:
- ICD-10-CM Principal diagnosis Code or ICD-10-CM Other Diagnosis Codes for multiple gestations and other presentations as defined in Appendix A, Table 11.09
- Less than 8 years of age
- Greater than or equal to 65 years of age
- Length of Stay >120 days
- Gestational Age < 37 weeks or UTD

Data Elements:
- Admission Date
- Birthdate
- Discharge Date
- Gestational Age
- ICD-10-CM Other Diagnosis Codes
- ICD-10-CM Principal Diagnosis Code
- Number of Previous Live Births

Risk Adjustment: No

Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical records.

Data Accuracy: Variation may exist in the assignment of ICD-10-CM codes; therefore, coding practices may require evaluation to ensure consistency.

Measure Analysis Suggestions: In order to identify areas for improvement, hospitals may want to review results based on specific ICD-10 codes or patient populations. Data could then be analyzed further determine specific patterns or trends to help reduce cesarean births.
**Sampling:** No. Hospitals will abstract 100% of the OBS-Mother population.

**Data Reported As:** Aggregate rate generated from count data reported as a proportion

**Selected References:**

**Original Performance Measure Source / Developer:**
California Maternal Quality Care Collaborative
PC-02: Cesarean Birth
Numerator: Patients with cesarean births
Denominator: Nulliparous patients delivered of a live term singleton newborn in vertex presentation

Start

Run cases that are included in the PC Mother Initial Patient Population and pass the edits defined in the Transmission Data Processing Flow Clinical through this measure.

/ICD-10-CM
Principal or Other Diagnosis Codes
At least one on Table 11.06 → PC-02 B

None on Table 11.09

/ICD-10-CM
Principal or Other Diagnosis Codes
None on Table 11.08 → PC-02 B

At least one on Table 11.08

PC-02 X

Missing

Gestational Age
< 37 or UTD → PC-02 B

≥ 37

PC-02 H
Measure Set: Obstetric Services

Measure ID#: OBS-8

Measure Name: Depression Screening in Pregnant Women

Description: Three mental health conditions are typically associated with the perinatal or postpartum period: the postpartum “blues”; postpartum depression; and postpartum psychosis. Postpartum blues is considered normal and is experience by approximately 50 percent of all mothers within the first 10 days after childbirth.

One in 10 women becomes clinically depressed when pregnant and approximately 10 to 20 percent experience clinical depression in the postpartum period. Arkansas data from the 2011 Pregnancy Risk Assessment Monitoring System (PRAMS) shows 18 percent of women indicating symptoms of postpartum depression.

Maternal depression has varying consequences for a woman’s mental health and babies depend on the emotional nurturance, protection and stimulation that depressed mothers may not consistently provide. Maternal depression awareness and early identification of pregnant women who are at higher risk of developing postpartum depression in health care settings is important in improving maternal mental health.

Type of Measure: Submission

Included Populations: Mothers who were screened for depression

Excluded Populations: None

Denominator Statement: All births occurring in the hospital

Included Populations:
ICD-10-PCS Principal Procedure Code or ICD-10-PCS Other Procedure Codes for delivery as defined in Appendix A, Table 11.01.1

Excluded Populations: None

Sampling: No. There will be no validation of charts for this measure during SFY2017. All hospitals will submit a letter of intent, or a current policy of their depression screening process in pregnant women to AFMC prior to the submission deadline.
Measure Set: Obstetric Services

Measure ID#: OBS-9

Measure Name: Breastmilk Feeding – Provide advice and instructions to patient

Description: Mothers who deliver at this hospital received breastmilk feeding advice and instructions from qualified hospital staff.

Rationale: Exclusive breast milk feeding for the first 6 months of neonatal life has long been the expressed goal of World Health Organization (WHO), Department of Health and Human Services (DHHS), American Academy of Pediatrics (AAP) and American College of Obstetricians and Gynecologists (ACOG). ACOG has recently reiterated its position (ACOG, 2007). A recent Cochrane review substantiates the benefits (Kramer et al., 2002). Much evidence has now focused on the prenatal and intrapartum period as critical for the success of exclusive (or any) BF (Centers for Disease Control and Prevention [CDC], 2007; Petrova et al., 2007; Shealy et al., 2005; Taveras et al., 2004). Exclusive breast milk feeding rate during birth hospital stay has been calculated by the California Department of Public Health for the last several years using newborn genetic disease testing data. Healthy People 2010 and the CDC have also been active in promoting this goal.

Type of Measure: Process

Improvement Noted As: Increase in the rate

Numerator Statement: Patients who received breastmilk feeding advice and instructions from qualified hospital staff

Included Populations: Patients who received breastmilk feeding advice and instructions

Excluded Populations: None

Data Elements: Breastmilk Feeding – Provide Advice and Instructions to Patient

Denominator Statement: All mothers who deliver liveborn newborns at this hospital

Included Populations: ICD-10-PCS Principal Procedure Code or ICD-10-PCS Other Procedure Codes for delivery as defined in Appendix A, Table 11.01.1

Excluded Populations: Less than 8 years of age
• Greater than or equal to 65 years of age
• Length of stay > 120 days

**Data Elements:**
- Admission Date
- Birthdate
- Discharge Date
- ICD-10-CM Other Diagnosis Codes
- ICD-10-CM Principal Diagnosis Code

**Risk Adjustment:** No

**Data Collection Approach:** Retrospective data sources for required data elements include administrative data and medical records.

**Data Accuracy:** Variation may exist in the assignment of ICD-10-CM codes; therefore, coding practices may require evaluation to ensure consistency.

**Measure Analysis Suggestions:** In order to identify areas for improvement, hospitals may want to review results based on specific ICD-10 codes or patient populations. Data could then be analyzed further to determine specific patterns or trends to help reduce cesarean births.

**Sampling:** No. Hospitals will abstract 100% of the OBS-Mother population.

**Data Reported As:** Aggregate rate generated from count data reported as a proportion

**Selected References:**
Centers for Disease Control Breastfeeding
http://www.cdc.gov/breastfeeding/
Measure Set: Newborn Screening

Measure ID#: NBS-1

Measure Name: Timely Collection of Newborn Screening Specimen

Description: Percentage of newborns from an inpatient hospital for whom the NBS specimen was collected 24 to 72 hours after birth

Rationale: The Centers for Disease Control recommends all newborns be checked or screened for certain medical conditions. Finding these conditions soon after birth can help prevent some serious problems. Early diagnosis means treatment can be started quickly and can make a difference with health outcomes for these newborns

Type of measure: Performance

Numerator Statement: All newborn screening specimens collected within 24 to 72 hours after birth.

Included Populations:
Newborns who had collection of newborn screening specimens

Excluded Populations:
None

Denominator Statement: All births occurring in the hospital

Included Populations:
Liveborn newborns with ICD-10-CM principal Diagnosis Code for Liveborn newborns as defined in Appendix A, Table 11.10.3.

Excluded Populations:
- Newborns who expired before discharge from the hospital
- Newborns discharged to home or transferred to another facility within 24 hours of birth

Sampling: No. Hospitals will abstract 100% of the NBS population.
NBS-1 Timely Collection of Newborn Screening Specimen
Numerator: All newborn screening specimens collected within 24 to 72 hours after birth.
Denominator: All births occurring in the hospital.

START

Cases that are included in the NBS population

Discharge Disposition

= 6

NBS-1 B

Not = 6

Stay 24 hrs in Hospital

= N

NBS-1 B

= Y

Birth Date

= UTD

NBS-1 D

= Non-UTD Value

Birth Time

= UTD

NBS-1 D

= Non-UTD Value

NBS-1 H
Arkansas Medicaid Inpatient Quality Incentive Guidelines SFY2017, v2017a
Discharges 07/01/2016 (3Q2016) through 12/31/2016 (4Q2016)
Measure Set: Newborn Screening

Measure ID#: NBS-2

Measure Name: Timely Submission of Newborn Screening (NBS) Specimen to the Arkansas Department of Health Public Health Laboratory

Description: Percentage of newborns from an inpatient hospital for whom the NBS specimen was submitted to the Arkansas Department of Health Public Health Laboratory (PHL) within 24 hours of collection or the next business day.

Rationale: The Centers for Disease Control recommends all newborns be checked or screened for certain medical conditions. Finding these conditions soon after birth can help prevent some serious problems. Early diagnosis means treatment can be started quickly and can make a difference with health outcomes for these newborns.

Type of measure: Performance

Numerator Statement: All newborn screening specimens submitted to the Arkansas Department of Health Public Health Laboratory within 24 hours of collection or the next business day.

Included Populations:
Newborns screening specimens submitted after collection

Excluded Populations:
None

Denominator Statement: All births in hospital with collected newborn screening specimens.

Included Populations:
Liveborn newborns with ICD-10-CM principal Diagnosis Code for Liveborn newborns as defined in Appendix A, Table 11.10.3.

Excluded Populations:
- Newborns who expired before discharge from the hospital
- Newborns discharged to home or transferred to another facility within 24 hours of birth

Sampling: No. Hospitals will abstract 100% of the NBS population.
NBS-2: Timely Submission of Newborn Screening Specimen

Numerator: All newborn screening specimens submitted to the Arkansas Department of Health Public Health Laboratory within 24 hours of collection
Denominator: All births in hospital with collected newborn screening specimens

START

Cases that are included in the NBS population

Discharge Disposition = 6

Not = 6

Stay 24 hrs in Hospital = N

Collect Sample = N

Collect Sample Date = UTD

Sample Collection Date = Non-UTD Value

Sample Collection Time = UTD

Sample Collection Time = Non-UTD Value

NBS-2 B

NBS-2 B

NBS-2 B

NBS-2 H
Measure Set: Tobacco Treatment

Measure ID#: TOB-1

Performance Measure Name: Tobacco Use Screening

Description: Hospitalized patients who are screened within the first day of admission for tobacco use (cigarettes, smokeless tobacco, pipe and cigars) within the past 30 days.

Rationale: Tobacco use is the single greatest cause of disease in the United States today and accounts for more than 435,000 deaths each year (CDC MMWR 2008; McGinnis 1993). Smoking is a known cause of multiple cancers, heart disease, stroke, complications of pregnancy, chronic obstructive pulmonary disease, other respiratory problems, poorer wound healing, and many other diseases (DHHS 2004). Tobacco use creates a heavy cost to society as well as to individuals. Smoking-attributable health care expenditures are estimated at $96 billion per year in direct medical expenses and $97 billion in lost productivity (CDC 2007).

There is strong and consistent evidence that tobacco dependence interventions, if delivered in a timely and effective manner, significantly reduce the user’s risk of suffering from tobacco-related disease and improved outcomes for those already suffering from a tobacco-related disease (DHHS 2000; Baumeister 2007; Lightwood 2003 and 1997; Rigotti 2008). Effective, evidence-based tobacco dependence interventions have been clearly identified and include brief clinician advice, individual, group, or telephone counseling, and use of FDA-approved medications. These treatments are clinically effective and extremely cost-effective relative to other commonly used disease prevention interventions and medical treatments. Hospitalization (both because hospitals are a tobacco-free environment and because patients may be more motivated to quit as a result of their illness) offers an ideal opportunity to provide cessation assistance that may promote the patient’s medical recovery. Patients who receive even brief advice and intervention from their care providers are more likely to quit than those who receive no intervention.

Type of Measure: Process

Improvement Noted As: Increase in the rate

Numerator Statement: The number of patients who were screened for tobacco use status within the first day of admission.

Included Populations:
Patients who refused screening
Excluded Populations: None

Data Elements: Tobacco Use Status

Denominator Statement: The number of hospitalized inpatients 18 years of age and older

Included Populations: Not applicable

Excluded Populations:
- Patients less than 18 years of age
- Patients who are cognitively impaired
- Patients who have a duration of stay less than or equal to one day or greater than 120 days
- Patients with Comfort Measures Only documented

Data Elements:
- Admission Date
- Birthdate
- Comfort Measures Only
- Discharge Date
- Tobacco Use Status

Risk Adjustment: No

Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical record documents. Some hospitals may prefer to gather data concurrently by identifying patients in the population of interest. This approach provides opportunities for improvement at the point of care/service. However, complete documentation includes the principal or other ICD-10-CM diagnosis and procedure codes, which require retrospective data entry.

Data Accuracy: Data accuracy is enhanced when all definitions are used without modification. The data dictionary should be referenced for definitions and abstraction notes when questions arise during data collection.

Measure Analysis Suggestions: Hospitals may wish to analyze data to show the rate of those who were actually screened for tobacco use status, subtracting those that refused the screen.

Sampling: Yes.

Data Reported As: Aggregate rate generated from count data reported as proportion.
Selected References:

**TOB-1: Tobacco Use Screening**

**Numerator:** The number of patients who were screened for tobacco use status within the first day of admission

**Denominator:** The number of hospitalized inpatients 18 years of age and older

---

**Variable Key:**
- Patient Age
- Length of Stay

---

**START**

Run cases that are included in the Global Initial Patient Population and pass the edits defined in the Transmission Data Processing Flow Chart through the measure.

---

**Patient Age (in years) = Admission Date - Birthdate**

Use the month and day portion of Admission date and Birthdate to yield the most accurate age. Only cases with valid Admission Date and Birthdate will pass the first edit rule into the measure.

---

If $\text{Patient Age} \geq 18$

**Length of Stay (in days) = Discharge Date - Admission Date**

---

If $\text{Length of Stay} \leq 1$

**STOP**

---

If $\text{Length of Stay} > 1$

**Tobacco Use Status**

---

If $\text{Tobacco Use Status} = 1, 2, 3, 4, 5$

**Case Will Be Passed**

---

If $\text{Tobacco Use Status} = 6$

**In Measure Population**

---

If $\text{Tobacco Use Status} = 5$

**Not In Measure Population**

---

**In Numerator Population**

---

**STOP**

---

Arkansas Medicaid Inpatient Quality Incentive Guidelines SFY2017, v2017a
Discharges 07/01/2016 (3Q2016) through 12/31/2016 (4Q2016)
Measure Set: Tobacco Treatment

Measure ID#: TOB-2

Measure Name: Tobacco Use Treatment Provided or Offered

Description: Patients identified as tobacco product users within the past 30 days who receive or refuse practical counseling to quit AND receive or refuse FDA-approved cessation medications during the hospital stay.

The measure is reported as an overall rate which includes all patients to whom tobacco use treatment was provided, or offered and refused. The Provided or Offered rate (TOB-2), describes patients identified as tobacco product users within the past 30 days who receive or refuse practical counseling to quit AND receive or refuse FDA-approved cessation medications during the hospital stay.

Rationale: Tobacco use is the single greatest cause of disease in the United States today and accounts for more than 435,000 deaths each year (CDC MMWR 2008; McGinnis 1993). Smoking is a known cause of multiple cancers, heart disease, stroke, complications of pregnancy, chronic obstructive pulmonary disease, other respiratory problems, poorer wound healing, and many other diseases (DHHS 2004). Tobacco use creates a heavy cost to society as well as to individuals. Smoking-attributable health care expenditures are estimated at 96 billion dollars per year in direct medical expenses and 97 billion dollars in lost productivity (CDC 2007).

There is strong and consistent evidence that tobacco dependence interventions, if delivered in a timely and effective manner, significantly reduce the user’s risk of suffering from tobacco-related disease and improve outcomes for those already suffering from a tobacco-related disease (DHHS 2000; Baumeister 2007; Lightwood 2003 and 1997; Rasmussen 2005; Hurley 2005; Critchley 2004; Ford 2007; Rigotti 2008). Effective, evidence-based tobacco dependence interventions have been clearly identified and include brief clinician advice, individual, group, or telephone counseling, and use of FDA-approved cessation medications. These treatments are clinically effective and extremely cost-effective relative to other commonly used disease prevention interventions and medical treatments. Studies indicate that the combination of counseling and medications is more effective for tobacco cessation than either medication or counseling alone (Fiore 2008), except in specific populations for which there is insufficient evidence of the effectiveness and/or safety of the FDA-approved cessation medications. These populations include pregnant women, smokeless tobacco users, light smokers, and adolescents. Hospitalization (both because hospitals are a tobacco-free environment and because patients may be more motivated to quit as a result of their illness) offers an ideal opportunity to provide cessation assistance that may promote the patient’s medical recovery. Patients who receive even brief advice and intervention from their care providers are more likely to quit than those who receive no intervention.
Type of Measure: Process

Improvement Noted As: Increase in the rate

Numerator Statement: The number of patients who received or refused practical counseling to quit AND received or refused FDA-approved cessation medications during the hospital stay.

Included Populations:
- Patients who refuse counseling
- Patients who refuse FDA-Approved cessation medication

Excluded Populations (for FDA approved medications only):
- Smokeless tobacco users
- Pregnant smokers with an ICD-10-CM Principal Diagnosis Code or ICD-10-CM Other Diagnosis Codes for pregnancy as defined in Appendix A, Table 12.3.
- Light smokers
- Patients with reasons for not administering FDA-Approved cessation medication

Data Elements:
- ICD-10-CM Other Diagnosis Codes
- ICD-10-CM Principal Diagnosis Code
- Reason for No Tobacco Cessation Medication During the Hospital Stay
- Tobacco Use Status
- Tobacco Use Treatment FDA-Approved Cessation Medication
- Tobacco Use Treatment Practical Counseling

Denominator Statement: The number of hospitalized inpatients 18 years of age and older identified as current tobacco users

Included Populations:
Not applicable

Excluded Populations:
- Patients less than 18 years of age
- Patients who are cognitively impaired
- Patients who are not current tobacco users
- Patients who refused or were not screened for tobacco use during the hospital stay
- Patients who have a duration of stay less than or equal to one day or greater than 120 days
- Patients with Comfort Measures Only documented
Data Elements:
- Admission Date
- Birth date
- Comfort Measures Only
- Discharge Date
- Tobacco Use Status

Risk Adjustment: No

Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical records. Some hospitals may prefer to gather data concurrently by identifying patients in the population of interest. This approach provides opportunities for improvement at the point of care/service. However, complete documentation includes the principal and other ICD-10-CM diagnoses that require retrospective data entry.

Data Accuracy: Data accuracy is enhanced when all definitions are used without modification. The data dictionary should be referenced for definitions and abstraction notes when questions arise during data collection. Variation may exist in the assignment of ICD-10-CM codes; therefore, coding practices may require evaluation to ensure consistency.

Measure Analysis Suggestions: Hospitals may wish to identify those patients that refused either counseling or medications or both to have a better understanding of which treatment type is refused so that efforts can be directed toward improving care.

Sampling: Yes.

Data Reported As: Aggregate rate generated from count data reported as a proportion.

Selected References:


TOB-2: Tobacco Use Treatment Provided or Offered

Numerator: The number of patients who received or refused practical counseling to quit AND received or refused FDA-approved cessation medications during the hospital stay.

Denominator: The number of hospitalized inpatients 18 years of age and older identified as current tobacco users.
TOB-2a: Tobacco Use Treatment Provided or Offered

**Numerator:** The number of patients who received practical counseling to quit **AND** received FDA-approved cessation medications during the hospital stay.

**Denominator:** The number of hospitalized inpatients 18 years of age and older identified as current tobacco users.

---

[Flowchart diagram showing the measure's calculation process]
Measure Set: Tobacco Treatment

Measure ID#: TOB-3

Measure Name: Tobacco Use Treatment Provided or Offered at Discharge

Description: Patients identified as tobacco product users within the past 30 days who were referred to or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication upon discharge.

The measure is reported as an overall rate which includes all patients to whom tobacco use treatment was provided, or offered and refused, at the time of hospital discharge. The Provided or Offered rate (TOB-3) describes patients identified as tobacco product users within the past 30 days who were referred to or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication upon discharge.

Rationale: Tobacco use is the single greatest cause of disease in the United States today and accounts for more than 435,000 deaths each year (CDC MMWR 2008; McGinnis 1993). Smoking is a known cause of multiple cancers, heart disease, and stroke, complications of pregnancy, chronic obstructive pulmonary disease, other respiratory problems, poorer wound healing, and many other diseases (DHHS 2004). Tobacco use creates a heavy cost to society as well as to individuals. Smoking-attributable health care expenditures are estimated at 96 billion dollars per year in direct medical expenses and 97 billion dollars in lost productivity (CDC 2007).

There is strong and consistent evidence that tobacco dependence interventions, if delivered in a timely and effective manner, significantly reduce the smoker’s risk of suffering from tobacco-related disease and improved outcomes for those already suffering from a tobacco-related disease (DHHS 2000; Baumeister 2007; Lightwood 2003 and 1997; Rasmussen 2005; Hurley 2005; Critchley 2004; Ford 2007; Rigotti 2008). Effective, evidence-based tobacco dependence interventions have been clearly identified and include clinician advice; individual, group, or telephone counseling; and use of FDA-approved medications. These treatments are clinically effective and extremely cost-effective relative to other commonly used disease prevention interventions and medical treatments. Hospitalization (both because hospitals are a tobacco-free environment and because patients may be more motivated to quit because of their illness) offers an ideal opportunity to provide cessation assistance that may promote the patient’s medical recovery. Patients who receive even brief advice and intervention from their care providers are more likely to quit than those who receive no intervention. Studies indicate that the combination of counseling and medications is more effective for tobacco cessation than either medication or counseling alone, except in specific populations for which there is insufficient evidence of the effectiveness of the FDA-approved cessation medications. These populations include pregnant women, smokeless tobacco users, light smokers, and adolescents. Tobacco dependence should be viewed as a chronic disease. The treatment of this chronic disease is most effective...
when the initial interventions provided in the hospital setting are continued upon discharge to other care settings.

**Type of Measure:** Process

**Improvement Noted As:** Increase in the rate

**Numerator Statement:**

TOB-3: The number of patients who were referred to or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication at discharge.

**Included Populations:**
- Patients who refused a prescription for FDA-approved tobacco cessation medication at discharge
- Patients who refused a referral to evidence-based outpatient counseling

**Excluded Populations (for FDA approved medications only):**
- Smokeless tobacco users
- Pregnant smokers with an ICD-10-CM Principal Diagnosis Code or ICD-10-CM Other Diagnosis Codes for pregnancy as defined in Appendix A, Table 12.3
- Light smokers
- Patients with reasons for not administering FDA-approved cessation medication

**Data Elements:**
- ICD-10-CM Other Diagnosis Codes
- ICD-10-CM Principal Diagnosis Codes
- Prescription for Tobacco Cessation Medication
- Reason for No Tobacco Cessation Medication at Discharge
- Referral for Outpatient Tobacco Cessation Counseling
- Tobacco Use Status

**Denominator Statement:** The number of hospitalized inpatients 18 years of age and older identified as current tobacco users

**Included Populations:**
Not applicable

**Excluded Populations:**
- Patients less than 18 years of age
- Patient who are cognitively impaired
- Patients who are not current tobacco users
- Patients who refused or were not screened for tobacco use status during the hospital stay
• Patients who have a duration of stay less than or equal to one day or greater than 120 days
• Patients who expired
• Patients who left against medical advice
• Patients discharged to another hospital
• Patients discharged to another health care facility
• Patients discharged to home for hospice care
• Patients who do not reside in the United States
• Patients with Comfort Measures Only documented

Data Elements:
• Admission date
• Birth date
• Comfort Measures Only
• Discharge date
• Discharge disposition
• Tobacco use status

Risk Adjustment: No

Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical records. Some hospitals may prefer to gather data concurrently by identifying patients in the population of interest. This approach provides opportunities for improvement at the point of care/service. However, complete documentation includes the principal and other ICD-10-CM diagnoses, which require retrospective data entry.

Data Accuracy: Data accuracy is enhanced when all definitions are used without modification. The data dictionary should be referenced for definitions and abstraction notes when questions arise during data collection. Variation may exist in the assignment of ICD-10-CM codes; therefore, coding practices may require evaluation to ensure consistency.

Measure Analysis Suggestions: Hospitals may wish to identify those patients that refused either counseling or medications or both at discharge so as to have a better understanding of which treatment or type of treatment was accepted or refused so that efforts can be directed toward improving care.

Sampling: Yes.

Data Reported As: Aggregate rate generated from count data reported as a proportion.

Selected References:

TOB-3: Tobacco Use Treatment Provided or Offered at Discharge

Numerator: The number of patients who were referred to or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication at discharge.

Denominator: The number of hospitalized inpatients 18 years of age and older identified as current tobacco users.
TOB-3a: Tobacco Use Treatment Provided or Offered at Discharge

Numerator: The number of patients who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication at discharge.

Denominator: The number of hospitalized inpatients 18 years of age and older identified as current tobacco users.

[Diagram of the algorithm for TOB-3a]
Measure Set: Imaging

Measure ID#: OP-10

Measure Name: Abdomen CT Use Of Contrast Material

Description of Measure
This measure calculates the percentage of abdomen studies that are performed with and without contrast out of all abdomen studies performed (those with contrast, those without contrast, and those with both).

Technical Note: To reflect changes made to the CPT coding system, codes for combined abdomen/pelvis studies have been added to those contained within the numerator and denominator, beginning in July 2013, for claims data from 2011 and beyond.

Numerator Statement
The number of Abdomen CT studies with and without contrast (“combined studies”).

Denominator Statement
The number of Abdomen CT studies performed (with contrast, without contrast, or both with and without contrast).

Numerator Codes
CPT code
74170 Abdomen CT with and without Contrast Material
74178 Abdomen and Pelvis CT with and without Contrast Material

Denominator Codes
CPT codes
74150 Abdomen CT without Contrast Material
74160 Abdomen CT with Contrast Material
74170 Abdomen CT with and without Contrast Material
74176 Abdomen and Pelvis CT without Contrast Material
74177 Abdomen and Pelvis CT with Contrast Material
74178 Abdomen and Pelvis CT with and without Contrast Material

Denominator Exclusion Codes:

Helminthiasis
ICD-10 Code Code Description
B65.0 Schistosomiasis due to Schistosoma haematobium [urinary schistosomiasis]

Malignant Neoplasm of Liver and Intrahepatic Bile Ducts
ICD-10 Code Code Description
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C22.0</td>
<td>Liver cell carcinoma</td>
</tr>
<tr>
<td>C22.1</td>
<td>Intrahepatic bile duct carcinoma</td>
</tr>
<tr>
<td>C22.2</td>
<td>Hepatoblastoma</td>
</tr>
<tr>
<td>C22.3</td>
<td>Angiosarcoma of liver</td>
</tr>
<tr>
<td>C22.4</td>
<td>Other sarcomas of liver</td>
</tr>
<tr>
<td>C22.7</td>
<td>Other specified carcinomas of liver</td>
</tr>
<tr>
<td>C22.8</td>
<td>Malignant neoplasm of liver, primary, unspecified as to type</td>
</tr>
<tr>
<td>C22.9</td>
<td>Malignant neoplasm of liver, not specified as primary or secondary</td>
</tr>
</tbody>
</table>

### Malignant Neoplasm of Pancreas

<table>
<thead>
<tr>
<th>Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C25.0</td>
<td>Malignant neoplasm of head of pancreas</td>
</tr>
<tr>
<td>C25.1</td>
<td>Malignant neoplasm of body of pancreas</td>
</tr>
<tr>
<td>C25.2</td>
<td>Malignant neoplasm of tail of pancreas</td>
</tr>
<tr>
<td>C25.3</td>
<td>Malignant neoplasm of pancreatic duct</td>
</tr>
<tr>
<td>C25.4</td>
<td>Malignant neoplasm of endocrine pancreas</td>
</tr>
<tr>
<td>C25.7</td>
<td>Malignant neoplasm of other parts of pancreas</td>
</tr>
<tr>
<td>C25.8</td>
<td>Malignant neoplasm of overlapping sites of pancreas</td>
</tr>
<tr>
<td>C25.9</td>
<td>Malignant neoplasm of pancreas, unspecified</td>
</tr>
</tbody>
</table>

### Malignant Neoplasm of Kidney, except Renal Pelvis

<table>
<thead>
<tr>
<th>Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C64.1</td>
<td>Malignant neoplasm of right kidney, except renal pelvis</td>
</tr>
<tr>
<td>C64.2</td>
<td>Malignant neoplasm of left kidney, except renal pelvis</td>
</tr>
<tr>
<td>C64.9</td>
<td>Malignant neoplasm of unspecified kidney, except renal pelvis</td>
</tr>
</tbody>
</table>

### Malignant Neoplasm of Bladder

<table>
<thead>
<tr>
<th>Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C67.0</td>
<td>Malignant neoplasm of trigone of bladder</td>
</tr>
<tr>
<td>C67.1</td>
<td>Malignant neoplasm of dome of bladder</td>
</tr>
<tr>
<td>C67.2</td>
<td>Malignant neoplasm of lateral wall of bladder</td>
</tr>
<tr>
<td>C67.3</td>
<td>Malignant neoplasm of anterior wall of bladder</td>
</tr>
<tr>
<td>C67.4</td>
<td>Malignant neoplasm of posterior wall of bladder</td>
</tr>
<tr>
<td>C67.5</td>
<td>Malignant neoplasm of bladder neck</td>
</tr>
<tr>
<td>C67.6</td>
<td>Malignant neoplasm of ureteric orifice</td>
</tr>
<tr>
<td>C67.7</td>
<td>Malignant neoplasm of urachus</td>
</tr>
<tr>
<td>C67.8</td>
<td>Malignant neoplasm of overlapping sites of bladder</td>
</tr>
<tr>
<td>C67.9</td>
<td>Malignant neoplasm of bladder, unspecified</td>
</tr>
</tbody>
</table>

### Malignant Neoplasm of Adrenal Gland

<table>
<thead>
<tr>
<th>Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C74.00</td>
<td>Malignant neoplasm of cortex of unspecified adrenal gland</td>
</tr>
<tr>
<td>C74.01</td>
<td>Malignant neoplasm of cortex of right adrenal gland</td>
</tr>
<tr>
<td>C74.02</td>
<td>Malignant neoplasm of cortex of left adrenal gland</td>
</tr>
<tr>
<td>C74.10</td>
<td>Malignant neoplasm of medulla of unspecified adrenal gland</td>
</tr>
</tbody>
</table>
C74.11 Malignant neoplasm of medulla of right adrenal gland
C74.12 Malignant neoplasm of medulla of left adrenal gland
C74.90 Malignant neoplasm of unspecified part of unspecified adrenal gland
C74.91 Malignant neoplasm of unspecified part of right adrenal gland
C74.92 Malignant neoplasm of unspecified part of left adrenal gland

Malignant Neoplasm of other Endocrine Glands and Related Structures
<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C75.0</td>
<td>Malignant neoplasm of parathyroid gland</td>
</tr>
<tr>
<td>C75.1</td>
<td>Malignant neoplasm of pituitary gland</td>
</tr>
<tr>
<td>C75.2</td>
<td>Malignant neoplasm of craniopharyngeal duct</td>
</tr>
<tr>
<td>C75.3</td>
<td>Malignant neoplasm of pineal gland</td>
</tr>
<tr>
<td>C75.4</td>
<td>Malignant neoplasm of carotid body</td>
</tr>
<tr>
<td>C75.5</td>
<td>Malignant neoplasm of aortic body and other paraganglia</td>
</tr>
<tr>
<td>C75.8</td>
<td>Malignant neoplasm with pluriglandular involvement, unspecified</td>
</tr>
<tr>
<td>C75.9</td>
<td>Malignant neoplasm of endocrine gland, unspecified</td>
</tr>
</tbody>
</table>

Secondary Carcinoid Tumors of Liver
<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C7B.02</td>
<td>Secondary neuroendocrine tumors of liver</td>
</tr>
</tbody>
</table>

Secondary Malignant Neoplasm of Liver and Intrahepatic Bile Duct
<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C78.7</td>
<td>Secondary malignant neoplasm of liver and intrahepatic bile duct</td>
</tr>
</tbody>
</table>

Carcinoma in Situ of Liver, Gallbladder and Bile Ducts
<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D01.5</td>
<td>Carcinoma in situ of liver, gallbladder and bile ducts</td>
</tr>
</tbody>
</table>

Carcinoma in Situ of Bladder
<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D09.0</td>
<td>Carcinoma in situ of bladder</td>
</tr>
</tbody>
</table>

Benign Neoplasm of Other Ill-Defined Parts of Digestive System
<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D13.4</td>
<td>Benign neoplasm of liver</td>
</tr>
<tr>
<td>D13.5</td>
<td>Benign neoplasm of extrahepatic bile ducts</td>
</tr>
<tr>
<td>D13.6</td>
<td>Benign neoplasm of pancreas</td>
</tr>
<tr>
<td>D13.7</td>
<td>Benign neoplasm of endocrine pancreas</td>
</tr>
</tbody>
</table>

Benign Neoplasm of Kidney
<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D30.00</td>
<td>Benign neoplasm of unspecified kidney</td>
</tr>
<tr>
<td>D30.01</td>
<td>Benign neoplasm of right kidney</td>
</tr>
<tr>
<td>D30.02</td>
<td>Benign neoplasm of left kidney</td>
</tr>
</tbody>
</table>
### Benign Neoplasm of Other and Unspecified Endocrine Glands

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D35.00</td>
<td>Benign neoplasm of unspecified adrenal gland</td>
</tr>
<tr>
<td>D35.01</td>
<td>Benign neoplasm of right adrenal gland</td>
</tr>
<tr>
<td>D35.02</td>
<td>Benign neoplasm of left adrenal gland</td>
</tr>
<tr>
<td>D35.1</td>
<td>Benign neoplasm of parathyroid gland</td>
</tr>
<tr>
<td>D35.2</td>
<td>Benign neoplasm of pituitary gland</td>
</tr>
<tr>
<td>D35.3</td>
<td>Benign neoplasm of craniopharyngeal duct</td>
</tr>
<tr>
<td>D35.4</td>
<td>Benign neoplasm of pineal gland</td>
</tr>
<tr>
<td>D35.5</td>
<td>Benign neoplasm of carotid body</td>
</tr>
<tr>
<td>D35.6</td>
<td>Benign neoplasm of aortic body and other paraganglia</td>
</tr>
<tr>
<td>D35.7</td>
<td>Benign neoplasm of other specified endocrine glands</td>
</tr>
<tr>
<td>D35.9</td>
<td>Benign neoplasm of endocrine gland, unspecified</td>
</tr>
</tbody>
</table>

### Neoplasm of Uncertain Behavior of Liver, Gallbladder and Bile Ducts

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D37.6</td>
<td>Neoplasm of uncertain behavior of liver, gallbladder and bile ducts</td>
</tr>
</tbody>
</table>

### Neoplasm of Uncertain Behavior of Meninges

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D42.0</td>
<td>Neoplasm of uncertain behavior of cerebral meninges</td>
</tr>
<tr>
<td>D42.1</td>
<td>Neoplasm of uncertain behavior of spinal meninges</td>
</tr>
<tr>
<td>D42.9</td>
<td>Neoplasm of uncertain behavior of meninges, unspecified</td>
</tr>
</tbody>
</table>

### Neoplasm of Uncertain Behavior of Brain and Central Nervous System

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D43.0</td>
<td>Neoplasm of uncertain behavior of brain, supratentorial</td>
</tr>
<tr>
<td>D43.1</td>
<td>Neoplasm of uncertain behavior of brain, infratentorial</td>
</tr>
<tr>
<td>D43.2</td>
<td>Neoplasm of uncertain behavior of brain, unspecified</td>
</tr>
<tr>
<td>D43.3</td>
<td>Neoplasm of uncertain behavior of cranial nerves</td>
</tr>
<tr>
<td>D43.4</td>
<td>Neoplasm of uncertain behavior of spinal cord</td>
</tr>
<tr>
<td>D43.8</td>
<td>Neoplasm of uncertain behavior of other specified parts of central nervous system</td>
</tr>
<tr>
<td>D43.9</td>
<td>Neoplasm of uncertain behavior of central nervous system, unspecified</td>
</tr>
</tbody>
</table>

### Neoplasm of Uncertain Behavior of Endocrine Glands

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D44.0</td>
<td>Neoplasm of uncertain behavior of thyroid gland</td>
</tr>
<tr>
<td>D44.1</td>
<td>Neoplasm of uncertain behavior of adrenal gland</td>
</tr>
<tr>
<td>D44.2</td>
<td>Neoplasm of uncertain behavior of parathyroid gland</td>
</tr>
<tr>
<td>D44.3</td>
<td>Neoplasm of uncertain behavior of pituitary gland</td>
</tr>
<tr>
<td>D44.4</td>
<td>Neoplasm of uncertain behavior of craniopharyngeal duct</td>
</tr>
<tr>
<td>D44.5</td>
<td>Neoplasm of uncertain behavior of pineal gland</td>
</tr>
<tr>
<td>D44.6</td>
<td>Neoplasm of uncertain behavior of carotid body</td>
</tr>
</tbody>
</table>
D44.7  Neoplasm of uncertain behavior of aortic body and other paraganglia
D44.9  Neoplasm of uncertain behavior of unspecified endocrine gland

Other Disorders of Glucose Regulation and Pancreatic Internal Secretion
<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E08.641</td>
<td>Diabetes mellitus due to underlying condition with hypoglycemia with coma</td>
</tr>
<tr>
<td>E08.649</td>
<td>Diabetes mellitus due to underlying condition with hypoglycemia without coma</td>
</tr>
<tr>
<td>E09.641</td>
<td>Drug or chemical induced diabetes mellitus with hypoglycemia with coma</td>
</tr>
<tr>
<td>E09.649</td>
<td>Drug or chemical induced diabetes mellitus with hypoglycemia without coma</td>
</tr>
<tr>
<td>E10.641</td>
<td>Type 1 diabetes mellitus with hypoglycemia with coma</td>
</tr>
<tr>
<td>E10.649</td>
<td>Type 1 diabetes mellitus with hypoglycemia without coma</td>
</tr>
<tr>
<td>E11.641</td>
<td>Type 2 diabetes mellitus with hypoglycemia with coma</td>
</tr>
<tr>
<td>E11.649</td>
<td>Type 2 diabetes mellitus with hypoglycemia without coma</td>
</tr>
<tr>
<td>E13.641</td>
<td>Other specified diabetes mellitus with hypoglycemia with coma</td>
</tr>
<tr>
<td>E13.649</td>
<td>Other specified diabetes mellitus with hypoglycemia without coma</td>
</tr>
<tr>
<td>E15</td>
<td>Nondiabetic hypoglycemic coma</td>
</tr>
<tr>
<td>E16.0</td>
<td>Drug-induced hypoglycemia without coma</td>
</tr>
<tr>
<td>E16.1</td>
<td>Other hypoglycemia</td>
</tr>
<tr>
<td>E16.2</td>
<td>Hypoglycemia, unspecified</td>
</tr>
</tbody>
</table>

Disorder of Adrenal Gland, Unspecified
<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E27.9</td>
<td>Disorder of adrenal gland, unspecified</td>
</tr>
</tbody>
</table>

Disorder of Branched-Chain Amino-Acid Metabolism and Fatty-Acid Metabolism
<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E71.0</td>
<td>Maple-syrup-urine disease</td>
</tr>
<tr>
<td>E71.1</td>
<td>Other disorders of branched-chain amino-acid metabolism</td>
</tr>
<tr>
<td>E71.2</td>
<td>Disorder of branched-chain amino-acid metabolism, unspecified</td>
</tr>
</tbody>
</table>

Acute Pancreatitis
<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>K85.0</td>
<td>Idiopathic acute pancreatitis</td>
</tr>
<tr>
<td>K85.1</td>
<td>Biliary acute pancreatitis</td>
</tr>
<tr>
<td>K85.2</td>
<td>Alcohol induced acute pancreatitis</td>
</tr>
<tr>
<td>K85.3</td>
<td>Drug induced acute pancreatitis</td>
</tr>
<tr>
<td>K85.8</td>
<td>Other acute pancreatitis</td>
</tr>
<tr>
<td>K85.9</td>
<td>Acute pancreatitis, unspecified</td>
</tr>
</tbody>
</table>

Other Diseases of Pancreas
| ICD-10 Code | Code Description |
K86.0 Alcohol-induced chronic pancreatitis
K86.1 Other chronic pancreatitis

Renal Tubule-Interstitial Diseases
ICD-10 Code   Code Description
N10           Acute tubulo-interstitial nephritis
N12           Tubulo-interstitial nephritis, not specified as acute or chronic
N15.9         Renal tubulo-interstitial disease, unspecified
N16           Renal tubulo-interstitial disorders in diseases classified elsewhere

Other Diseases of Kidney and Ureter
ICD-10 Code   Code Description
N28.9         Disorder of kidney and ureter, unspecified
N29           Other disorders of kidney and ureter in diseases classified elsewhere

Cystitis
ICD-10 Code   Code Description
N30.00        Acute cystitis without hematuria
N30.01        Acute cystitis with hematuria
N30.10        Interstitial cystitis (chronic) without hematuria
N30.11        Interstitial cystitis (chronic) with hematuria
N30.20        Other chronic cystitis without hematuria
N30.21        Other chronic cystitis with hematuria
N30.30        Trigonitis without hematuria
N30.31        Trigonitis with hematuria
N30.40        Irradiation cystitis without hematuria
N30.41        Irradiation cystitis with hematuria
N30.80        Other cystitis without hematuria
N30.81        Other cystitis with hematuria
N30.90        Cystitis, unspecified without hematuria
N30.91        Cystitis, unspecified with hematuria

Urethritis and Urethral Syndrome
ICD-10 Code   Code Description
N34.0         Urethral abscess
N34.1         Nonspecific urethritis
N34.2         Other urethritis
N34.3         Urethral syndrome, unspecified

Urethral Disorder, Unspecified
ICD-10 Code   Code Description
N36.9         Urethral disorder, unspecified

Other Disorders of Urinary System
ICD-10 Code   Code Description
N39.0         Urinary tract infection, site not specified
N39.9 Disorder of urinary system, unspecified

Neurofibromatosis (Nonmalignant)
ICD-10 Code Code Description
Q85.00 Neurofibromatosis, unspecified
Q85.01 Neurofibromatosis, type 1
Q85.02 Neurofibromatosis, type 2
Q85.03 Schwannomatosis
Q85.09 Other neurofibromatosis

Unspecified Jaundice
ICD-10 Code Code Description
R17 Unspecified jaundice

Hematuria
ICD-10 Code Code Description
R31.0 Gross hematuria
R31.1 Benign essential microscopic hematuria
R31.2 Other microscopic hematuria
R31.9 Hematuria, unspecified

Injuries to the Abdomen, Lower Back, Lumbar Spine, Pelvis and External Genitals
ICD-10 Code Code Description
S31.001 Unspecified open wound of lower back and pelvis with penetration into retroperitoneum
S31.011 Laceration without foreign body of lower back and pelvis with penetration into retroperitoneum
S31.021 Laceration with foreign body of lower back and pelvis with penetration into retroperitoneum
S31.031 Puncture wound without foreign body of lower back and pelvis with penetration into retroperitoneum
S31.041 Puncture wound with foreign body of lower back and pelvis with penetration into retroperitoneum
S31.051 Open bite of lower back and pelvis with penetration into retroperitoneum
S31.60** Unspecified open wound of abdominal wall with penetration into peritoneal cavity
S31.61** Laceration without foreign body of abdominal wall with penetration into peritoneal cavity
S31.62** Laceration with foreign body of abdominal wall with penetration into peritoneal cavity
S31.63** Puncture wound without foreign body of abdominal wall with penetration into peritoneal cavity
S31.64** Puncture wound with foreign body of abdominal wall with penetration into peritoneal cavity
S31.65** Open bite of abdominal wall with penetration into peritoneal cavity
<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S77.20X*</td>
<td>Crushing injury of unspecified hip with thigh</td>
</tr>
</tbody>
</table>

**Reference**

Hospital Outpatient Quality Reporting Specifications Manual, v9.1

Alphabetical Data Dictionary

Data Element Name: Admission Date

Collected For: All Records

Definition: The month, day, and year of admission to acute inpatient care.

Suggested Data Collection Question: What is the date the patient was admitted to acute inpatient care?

Format:
- Length: 10 – MM-DD-YYYY (includes dashes)
- Type: Date
- Occurs: 1

Allowable Values:
- MM = Month (01-12)
- DD = Day (01-31)
- YYYY = Year (20XX)

Notes for Abstraction:
- The intent of this data element is to determine the date that the patient was actually admitted to acute inpatient care. Because this data element is critical in determining the population for all measures, the abstractor should NOT assume that the claim information for the admission date is correct. If the abstractor determines through chart review that the date from billing is incorrect, for purposes of abstraction, she/he should correct and override the downloaded value.
- If using claim information, the ‘Statement Covers Period’ is not synonymous with the ‘Admission Date’ and should not be used to abstract this data element. These are two distinctly different identifiers:
  - The Admission Date is purely the date the patient was admitted as an inpatient to the facility.
  - The Statement Covers Period (“From” and “Through” dates) identifies the span of service dates included in a particular claim. The “From” Date is the earliest date of service on the claim.
- For patients who are admitted to Observation status and subsequently admitted to acute inpatient care, abstract the date that the determination was made to admit to acute inpatient care and the order was written. Do not abstract the date that the patient was admitted to Observation.
  Example: Medical record documentation reflects that the patient was admitted to observation on 04-05-20xx. On 04-06-20xx the physician writes an order to admit to acute inpatient effective 04-05-20xx. The Admission Date would be abstracted as 04-06-20xx; the date the determination was made to admit to acute inpatient care and the order was written.
• The admission date should not be abstracted from the earliest admission order without regards to substantiating documentation. If documentation suggests that the earliest admission order does not reflect the date the patient was admitted to inpatient care, this date should not be used.
Example: Preoperative Orders are dated as 04-06-20xx with an order to admit to Inpatient. Postoperative Orders, dated 05-01-20xx, state to admit to acute inpatient. All other documentation supports that the patient presented to the hospital for surgery on 05-01-20xx. The Admission Date would be abstracted as 05-01-20xx.
• If there are multiple inpatient orders, use the order that most accurately reflects the date that the patient was admitted.
• For newborns that are born within this hospital, the Admission Date would be the date the baby was born.

Note: The physician order is the priority data source for this data element. If there is not a physician order in the medical record, use the other only allowable sources to determine the Admission Date.

Suggested Data Sources:
Note: The physician order is the priority data source for this data element. If there is not a physician order in the medical record, use the other only allowable sources to determine the Admission Date.

ONLY allowable sources
• Physician Orders
• Face Sheet
• UB-04

Excluded Data Sources:
UB-04 “From” and “Through” dates

Inclusion Guidelines for Abstraction
None

Exclusion Guidelines for Abstraction
• Admit to observation
• Arrival date
Data Element Name: Admission to NICU

Collected For: OBS-5

Definition: Documentation that the newborn was admitted to the Neonatal Intensive Care Unit (NICU) at this hospital any time during the hospitalization.

Suggested Data Collection Question: Was the newborn admitted to the NICU at this hospital at any time during the hospitalization?

Format:
   Length: 1
   Type: Alphanumeric
   Occurs: 1

Allowable Values:
   Y (Yes)    There is documentation that the newborn was admitted to the NICU at this hospital at any time during the hospitalization.
   N (No)     There is no documentation that the newborn was admitted to the NICU at this hospital at any time during the hospitalization or unable to determine from medical record documentation.

Notes for Abstraction:
   • A NICU is defined as a hospital unit providing critical care services, which is organized with personnel and equipment to provide continuous life support and comprehensive care for extremely high-risk newborn infants and those with complex and critical illness (source: American Academy of Pediatrics). Names of NICUs may vary from hospital to hospital. Level designations and capabilities also vary from region to region and cannot be used alone to determine if the nursery is a NICU.
   • If the newborn is admitted to the NICU for observation or transitional care, select allowable value “no.” Transitional care is defined as a stay of 4 hours or less in the NICU. There is no time limit for admission to observation.
   • If an order to admit to the NICU is not found in the medical record, there must be supporting documentation present in the medical record indicating that the newborn received critical care services in the NICU in order to answer yes. Examples of supporting documentation include, but are not limited to the NICU admission assessment and NICU flow sheet.
   • If your hospital does not have a NICU, you must always select value No regardless of any reason a newborn is admitted to a nursery.

Suggested Data Sources:
   • Nursing notes
   • Discharge summary
   • Physician progress notes
Inclusion Guidelines for Abstraction
See Appendix B, Table 1.0 for a list of Arkansas hospitals that have qualifying Level 3 NICUs.

Exclusion Guidelines for Abstraction
None
Data Element Name: Breastmilk Feeding – Provide Advice and Instructions to Patient

Collected For: OBS-9

Definition: Documentation that the mother received breastmilk feeding assistance/instruction from qualified hospital staff.

Suggested Data Collection Question: Is there documentation that qualified hospital staff provided breastfeeding advice and instructions to patient during hospital stay?

Format:
- Length: 1
- Type: Alphanumeric
- Occurs: 1

Allowable Values:
- Y (Yes) There is documentation that qualified hospital staff provided breastfeeding advice and instructions to patient during hospital stay.
- N (No) There is no documentation that qualified hospital staff provided breastfeeding advice and instructions to patient during hospital stay.

Notes for Abstraction:
Qualified hospital staff includes:
- Physician/APN/PA
- Nursing staff
- Lactation specialist
- Direct patient care provider

Suggested Data Sources:
- Nursing notes
- Lactation education
- Patient education notes
- Physician history & physical
- Progress notes
- Discharge summary
Data Element Name: Breastmilk Feeding – Observe and Assess Breastfeeding

Collected For: OBS-5a

Definition: Documentation that qualified hospital staff observed and assessed breastmilk feeding.

Suggested Data Collection Question: Is there documentation that qualified hospital staff observed and assessed breastmilk feeding during hospital stay.

Format:
- Length: 1
- Type: Alphanumeric
- Occurs: 1

Allowable Values:
- Y (Yes) There is documentation that qualified hospital staff observed and assessed breastmilk feeding during hospital stay.
- N (No) There is no documentation that qualified hospital staff observed and assessed breastmilk feeding during hospital stay.

Notes for Abstraction:
Qualified hospital staff includes:
- Nursing staff
- Lactation specialist
- Direct patient care provider

Suggested Data Sources:
- Nursing notes
- Lactation education
- Patient education notes
- Physician history & physical
- Progress notes
- Discharge summary
Data Element Name: Birthdate

Collected For: All records

Definition: The month, day, and year the patient was born

Note: Patient's age (in years) is calculated by Admission Date minus BirthDate. The algorithm to calculate age must use the month and day portion of admission date and birth date to yield the most accurate age.

Suggested Data Collection Question: What is the patient's date of birth?

Format:
   Length: 10 – MM-DD-YYYY (includes dashes)
   Type: Date
   Occurs: 1

Allowable Values:
   MM = Month (01-12)
   DD = Day (01-31)
   YYYY = Year (1880-Current Year)

Notes for Abstraction:
   • Because this data element is critical in determining the population for all measures, the abstractor should NOT assume that the claim information for the birth date is correct. If the abstractor determines through chart review that the date is incorrect, she/he should correct and override the downloaded value. If the abstractor is unable to determine the correct birth date through chart review, she/he should default to the date of birth on the claim information.

Suggested Data Sources:
   • Emergency department record
   • Face sheet
   • Registration form
   • UB-04

Inclusion Guidelines for Abstraction
None

Exclusion Guidelines for Abstraction
None
Data Element Name:  Birth Time

Collected For:  NBS-1

Definition:  The earliest documented time (military time) the newborn was born at the hospital.

Suggested Data Collection Question:  At what time was the newborn born?  Use military time.

Format:
Length:  5 - HH:MM (with or without colon) or UTD
Type:  Time
Occurs:  1

Allowable Values:
HH = Hour (00-23)
MM = Minutes (00-59)
UTD = Unable to Determine

Time must be recorded in military time format.
With the exception of Midnight and Noon:
• If the time is in the a.m., conversion is not required
• If the time is in the p.m., add 12 to the clock time hour

Examples:
Midnight - 00:00  Noon - 12:00
5:31 am - 05:31  5:31 pm - 17:31
1:59 am - 11:59  1:59 pm - 23:59

Note:
00:00 = midnight. If the time is documented as 00:00 11-24-20xx, review supporting documentation to determine if the Arrival Time should remain 11-24-20xx or if it should be converted to 11-25-20xx.
When converting Midnight or 24:00 to 00:00, do not forget to change the Arrival Date.
Example:
Midnight or 24:00 on 11-24-20xx = 00:00 on 11-25-20xx

Notes for Abstraction:
• For times that include “seconds,” remove the seconds and record the time as is.
  Example:
  15:00:35 would be recorded as 15:00
• If the time of birth is unable to be determined from medical record documentation, select “UTD.”
• The medical record must be abstracted as documented (taken at “face value”). When the time documented is obviously in error (not a valid format/range) and no other documentation is found that provides this information, the abstractor should select “UTD.”

Suggested Data Sources:  
ONLY allowable sources
• Emergency Department record
• Nursing admission assessment/admitting note
• Labor and Delivery Notes
• Procedure notes
• Vital signs graphic record

Inclusion Guidelines for Abstraction  
None

Exclusion Guidelines for Abstraction  
None
Data Element Name: Comfort Measures Only

Collected For: TOB

Definition: Comfort Measures Only refers to medical treatment of a dying person where the natural dying process is permitted to occur while assuring maximum comfort. It includes attention to the psychological and spiritual needs of the patient and support for both the dying patient and the patient's family. Comfort Measures Only is commonly referred to as “comfort care” by the general public. It is not equivalent to a physician order to withhold emergency resuscitative measures such as Do Not Resuscitate (DNR).

Suggested Data Collection Question: When is the earliest physician/APN/PA documentation of comfort measures only?

Format:
- Length: 1
- Type: Alphanumeric
- Occurs: 1

Allowable Values:
1. **Day 0 or 1:** The earliest day the physician/APN/PA documented comfort measures only was the day of arrival (Day 0) or day after arrival (Day 1).
2. **Day 2 or after:** The earliest day the physician/APN/PA documented comfort measures only was two or more days after arrival day (Day 2+).
3. **Timing unclear:** There is physician/APN/PA documentation of comfort measures only during this hospital stay, but whether the earliest documentation of comfort measures only was on day 0 or 1 OR after day 1 is unclear.
4. **Not Documented/UTD:** There is no physician/APN/PA documentation of comfort measures only, or unable to determine from medical record documentation.

Notes for Abstraction:
Only accept terms identified in the list of inclusions. No other terminology will be accepted.

- Physician/APN/PA documentation of comfort measures only (hospice, comfort care, etc.) mentioned in the following contexts suffices:
  - Comfort measures only recommendation
  - Order for consultation or evaluation by a hospice care service
  - Patient or family request for comfort measures only
  - Plan for comfort measures only
  - Referral to hospice care service
  - Discussion of comfort measures
• Determine the earliest day comfort measures only (CMO) was DOCUMENTED by the physician/APN/PA. If any of the inclusion terms are documented by the physician/APN/PA, select value “1,” “2,” or “3” accordingly.
  Example: “Discussed comfort care with family on arrival” noted in day 2 progress note – Select “2.”

• **State-authorized portable orders (SAPOs):**
  o SAPOs are specialized forms or identifiers authorized by state law that translate a patient’s preferences about specific end-of-life treatment decisions into portable medical orders.
  Examples:
    ▪ DNR-Comfort Care form
    ▪ MOLST (Medical Orders for Life-Sustaining Treatment)
    ▪ POLST (Physician Orders for Life-Sustaining Treatment)
    ▪ Out-of-Hospital DNR (OOH DNR)
  o If there is a SAPO in the record that is dated and signed prior to arrival with an option in which an inclusion term is found that is checked, select value “1.”
  o If a SAPO lists different options for CMO and any CMO option is checked, select value “1,” “2,” or “3” as applicable.
  o If one or more dated SAPOs are included in the record (and signed by the physician/APN/PA), use only the most recent one. Disregard undated SAPOs.
  o For cases where there is a SAPO in the record with a CMO option selected: If the SAPO is dated prior to arrival and there is documentation on the day of arrival or the day after arrival that the patient does not want CMO, and there is no other documentation regarding CMO found in the record, disregard the SAPO.
  Example: Patient has a POLST dated prior to arrival in his chart and ED physician states in current record “Patient is refusing comfort measures, wants to receive full treatment and be a full code.”

• Documentation of an inclusion term in the following situations should be disregarded. Continue to review the remaining physician/APN/PA documentation for acceptable inclusion terms. If the ONLY documentation found is an inclusion term in the following situations, select value “4.”
  o Documentation (other than SAPOs) that is dated prior to arrival or documentation which refers to the pre-arrival time period.
  Examples:
    ▪ Comfort measures only order in previous hospitalization record.
    ▪ “Pt. on hospice at home” in MD ED note.
  o Inclusion term clearly described as negative or conditional.
  Examples:
    ▪ “No comfort care”
    ▪ “Not appropriate for hospice care”
    ▪ “Comfort care would also be reasonable - defer decision for now”
    ▪ “DNRCCA” (Do Not Resuscitate – Comfort Care Arrest)
    ▪ “Family requests comfort measures only should the patient arrest.”
Documentation of “CMO” should be disregarded if documentation makes clear it is not being used as an acronym for Comfort Measures Only (e.g., “hx dilated CMO” – Cardiomyopathy context).

- If there is physician/APN/PA documentation of an inclusion term in one source that indicates the patient is Comfort Measures Only, AND there is physician/APN/PA documentation of an inclusion term in another source that indicates the patient is NOT CMO, the source that indicates the patient is CMO would be used to select value “1,” “2,” or “3” for this data element.

Examples:
- Physician documents in progress note on day 1 “The patient has refused Comfort Measures” AND then on day 2 the physician writes an order for a Hospice referral. Select value “2.”
- ED physician documents in a note on day of arrival “Patient states they want to be enrolled in Hospice” AND then on day 2 there is a physician progress note with documentation of “Patient is not a Hospice candidate.” Select value “1.”

Suggested Data Sources:
PHYSICIAN/APN/PA DOCUMENTATION ONLY
- Consultation notes
- Discharge summary
- DNR/MOLST/POLST forms
- Emergency Department record
- History and physical
- Physician orders
- Progress notes

Excluded Data Sources:
Restraint order sheet

Inclusion Guidelines for Abstraction:
- Brain dead
- Brain death
- Comfort care
- Comfort measures
- Comfort measures only (CMO)
- Comfort only
- DNR-CC
- End of life care
- Hospice
- Hospice care
- Organ harvest
- Terminal care
- Terminal extubation
Exclusion Guidelines for Abstraction:
None
Data Element Name: Discharge Date

Collected For: All Records

Definition: The month, day, and year the patient was discharged from acute care, left against medical advice, or expired during this stay

Suggested Data Collection Question: What is the date the patient was discharged from acute care, left against medical advice (AMA), or expired?

Format:

Length: 10 – MM/DD/YYYY (includes slashes)
Type: Date
Occurs: 1

Allowable Values:

MM = Month (01-12)
DD = Day (01-31)
YYYY = Year (20XX)

Notes for Abstraction:

- Because this data element is critical in determining the population for many measures, the abstractor should NOT assume that the claim information for the discharge date is correct. If the abstractor determines through chart review that the date is incorrect, s/he should correct and override the downloaded value. If the abstractor is unable to determine the correct discharge date through chart review, s/he should default to the discharge date on the claim information.

Suggested Data Sources:

- Discharge Summary
- Face Sheet
- Nursing Discharge Notes
- Physician Orders
- Progress Notes
- Transfer Note
- UB-04

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None
Data Element Name: Discharge Disposition

Collected For: OBS Newborn, TOB, NBS

Definition: The final place or setting to which the patient was discharged on the day of discharge.

Suggested Data Collection Question: What was the patient’s discharge disposition on the day of discharge?

Format:
   Length: 1
   Type: Alphanumeric
   Occurs: 1

Allowable Values:
   1  Home
   2  Hospice - Home
   3  Hospice – Health Care Facility
   4  Acute Care Facility
   5  Other Health Care Facility
   6  Expired
   7  Left Against Medical Advice/AMA
   8  Not Documented or Unable to Determine (UTD)

Notes for Abstraction:
   • Only use documentation written on the day prior to discharge through 30 days after discharge when abstracting this data element.
   Example:
   Documentation in the Discharge Planning notes on 04-01-20xx state that the patient will be discharged back home. On 04-06-20xx the physician orders and nursing discharge notes on the day of discharge reflect that the patient was being transferred to skilled care. The documentation from 04-06-20xx would be used to select value “5” (Other Health Care Facility).
   • The medical record must be abstracted as documented (taken at “face value”). Inferences should not be made based on internal knowledge.
   • If there is documentation that further clarifies the level of care that documentation should be used to determine the correct value to abstract. If documentation is contradictory, use the latest documentation.
   Examples:
   o Discharge summary dictated 2 days after discharge states patient went “home.” Physician note on day of discharge further clarifies that the patient will be going “home with hospice.” Select value “2” (“Hospice - Home”).
Discharge planner note from day before discharge states “XYZ Nursing Home.” Discharge order from day of discharge states “Discharge home.” Contradictory documentation, use latest. Select value “1” (“Home”).

Physician order on discharge states “Discharge to ALF.” Discharge instruction sheet completed after the physician order states patient discharged to “SNF.” Contradictory documentation, use latest. Select value “5” (“Other Health Care Facility”).

If documentation is contradictory, and you are unable to determine the latest documentation, select the disposition ranked highest (top to bottom) in the following list. See Inclusion lists for examples.

- Acute Care Facility
- Hospice – Health Care Facility
- Hospice – Home
- Other Health Care Facility
- Home

Hospice (values “2” and “3”) includes discharges with hospice referrals and evaluations.

If the medical record states only that the patient is being discharged to another hospital and does not reflect the level of care that the patient will be receiving, select value “4” (“Acute Care Facility”).

If the medical record identifies the facility the patient is being discharged to by name only (e.g., “Park Meadows”), and does not reflect the type of facility or level of care, select value “5” (“Other Health Care Facility”).

If the medical record states only that the patient is being “discharged” and does not address the place or setting to which the patient was discharged, select value “1” (“Home”).

When determining whether to select value “7” (“Left Against Medical Advice/AMA”):

- Explicit “left against medical advice” documentation is not required. E.g., “Patient is refusing to stay for continued care” – Select value “7.”
- Documentation suggesting that the patient left before discharge instructions could be given does not count.
- A signed AMA form is not required, for the purposes of this data element.
- Do not consider AMA documentation and other disposition documentation as “contradictory.” If any source states the patient left against medical advice, select value “7,” regardless of whether the AMA documentation was written last. E.g., AMA form signed and discharge instruction sheet states “Discharged home with belongings” – Select “7.”

**Suggested Data Sources:**

- Discharge instruction sheet
- Discharge planning notes
- Discharge summary
- Nursing discharge notes
- Physician orders
- Progress notes
- Social service notes
- Transfer record

**Excluded Data Sources:**
- Any documentation prior to the last two days of hospitalization
- Coding documents
- UB-04

**Inclusion Guidelines for Abstraction:**

**Home (Value 1):**
- Assisted Living Facilities (ALFs) – Includes ALFs and assisted living care at nursing home, intermediate care, and skilled nursing facilities
- Court/Law Enforcement – includes detention facilities, jails, and prison
- Home – includes board and care, foster or residential care, group or personal care homes, retirement communities, and homeless shelters
- Home with Home Health Services
- Outpatient Services including outpatient procedures at another hospital, Outpatient Chemical Dependency Programs and Partial Hospitalization

**Hospice – Home (Value 2):**
Hospice in the home (or other “Home” setting as above in Value 1)

**Hospice – Health Care Facility (Value 3):**
- Hospice - General Inpatient and Respite
- Hospice - Residential and Skilled Facilities
- Hospice - Other Health Care Facilities

**Acute Care Facility (Value 4):**
- Acute Short Term General and Critical Access Hospitals
- Cancer and Children’s Hospitals
- Department of Defense and Veteran’s Administration Hospitals

**Other Health Care Facility (Value 5):**
- Extended or Intermediate Care Facility (ECF/ICF)
- Long Term Acute Care Hospital (LTACH)
- Nursing Home or Facility including Veteran’s Administration Nursing Facility
- Psychiatric Hospital or Psychiatric Unit of a Hospital
- Rehabilitation Facility including Inpatient Rehabilitation Facility/Hospital or Rehabilitation Unit of a Hospital
- Skilled Nursing Facility (SNF), Sub-Acute Care or Swing Bed
- Transitional Care Unit (TCU)
- Veterans Home

**Exclusion Guidelines for Abstraction:**
None
Data Element Name: Exclusive Breast Milk Feeding

Collected For: OBS-5

Definition: Documentation that the newborn was exclusively fed breast milk during the entire hospitalization.

Exclusive breast milk feeding is defined as a newborn receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.

Suggested Data Collection Question: Is there documentation that the newborn was exclusively fed breast milk during the entire hospitalization?

Format:
- Length: 1
- Type: Alphanumeric
- Occurs: 1

Allowable Values:
- Y (Yes) There is documentation that the newborn was exclusively fed breast milk during the entire hospitalization.
- N (No) There is no documentation that the newborn was exclusively fed breast milk during the entire hospitalization OR unable to determine from medical record documentation.

Notes for Abstraction:
- If the newborn receives any other liquids including water during the entire hospitalization, select allowable value "No."
- Exclusive breast milk feeding includes the newborn receiving breast milk via a bottle or other means beside the breast.
- Sweet-Ease® or a similar 24% sucrose and water solution given to the newborn for the purpose of reducing discomfort during a painful procedure is classified as a medication and is not considered a supplemental feeding.
- If the newborn receives donor breast milk, select allowable value “Yes.”
- If breast milk fortifier is added to the breast milk, select allowable value “Yes.”
- In cases where there is conflicting documentation and both exclusive breast milk feeding and formula supplementation are documented, select allowable value “No.”
- If the newborn received drops of water or formula dribbled onto the mother’s breast to stimulate latching and not an actual feeding, select “Yes.”
Suggested Data Sources:
Only Acceptable Sources
- Diet flow sheets
- Feeding flow sheets
- Intake and output sheets

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None
Data Element Name: First Name

Collected For: All records

Definition: The patient’s first name

Suggested Data Collection Question: What is the patient’s first name?

Format:
- Length: 30
- Type: Character
- Occurs: 1

Allowable Values:
Enter the patient’s first name. Up to 30 letters, numbers, and/or special characters can be entered.

NOTE: Only the following special characters will be allowed:
~ ! @ $ % ^ * ( ) _ + { } | : ? ` - = [ ] ‘ . , / and space

Notes for Abstraction:
None

Suggested Data Sources:
- Emergency Department record
- Face sheet
- History and physical

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None
Data Element Name: Gestational Age

Collected For: OBS-4, OBS-6

Definition: The weeks of gestation completed at the time of delivery.

Gestational age is defined as the best obstetrical estimate (OE) of the newborn’s gestation in completed weeks based on the birth attendant’s final estimate of gestation, irrespective of whether the gestation results in a live birth or a fetal death. This estimate of gestation should be determined by all perinatal factors and assessments such as ultrasound, but not the newborn exam. Ultrasound taken early in pregnancy is preferred (source: American College of Obstetricians and Gynecologists reVITALize Initiative).

Suggested Data Collection Question: How many weeks of gestation were completed at the time of delivery?

Format:
- Length: 3 or UTD
- Type: Alphanumeric
- Occurs: 1

Allowable Values:
- 1-50
- UTD = Unable to Determine

Notes for Abstraction:
- Gestational age should be rounded off to the nearest completed week, not the following week. For example, an infant born on the 5th day of the 36th week (35 weeks and 5/7 days) is at a gestational age of 35 weeks, not 36 weeks.
- The delivery or operating room record should be reviewed first for gestational age. If gestational age is not recorded in the delivery or operating room record, then continue to review the data sources in the following order: history and physical, prenatal forms, clinician admission progress note and discharge summary until a positive finding for gestational age is found. In cases where there is conflicting data, the gestational age found in the first document according to the order listed above should be used. The phrase "estimated gestational age" is an acceptable descriptor for gestational age.
- If the patient has not received prenatal care and no gestational age was documented select allowable value “UTD.”
- When the admission date is different from the delivery date, use documentation of the gestational age completed closest to the delivery date.
- Gestational age should be documented by the clinician as a numeric value between 1-50. Gestational age (written with both weeks and days, eg. 39 weeks
and 0 days) is calculated using the best obstetrical Estimated Due Date (EDD) based on the following formula: Gestational Age = (280 - (EDD - Reference Date)) / 7 (source: American College of Obstetricians and Gynecologists reVITALize Initiative). The clinician, not the abstractor, should perform the calculation to determine gestational age.

- If the gestational age entered by the clinician in the first document listed above is obviously incorrect (in error) but it is a valid number, or two different numbers are listed in the first document, and the correct number can be supported with documentation in the other acceptable data sources in the medical record, the correct number may be entered.
- Documentation in the acceptable data sources may be written by the following clinicians: physician, certified nurse midwife (CNM), advanced practice nurse/physician assistant (APN/PA) or registered nurse (RN).
- It is acceptable to use data derived from vital records reports received from state or local departments of public health, delivery logs, or clinical information systems if they are available and are directly derived from the medical record with a process in place to confirm their accuracy. If this is the case, these may be used in lieu of the acceptable data sources listed below.
- The EHR takes precedence over a hand written entry if different gestational ages are documented in equivalent data sources, e.g., delivery record and delivery summary.

Suggested Data Sources:

ONLY acceptable sources in order of preference:

- Delivery record, note or summary
- Operating room record, note or summary
- History and physical
- Prenatal forms
- Admission clinician progress notes
- Discharge summary

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None
Data Element Name: Hospital Stay > 24 Hours

Collected For: NBS-1, NBS-2

Definition: The length of stay at this hospital after birth until the newborn was discharged.

Suggested Data Collection Question: Did the newborn stay at least 24 hours in your hospital?

Format:
   - Length: 1
   - Type: Alphanumeric
   - Occurs: 1

Allowable Values:
   - Y (Yes)       The newborn did stay at least 24 hours in this hospital.
   - N (No)        The newborn did not stay at least 24 hours in this hospital.

Notes for Abstraction:
None

Suggested Data Sources:
ONLY acceptable sources
   - Delivery room record
   - Discharge summary
   - History and physical
   - Operating room record
   - Nurses’ discharge notes

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None
Data Element Name: ICD-10-CM Other Diagnosis Codes

Collected For: All Records

Definition: The other or secondary ICD-10-CM codes associated with the diagnosis for this hospitalization

Suggested Data Collection Question: What were the ICD-10-CM Other Diagnosis Codes selected for this record?

Format:
- Length: 3-7 (without decimal point or dot)
- Type: Character (upper or lower case)
- Occurs: 24

Allowable Values:
Any valid diagnosis code as per the CMS ICD-10-CM master code table (2015 Code Descriptions in Tabular Order):

Notes for Abstraction:
None

Suggested Data Sources:
- Discharge summary
- Face sheet
- UB-04

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None
Data Element Name: ICD-10-PCS Other Procedure Codes

Collected For: All Records

Definition: The other or secondary ICD-10-PCS codes identifying all significant procedures other than the principal procedure.

Suggested Data Collection Question: What were the ICD-10-PCS code(s) selected as the other procedure(s) for this record?

Format:
   - Length: 3-7 (without decimal point or dot)
   - Type: Character (upper or lower case)
   - Occurs: 24

Allowable Values:
   Any valid procedure code as per the CMS ICD-10-PCS master code table (2015 PCS Long and Abbreviated Titles):

Notes for Abstraction: None

Suggested Data Sources:
   - Discharge summary
   - Face sheet
   - UB-04

Inclusion Guidelines for Abstraction: None

Exclusion Guidelines for Abstraction: None
Data Element Name: ICD-10-PCS Other Procedure Dates

Collected For: All Records

Definition: The month, day, and year when the associated procedure(s) was (were) performed.

Suggested Data Collection Question: What were the date(s) the other procedure(s) were performed?

Format:
- **Length:** 10 – MM-DD-YYYY (includes dashes) or UTD
- **Type:** Date
- **Occurs:** 24

Allowable Values:
- **MM =** Month (01-12)
- **DD =** Day (01-31)
- **YYYY =** Year (20xx)
- **UTD =** Unable to Determine

Notes for Abstraction:
- If the procedure date for the associated procedure is unable to be determined from medical record documentation, select “UTD.”
- The medical record must be abstracted as documented (taken at “face value”). When the date documented is obviously in error (not a valid format/range or outside of the parameters of care [after Discharge Date]) and no other documentation is found that provides this information, the abstractor should select “UTD.”

Examples:
- Documentation indicates the **ICD-10-PCS Other Procedure Dates** was 02-42-20xx. No other documentation in the medical record provides a valid date. Since the *ICD-10-PCS Other Procedure Dates* is outside of the range listed in the Allowable Values for “Day,” it is not a valid date and the abstractor should select “UTD.”
- Patient expires on 02-12-20xx and documentation indicates the **ICD-10-PCS Other Procedure Dates** was 03-12-20xx. Other documentation in the medical record supports the date of death as being accurate. Since the **ICD-10-PCS Other Procedure Dates** is after the Discharge Date (death), it is outside of the parameters of care and the abstractor should select “UTD.”

Suggested Data Sources:
- Consultation notes
- Diagnostic test reports
Discharge summary
Face sheet
Operative notes
Procedure notes
Progress notes
UB-04

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None
Data Element Name: ICD-10-CM Principal Diagnosis Code

Collected For: All Records

Definition: The ICD-10-CM diagnosis code that is primarily responsible for the admission of the patient to the hospital for care during this hospitalization.

Suggested Data Collection Question: What was the ICD-10-CM code selected as the principal diagnosis for this record?

Format:
- Length: 3-7 (without decimal point or dot)
- Type: Character (upper or lower case)
- Occurs: 1

Allowable Values:
Any valid diagnosis code as per the CMS ICD-10-CM master code table (2015 Code Descriptions in Tabular Order):

Notes for Abstraction:
None

Suggested Data Sources:
- Discharge summary
- Face sheet
- UB-04

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None
Data Element Name: ICD-10-PCS Principal Procedure Code

Collected For: All Records

Definition: The principal procedure is the procedure performed for definitive treatment rather than diagnostic or exploratory purposes, or which is necessary to take care of a complication.

Suggested Data Collection Question: What was the ICD-10-PCS code selected as the principle procedure for this record?

Format:
- Length: 3-7 (without decimal point or dot)
- Type: Character (upper or lower case)
- Occurs: 1

Allowable Values: Any valid procedure code as per the CMS ICD-10-PCS master code table (2015 PCS Long and Abbreviated Titles):

Notes for Abstraction:
None

Suggested Data Sources:
- Discharge summary
- Face sheet
- UB-04

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None
Data Element Name: ICD-10-PCS Principal Procedure Date

Collected For: All Records

Definition: The month, day, and year when the principal procedure was performed

Suggested Data Collection Question: What was the date the principal procedure was performed?

Format:
   Length: 10 – MM/DD/YYYY (includes dashes) or UTD
   Type: Date
   Occurs: 1

Allowable Values:
   MM = Month (01-12)
   DD = Day (01-31)
   YYYY = Year (20xx)
   UTD = Unable to Determine

Notes for Abstraction:
- If the principal procedure date is unable to be determined from medical record documentation, select “UTD.”
- The medical record must be abstracted as documented (taken at “face value”). When the date documented is obviously in error (not a valid date/format or is outside of the parameters of care [after Discharge Date]) and no other documentation is found that provides this information, the abstractor should select “UTD.”

Examples:
- Documentation indicates the ICD-10-PCS Principal Procedure Date was 02-42-20xx. No other documentation in the medical record provides a valid date. Since the ICD-10-PCS Principal Procedure Date is outside of the range listed in the Allowable Values for “Day,” it is not a valid date and the abstractor should select “UTD.”
- Patient expires on 02-12-20xx and documentation indicates the ICD-10-PCS Principal Procedure Date was 03-12-20xx. Other documentation in the medical record supports the date of death as being accurate. Since the ICD-10-PCS Principal Procedure Date is after the Discharge Date (death), it is outside of the parameter of care and the abstractor should select “UTD.”

Suggested Data Sources:
- Consultation notes
- Diagnostic test reports
- Discharge summary
• Face sheet
• Operative notes
• Procedure notes
• Progress notes
• UB-04

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None
Data Element Name: Labor

Collected For: OBS-4

Definition: Documentation by the clinician that the patient was in labor prior to induction and/or cesarean birth.

Suggested Data Collection Question: Is there documentation by the clinician that the patient was in labor prior to induction and/or cesarean birth?

Format:
   Length: 1
   Type: Alphanumeric
   Occurs: 1

Allowable Values:
   Y (Yes) There is documentation by the clinician that the patient was in labor prior to induction and/or cesarean birth.
   N (No) There is no documentation by the clinician that the patient was in labor prior to induction and/or cesarean birth OR unable to determine from medical record documentation.

Notes for Abstraction:
   - A clinician is defined as a physician, certified nurse midwife (CNM), advanced practice nurse/physician assistant (APN/PA) or registered nurse (RN).
   - Documentation of labor by the clinician should be abstracted at face value e.g., admit for management of labor, orders for labor, etc. There is no requirement for acceptable descriptors to be present in order to answer "yes" to labor.
   - Documentation of regular contractions with or without cervical change; e.g.
     - Contractions every 4 to 5 minutes
     - regular contractions and dilation
     - effacement 50% with contractions every 3 minutes
     - steady contractions
   - Induction of labor is defined as the use of medications or other methods to bring on (induce) labor. Methods of induction of labor include, but are not limited to:
     - Administration of Oxytocin (Pitocin)
     - Artificial rupture of membranes (AROM) or amniotomy
     - Insertion of a catheter with an inflatable balloon to dilate the cervix
     - Ripening of the cervix with prostaglandins, i.e. Cervidil, Prepidil, Cytotec, etc.
     - Stripping of the membranes when the clinician sweeps a gloved finger over the thin membranes that connect the amniotic sac to the wall of the uterus.
Suggested Data Sources:
- History and physical
- Nursing notes
- Physician orders
- Medication administration record (MAR)
- Labor flow sheet
- Physician progress notes

Inclusion Guidelines for Abstraction
The following are acceptable descriptors for labor:
- Active
- Early
- Latent
- Spontaneous

Exclusion Guidelines for Abstraction
The following is not an acceptable descriptor for labor:
- Prodromal
Data Element Name: Last Name

Collected For: All Records

Definition: The patient’s last name

Suggested Data Collection Question: What is the patient’s last name?

Format:
- Length: 60
- Type: Character
- Occurs: 1

Allowable Values:
Enter the patient’s last name. Up to 60 letters, numbers, and/or special characters can be entered.

NOTE: Only the following special characters will be allowed: ~ ! @ # $ % ^ * ( ) _ + { } | : ? ` - = [ ] ; ’ , / and space

Notes for Abstraction:
None

Suggested Data Sources:
- Emergency Department record
- Face sheet
- History and physical

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None
Data Element Name: Number of Previous Live Births

Collected For: OBS-6

Definition: The number of deliveries resulting in a live birth the patient experienced prior to current hospitalization.

Suggested Data Collection Question: How many deliveries resulting in a live birth did the patient experience prior to current hospitalization?

Format:
   Length: 2 or UTD
   Type: Alphanumeric
   Occurs: 1

Allowable Values:
   0 – 50
   UTD    Unable to Determine

Notes for Abstraction:
   • Parity may be used for the number of previous deliveries resulting in a live birth if zero is documented. For any number greater than zero, parity may ONLY be used provided there is additional documentation indicating the same number of live births experienced prior to this hospitalization. If the number of parity documented in the EHR is “one” and includes the delivery for current hospitalization, abstract zero for previous live births.
   • The delivery or operating room record should be reviewed first for the number of previous live births. If the number of previous live births is not recorded in the delivery or operating room record, then continue to review the data sources in the following order: history and physical, prenatal forms, clinician admission progress note and discharge summary until a positive finding for the number of previous live births is found. In cases where there is conflicting data, the number of previous live births found in the first document according to the order listed in the Only Acceptable Sources should be used.
   • If gravidity is documented as one, the number of previous live births should be considered zero.
   • The previous delivery of live twins or any live multiple gestation is considered one live birth event.
   • Documentation in the acceptable data sources may be written by the following clinicians: physician, certified nurse midwife (CNM), advanced practice nurse/physician assistant (APN/PA) or registered nurse (RN).
• It is acceptable to use data derived from vital records reports received from state or local departments of public health, delivery logs or clinical information systems if they are available and are directly derived from the medical record with a process in place to confirm their accuracy. If this is the case, these may be used in lieu of the Only Acceptable Sources listed below.

• If primagravida or nulliparous is documented select zero for the number of previous live births.

• GTPAL documentation alone does not indicate previous live births. Previous live births may be abstracted from an acceptable data source by adding the number of all previous Term plus Preterm deliveries minus the Stillbirths and the current delivery.

• If the number of previous live births entered by the clinician in the first document listed is obviously incorrect (in error) but it is a valid number or two different numbers are listed in the first document and the correct number can be supported with documentation in the other acceptable data sources in the medical record, the correct number may be entered.

Suggested Data Sources:

ONLY Acceptable Sources in Order of Preference

• Delivery record, note or summary
• Operating room record, note or summary
• History and physical
• Prenatal forms
• Admission clinician progress note
• Discharge summary

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None
Data Element Name: Patient Identifier

Collected For: All Records

Definition: The number used by the hospital to identify this patient’s stay. The number provided will be used to identify the patient in communications with the hospital, e.g. Medical Record Number, Account Number or Unique Identifiable Number as determined by the facility.

Suggested Data Collection Question: What was the number used by the hospital to identify this patient’s stay?

Format:
- Length: 40
- Type: Character
- Occurs: 1

Allowable Values:
Up to 40 letters, numbers, and/or characters.
Note: The only characters that will be allowed are spaces, hyphens, dashes and under-scores.

Notes for Abstraction:
None

Suggested Data Sources:
None

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None
Data Element Name: Prescription for Tobacco Cessation Medication

Collected For: TOB-3

Definition: Documentation that an FDA-approved tobacco cessation medication was prescribed at hospital discharge.

Suggested Data Collection Question: Was an FDA-approved tobacco cessation medication prescribed at discharge?

Format:
- Length: 1
- Type: Alphanumeric
- Occurs: 1

Allowable Values:
1. A prescription for an FDA-approved tobacco cessation medication was given to the patient at discharge.
2. A prescription for an FDA-approved tobacco cessation medication was offered at discharge and the patient refused.
3. The patient's residence is not in the USA.
4. A prescription for an FDA-approved tobacco cessation medication was not offered at discharge or unable to determine from medical record documentation.

Notes for Abstraction
- All discharge medication documentation available in the chart should be reviewed and taken into account by the abstractor. In determining whether a tobacco cessation medication was prescribed at discharge, it is not uncommon to see conflicting documentation among different medical record sources. For example, the discharge summary may list Varenicline, and this is not included in any of the other discharge medication sources (e.g., discharge orders). Select Value “1” unless documentation elsewhere in the medical record suggests that it (tobacco cessation medication) was not prescribed at discharge.
- If documentation is contradictory (physician noted “d/c Varenicline” or “hold Varenicline” in the discharge orders, but Varenicline is listed in the discharge summary’s discharge medication list) or after careful examination of circumstance, context, timing, etc., the documentation remains unclear, the case should be deemed unable to determine. Select Value “4.”
  - If the physician wishes the patient to continue on medication that does not require a prescription (for example, over the counter nicotine replacement therapy (NRT) or medication that will be provided by the outpatient counseling or quit line), select Value “1” if the medication is listed on the discharge medication list.
  - If the patient does not have a residence in the USA, Value “3” must be selected.
• If the patient refused tobacco cessation medication during the hospitalization, a prescription must be offered again at the time of discharge. Select Value "4" if documentation reflects that a prescription for cessation medication was not offered at the time of discharge.

**Suggested Data Sources:**
- Discharge instruction sheet
- Discharge summary
- Medication reconciliation form
- Nursing discharge notes
- Physician order sheet
- Transfer sheet

**Inclusion Guidelines for Abstraction:**
Refer to Appendix C, Table 9.1 for a comprehensive list of FDA-approved tobacco cessation medications

**Exclusion Guidelines for Abstraction:**
None
Data Element Name: Prior Uterine Surgery

Collected For: OBS 4

Definition: Documentation that the patient had undergone prior uterine surgery

Suggested Data Collection Question: Is there documentation that the patient had undergone prior uterine surgery?

Format:
- **Length:** 1
- **Type:** Alphanumeric
- **Occurs:** 1

Allowable Values:
- **Y (Yes)** The medical record contains documentation that the patient had undergone prior uterine surgery.
- **N (No)** The medical record does not contain documentation that the patient had undergone a prior uterine surgery OR unable to determine from medical record documentation.

Notes for Abstraction:
None

Suggested Data Sources:
- History and physical
- Nursing admission assessment
- Progress notes
- Physician’s notes
- Prenatal forms

Inclusion Guidelines for Abstraction:
The only prior uterine surgeries considered for the purposes of the measure are:
- Prior classical cesarean birth which is defined as a vertical incision into the upper uterine segment
- Prior myomectomy
- Prior uterine surgery resulting in a perforation of the uterus due to an accidental injury
- History of a uterine window or thinning or defect of the uterine wall noted during prior uterine surgery or during a past or current ultrasound
- History of uterine rupture requiring surgical repair
- History of cornual ectopic pregnancy
- History of transabdominal cerclage
Exclusion Guidelines for Abstraction:
- Prior low transverse cesarean section
- Prior cesarean section without specifying prior classical cesarean section
- History of an ectopic pregnancy without specifying corneal ectopic pregnancy
- History of a cerclage without specifying transabdominal cerclage
Data Element Name: Reason for No Tobacco Cessation Medication at Discharge

Collected For: TOB-3

Definition: Reasons for not prescribing an FDA-approved tobacco cessation medication at discharge include:

- Allergy to all of the FDA-approved tobacco cessation medications
- Drug interaction (for all of the FDA-approved medications) with other drugs the patient is currently taking
- Other reasons documented by physician, advanced practice nurse (APN), physician assistant (PA), or pharmacist

Suggested Data Collection Question: Is there documentation of a reason for not prescribing one of the FDA-approved tobacco cessation medications at discharge?

Format:
Length: 1
Type: Alphanumeric
Occurs: 1

Allowable Values:
Y (Yes) There is documentation of a reason for not prescribing an FDA-approved cessation medication at discharge.
N (No) There is no documentation of a reason for not prescribing an FDA-approved cessation medication at discharge or unable to determine from medical record documentation.

Notes for Abstraction
- Reasons for not prescribing FDA-approved tobacco cessation medications must be documented by a physician/APN/PA or pharmacist.
- An allergy or adverse reaction to one of the FDA-approved cessation medications would not be a reason for not prescribing another of the cessation medications.
- In determining whether there is a reason documented by physician/APN/PA or pharmacist for not prescribing tobacco cessation medications, the reason must be explicitly documented (e.g., “No tobacco cessation medication as patient is post-operative and nicotine may place them at risk for impaired wound healing”) or clearly implied (e.g., “Patient becomes anxious when they take tobacco cessation medication”). If reasons are not mentioned in the context of cessation medication, do not make inferences (e.g., Do not assume that a tobacco cessation medication is not being prescribed because of the patient's history of recent surgery alone).
- When conflicting information is documented in the medical record, select value “No” for the indicated reasons present for not prescribing the tobacco cessation medications.
• If the reason for not prescribing FDA-approved cessation medication is documented at any time during the hospitalization, additional documentation of the reason at the time of discharge is not required.
• Documentation by the physician, advanced practice nurse (APN), physician assistant (PA), or pharmacist that the patient refused tobacco cessation medication is not considered a valid reason for no tobacco cessation medication at discharge. If refusal is documented as the reason, select Value “No.”

Suggested Data Sources:
• Anesthesia record
• Consultation record
• Discharge summary
• Emergency Department record
• History and physical
• Medication administration record (MAR)
• Physician orders
• Progress notes
• Transfer form

Inclusion Guidelines for Abstraction:
• Allergy or sensitivity
• Refer to Appendix C, Table 9.1 for a list of FDA-approved tobacco cessation medications

Exclusion Guidelines for Abstraction:
Medication allergy using a negative modifier or qualifier (questionable, risk of, suspect, etc.)
Data Element Name: Reason for No Tobacco Cessation Medication During the Hospital Stay

Collected For: TOB-2

Definition: Reasons for not administering an FDA-approved tobacco cessation medication documented during hospital stay within the first three days of admission include:

- Allergy to all of the FDA-approved tobacco cessation medications
- Drug interaction (for all of the FDA-approved medications) with other drugs the patient is currently taking
- Other reasons documented by physician, advanced practice nurse (APN), physician assistant (PA), or pharmacist

Suggested Data Collection Question: Is there documentation of a reason for not administering one of the FDA-approved tobacco cessation medications during the hospital stay within the first three days of admission?

Format:

- Length: 1
- Type: Alphanumeric
- Occurs: 1

Allowable Values:

- Y (Yes) There is documentation of a reason for not administering an FDA-approved cessation medication during the hospital stay within the first three days of admission.
- N (No) There is no documentation of a reason for not administering an FDA approved cessation medication during the hospital stay within the first three days of admission or unable to determine from medical record documentation.

Notes for Abstraction

- Reasons for not administering FDA-approved tobacco cessation medications must be documented by a physician/APN/PA or pharmacist.
- An allergy or adverse reaction to one of the FDA-approved cessation medications would not be a reason for not administering another of the cessation medications.
- In determining whether there is a reason documented by physician/APN/PA or pharmacist for not administering tobacco cessation medications, the reason must be explicitly documented (e.g., “No tobacco cessation medication as patient is post-operative and nicotine may place them at risk for impaired wound healing”) or clearly implied (e.g., “Patient becomes anxious when they take tobacco cessation medication”). If reasons are not mentioned in the context of cessation medication, do not make inferences (e.g., Do not assume that a tobacco
cessation medication is not being prescribed because of the patient’s history of recent surgery alone).

- When conflicting information is documented in the medical record, select Value “No” for the indicated reasons present for not administering the tobacco cessation medications.
- The timeframe for documenting a reason for not administering FDA-approved tobacco cessation medications must have occurred within the first three days of admission. The day after admission is defined as the first day.

- Documentation by the physician, advanced practice nurse (APN), physician assistant (PA), or pharmacist that the patient refused tobacco cessation medication is not considered a valid reason for no tobacco cessation medication during the hospitalization. If refusal is documented as the reason, select Value “No.”

**Suggested Data Sources:**
- Anesthesia record
- Consultation record
- Discharge summary
- Emergency Department record
- History and physical
- Medication administration record (MAR)
- Physician orders
- Progress notes
- Transfer form

**Inclusion Guidelines for Abstraction:**
- Allergy or sensitivity
- Refer to Appendix C, Table 9.1 for a list of FDA-approved tobacco cessation medications

**Exclusion Guidelines for Abstraction:**
Medication allergy using a negative modifier or qualifier (questionable, risk of, suspect, etc.)
Data Element Name: Referral for Outpatient Tobacco Cessation Counseling

Collected For: TOB-3

Definition: Documentation that a referral was made at discharge for ongoing evidence-based counseling with clinicians (physician or non-physician such as nurse, psychologist, counselor). Outpatient counseling may include proactive telephone counseling, group counseling, individual counseling and/or e-health and internet intervention. A counseling referral is defined as an appointment made by the healthcare provider or hospital either through telephone contact, fax or e-mail. For quitline referrals, the healthcare provider or hospital can either fax or e-mail a quitline referral or assist the patient in directly calling the quitline prior to discharge.

Suggested Data Collection Question: Did the patient receive a referral for Outpatient Tobacco Cessation Counseling?

Format:
- Length: 1
- Type: Alphanumeric
- Occurs: 1

Allowable Values:
1. The referral to outpatient tobacco cessation counseling treatment was made by the healthcare provider or health care organization at any time prior to discharge.
2. Referral information was given to the patient at discharge but the appointment was not made by the provider or health care organization prior to discharge.
3. The patient refused the referral for outpatient tobacco cessation counseling treatment and the referral was not made.
4. The patient's residence is not in the USA.
5. The referral for outpatient tobacco cessation counseling treatment was not offered at discharge or unable to determine from the medical record documentation.

Notes for Abstraction
- If a referral is made to a Quitline, defined as a telephone counseling in which at least some of the contact is initiated by the Quitline counselor to deliver tobacco use interventions, select value “1.” If the patient directly calls the Quitline during the hospitalization, documentation must reflect that staff was present during the call to verify that an appointment was set.
- If the patient is provided with contact information for e-health or internet smoking cessation programs which tailor program content to the tobacco user’s needs (by collecting information from the tobacco user and using algorithms to tailor feedback or recommendations, permitting the user to select from various features...
including extensive information on quitting, tobacco dependence, and related topics) select value “2.”

- If the patient is provided with self-help materials that are not tailored to the patient’s needs and do not provide a structured program, select value “5.”
- Select value “5” if
  - it cannot be determined that a referral for outpatient cessation counseling was made or;
  - it is unclear that the absence of the referral was due to a patient refusal or;
  - a referral was not offered.
- If the patient does not have a residence in the USA, value “4” must be selected.
- If the patient refused practical counseling during the hospitalization, a referral must be offered again at the time of discharge. Select Value “5” if a referral was not offered at the time of discharge.

Suggested Data Sources:
- Discharge instruction sheet
- Discharge summary
- Nursing discharge notes
- Physician order sheet
- Transfer sheet

Inclusion Guidelines for Abstraction:
- Group counseling
- E-health
- Individual counseling
- Internet structured programs
- Quitline

Exclusion Guidelines for Abstraction:
Self-help interventions (brochures, videotapes, audiotapes)
Data Element Name: Sex

Collected For: All Records

Definition: The patient's documented sex on arrival at the hospital.

Suggested Data Collection Question: What was the patient's sex on arrival?

Format:
- Length: 1
- Type: Character
- Occurs: 1

Allowable Values:
- M Male
- F Female
- U Unknown

Notes for Abstraction:
- Collect the documented patient’s sex at admission or the first documentation after arrival.
- Consider the sex to be unable to be determined and select “Unknown” if:
  - The patient refuses to provide their sex
  - Documentation is contradictory
  - Documentation indicates the patient is a Transsexual
  - Documentation indicates the patient is a Hermaphrodite

Suggested Data Sources:
- Consultation notes
- Emergency department record
- Face sheet
- History and physical
- Nursing admission notes
- Progress notes
- UB-04

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None
Data Element Name: Specimen Collection

Collected For: NBS-1

Definition: Documentation that the newborn screening specimen was collected during this hospital stay prior to discharge.

Suggested Data Collection Question: Was the newborn screening specimen collected in your hospital prior to discharge?

Format:
- Length: 1
- Type: Alphanumeric
- Occurs: 1

Allowable Values:
- Y (Yes) There is documentation that the newborn screening specimen was collected during this hospital stay prior to discharge.
- N (No) There is no documentation that the newborn screening specimen was collected during this hospital stay prior to discharge.

Notes for Abstraction:
None

Suggested Data Sources:
- Arkansas Department of Health Public Health Laboratory Newborn Screening tool
- Hospital's laboratory report: As long as there is a copy of the NBS tool in the medical record
- Arkansas Department of Health Newborn Screening Results Report
  Note: This can only be used to document the date and time the specimen was collected and that it was submitted. Do not use the “Received” date or time when abstracting the date and time of submission.

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None
Data Element Name: Specimen Collection Date

Collected For: NBS-1

Definition: The date the newborn screening specimen was collected.

Suggested Data Collection Question: On what date was the newborn screening specimen collected?

Format:
- Length: 10 – MM-DD-YYYY (includes dashes)
- Type: Date
- Occurs: 1

Allowable Values:
- MM = Month (0-12)
- DD = Day (1-31)
- YYYY = Year (2001-Current Year)
- UTD = Unable to Determine

Notes for Abstraction:
If the date of specimen collection is unable to be determined from medical record documentation, select “UTD.”

Suggested Data Sources:
ONLY allowable sources
- Arkansas Department of Health Public Health Laboratory Newborn Screening tool
- Hospital’s laboratory report: As long as there is a copy of the NBS tool in the medical record
- Arkansas Department of Health Newborn Screening Results Report
Note: This can only be used to document the date and time the specimen was collected and that it was submitted. Do not use the “Received” date or time when abstracting the date and time of submission.

Excluded Data Sources:
None

Inclusion Guidelines for Abstraction
None

Exclusion Guidelines for Abstraction
None
Data Element Name: Specimen Collection Time

Collected For: NBS-1

Definition: The earliest documented time (military time) the newborn screening specimen was collected at the hospital.

Suggested Data Collection Question: At what time was the newborn screening specimen collected? Use military time.

Format:
- **Length:** 5 - HH:MM (with or without colon) or UTD
- **Type:** Time
- **Occurs:** 1

Allowable Values:
- **HH** = Hour (00-23)
- **MM** = Minutes (00-59)
- **UTD** = Unable to Determine

Time must be recorded in military time format. With the exception of Midnight and Noon:
- If the time is in the a.m., conversion is not required
- If the time is in the p.m., add 12 to the clock time hour

**Examples:**
- Midnight - 00:00
- Noon - 12:00
- 5:31 am - 05:31
- 5:31 pm - 17:31
- 1:59 am - 11:59
- 1:59 pm - 23:59

**Note:**
00:00 = midnight. If the time is documented as 00:00 11-24-20xx, review supporting documentation to determine if the *Arrival Time* should remain 11-24-20xx or if it should be converted to 11-25-20xx. When converting Midnight or 24:00 to 00:00, do not forget to change the *Arrival Date*.

**Example:**
Midnight or 24:00 on 11-24-20xx = 00:00 on 11-25-20xx

Notes for Abstraction:
- For times that include “seconds,” remove the seconds and record the time as is. **Example:** 15:00:35 would be recorded as 15:00
- If the time of specimen collection is unable to be determined from medical record documentation, select “UTD.”
The Newborn Screening tool must be abstracted as documented (taken at “face value”). When the time documented is obviously in error (not a valid format/range) and no other documentation is found that provides this information, the abstractor should select “UTD.”

**Suggested Data Sources:**
- Arkansas Department of Health Public Health Laboratory Newborn Screening tool
- Hospital’s laboratory report: As long as there is a copy of the NBS tool in the medical record
- Arkansas Department of Health Newborn Screening Results Report
  Note: This can only be used to document the date and time the specimen was collected and that it was submitted. Do not use the “Received” date or time when abstracting the date and time of submission.

**Inclusion Guidelines for Abstraction:**
None

**Exclusion Guidelines for Abstraction:**
None
Data Element Name: Specimen Submission

Collected For: NBS-2

Definition: Documentation that the newborn screening specimen was submitted to the Arkansas Department of Health Public Health Laboratory.

Suggested Data Collection Question: Was the newborn screening specimen submitted to the Arkansas Department of Health Public Health Laboratory?

Format:
Length: 1
Type: Alphanumeric
Occurs: 1

Allowable Values:
Y (Yes) The newborn screening specimen was submitted to the Arkansas Department of Health Public Health Laboratory.
N (No) The newborn screening specimen was not submitted to the Arkansas Department of Health Public Health Laboratory.

Notes for Abstraction:
None

Suggested Data Sources:
- Arkansas Department of Health Public Health Laboratory Newborn Screening tool
- Hospital's laboratory report: As long as there is a copy of the NBS tool in the medical record
- Arkansas Department of Health Newborn Screening Results Report
  Note: This can only be used to document the date and time the specimen was collected and that it was submitted. Do not use the “Received” date or time when abstracting the date and time of submission.

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None
Data Element Name: Specimen Submission Date

Collected For: NBS-2

Definition: The date the newborn screening specimen was submitted to the Arkansas Department of Health Public Health Laboratory.

Suggested Data Collection Question: On what date was the newborn screening specimen submitted to the Arkansas Department of Health Public Health Laboratory?

Format:
- Length: 10 – MM-DD-YYYY (includes dashes)
- Type: Date
- Occurs: 1

Allowable Values:
- MM = Month (01-12)
- DD = Day (01-31)
- YYYY = Year (2001-Current Year)
- UTD = Unable to Determine

Notes for Abstraction:
If the date of specimen submission is unable to be determined from medical record documentation, select “UTD.”

Suggested Data Sources:
ONLY allowable sources
- Arkansas Department of Health Public Health Laboratory Newborn Screening tool
- Hospital’s laboratory report: As long as there is a copy of the NBS tool in the medical record
- Arkansas Department of Health Newborn Screening Results Report
  Note: This can only be used to document the date and time the specimen was collected and that it was submitted. Do not use the “Received” date or time when abstracting the date and time of submission.

Excluded Data Sources:
None

Inclusion Guidelines for Abstraction
None

Exclusion Guidelines for Abstraction
None
Data Element Name: Specimen Submission Time

Collected For: NBS-2

Definition: The earliest documented time (military time) the newborn screening specimen was submitted to the Arkansas Department of Health Lab.

Suggested Data Collection Question: At what time was the newborn screening specimen submitted to the Arkansas Department of Health Lab?

Format:
- **Length**: 5 - HH:MM (with or without colon) or UTD
- **Type**: Time
- **Occurs**: 1

Allowable Values:
- HH = Hour (00-23)
- MM = Minutes (00-59)
- UTD = Unable to Determine

Time must be recorded in military time format.

With the exception of Midnight and Noon:
- If the time is in the a.m., conversion is not required
- If the time is in the p.m., add 12 to the clock time hour

**Examples:**
- Midnight - 00:00
- Noon - 12:00
- 5:31 am - 05:31
- 5:31 pm - 17:31
- 1:59 am - 11:59
- 1:59 pm - 23:59

**Note:**
00:00 = midnight. If the time is documented as 00:00 11-24-20xx, review supporting documentation to determine if the Arrival Time should remain 11-24-20xx or if it should be converted to 11-25-20xx.

When converting Midnight or 24:00 to 00:00, do not forget to change the Arrival Date.

**Example:**
- Midnight or 24:00 on 11-24-20xx = 00:00 on 11-25-20xx

**Notes for Abstraction:**
- For times that include “seconds,” remove the seconds and record the time as is.
  - **Example:**
    - 15:00:35 would be recorded as 15:00
- If the time of specimen submission is unable to be determined from medical record documentation, select “UTD.”
The Newborn Screening tool must be abstracted as documented (taken at “face value”). When the time documented is obviously in error (not a valid format/range) and no other documentation is found that provides this information, the abstractor should select “UTD.”

**Suggested Data Sources:**

**ONLY allowable sources**

- Arkansas Department of Health Public Health Laboratory Newborn Screening tool
- Hospital's laboratory report: As long as there is a copy of the NBS tool in the medical record
- Arkansas Department of Health Newborn Screening Results Report
  
  Note: This can only be used to document the date and time the specimen was collected and that it was submitted. Do not use the “Received” date or time when abstracting the date and time of submission.

**Excluded Data Sources:**
None

**Inclusion Guidelines for Abstraction**
None

**Exclusion Guidelines for Abstraction**
None
Data Element Name: Term Newborn

Collected For: OBS-5

Definition: Documentation that the newborn was at term or >= 37 completed weeks of gestation at the time of birth.

Suggested Data Collection Question: Is there documentation that the newborn was at term or >= 37 completed weeks of gestation at the time of birth?

Format:
- Length: 1
- Type: Alphanumeric
- Occurs: 1

Allowable Values:
- Y (Yes) There is documentation that the newborn was at term or >= 37 completed weeks of gestation at the time of birth.
- N (No) There is no documentation that the newborn was at term or >= 37 completed weeks of gestation at the time of birth OR unable to determine from medical record documentation.

Notes for Abstraction:
- Gestational age should be rounded off to the nearest completed week, not the following week. For example, an infant born on the 5th day of the 36th week (35 weeks and 5/7 days) is at a gestational age of 35 weeks, not 36 weeks. Estimated gestational age (EGA) may be used to determine gestational age.
- It is acceptable to use data derived from vital records reports received from state or local departments of public health, delivery logs or clinical information systems if they are available and are directly derived from the medical record with a process in place to confirm their accuracy. If this is the case, these may be used in lieu of the acceptable data sources listed below.
- The mother's medical record ALONE cannot be used to determine the newborn's gestational age. This documentation must appear in the newborn's medical record without using the mother's medical record to perform the abstraction even if there is a link between the mother and newborn medical records in the EHR.
- In cases when there is conflicting documentation, e.g., both term and a gestational age of 36 weeks are documented, the gestational age takes precedence.

Suggested Data Sources:
- History and physical
- Nursing notes
- Nursing admission assessment
- Progress notes
- Physician's notes
• Discharge summary

**Additional Notes:**
None

**Inclusion Guidelines for Abstraction:**
• Gestational age of 37 weeks or more
• Early term
• Full term
• Late term
• Post term
• Term

**Exclusion Guidelines for Abstraction:**
• Gestational age of 36 weeks or less
• Preterm
• Early preterm
• Late preterm
Data Element Name: Tobacco Use Status

Collected For: All TOB Measures

Definition: Documentation of the adult patient’s tobacco use status within the past 30 days prior to the day of hospital admission. Tobacco use includes all forms of tobacco including cigarettes, smokeless tobacco products, pipe, and cigars. A tobacco use screen should identify the type of tobacco product used, the volume used, and the timeframe of use.

Suggested Data Collection Question: What is the patient’s tobacco use status?

Format:
- Length: 1
- Type: Alphanumeric
- Occurs: 1

Allowable Values:

1. The patient has during the past 30 days:
   - smoked, on average, 5 or more cigarettes (≥¼ pack) daily, and/or
   - smoked cigars and/or pipes daily.

2. The patient has during the past 30 days:
   - smoked, on average, 4 or less cigarettes (<¼ pack) daily, and/or
   - smoked cigarettes, cigars and/or pipes, but not daily, and/or
   - used smokeless tobacco, regardless of frequency.

3. The patient has not used any forms of tobacco in the past 30 days.

4. The patient refused the tobacco use screen.

5. The patient was not screened for tobacco use during this hospitalization or unable to determine the patient’s tobacco use status from medical record documentation.

6. The patient was not screened for tobacco use during the first day of admission because of cognitive impairment.

Notes for Abstraction

- If there is any documentation that the patient either currently uses tobacco products or is an ex-user that quit less than 30 days prior to admission, select the appropriate allowable value for the type of product used. In other words, even if there is conflicting documentation about tobacco use, the abstractor must select the Value reflecting that the patient uses tobacco.
- Documentation of "nicotine" use is not acceptable to determine tobacco use status. The documentation of "nicotine" use needs to be supported by language showing it was in the form of cigarettes, cigars, pipes and/or smokeless tobacco.
• If there is documentation that the patient has not used any tobacco products during the past 30 days prior to admission, continued assessment for the type, volume and frequency does not need to be performed.
• If there is documentation that the patient has used smokeless tobacco AND has also smoked cigarettes daily on average in a volume of five or more cigarettes (≥¼ pack) per day and/or cigars daily and/or pipes daily during the past 30 days, select Value “1.”
• There is no requirement to capture volume and frequency of use for patients using only smokeless tobacco.
• For the History and Physical (H&P) source, use only the H&P report for the current admission. The H&P may be a dictated report, a handwritten report on an H&P form, or a separate entry labeled as the H&P in the progress notes.
• Classify a form as a nursing admission assessment if the content is typical of nursing admission assessment (e.g., med/surg/social history, current meds, allergies, physical assessment) AND the form is completed/reviewed by a nurse or labeled as a “nursing form.”
• Disregard documentation of tobacco use history if the current tobacco use status or timeframe that patient quit is not defined (e.g., “20 pk/yr smoking history,” “History of tobacco abuse”).
• Do not include documentation of smoking history referenced as a “risk factor” (e.g., “risk factor: tobacco,” “risk factor: smoking,” “risk factor: smoker”), where current tobacco use status is indeterminable.
• When there is conflicting information in the record with regard to volume, for instance, one document indicates patient is a light smoker and another indicates patient is a volume greater than light smoking; select the allowable value “1” indicating the heaviest usage.
• If the medical record indicates the patient smokes cigarettes and the volume is not documented or is unknown, assume smoking at the heaviest level and select allowable value “1.”
• The tobacco use status screening timeframe must have occurred within the first day of admission. This includes the day of admission which is defined as day zero and the day after admission which is defined as the first day.
• Cognition refers to mental activities associated with thinking, learning, and memory. Cognitive impairment for the purposes of this measure set is related to documentation that the patient cannot be screened for tobacco use due to the impairment (e.g., comatose, obtunded, confused, memory loss) the entire first day of admission.
• If there is documentation within the first day of admission that the patient was psychotic with documented symptoms, e.g., hallucinating, non-communicative, catatonic, etc., which prevented them from answering questions reliably, they would be considered cognitively impaired.
• If there is documentation that the patient has temporary cognitive impairment due to acute substance use (e.g., overdose or acute intoxication) Value “6” cannot be selected.
• If there is documentation that the patient was intubated the entire first day of admission, select Value “6” as the patient is unable to answer.
• If there is documentation of any of the examples of cognitive impairment below within the first day of admission, select Value “6” regardless of conflicting documentation. Examples of cognitive impairment include:
  o Altered Level of Consciousness (LOC)
  o Altered Mental Status
  o Cognitive impairment
  o Cognitively impaired
  o Confused
  o Dementia
  o Memory loss
  o Mentally retarded
  o Obtunded
    o Psychotic/psychosis

**Suggested Data Sources:**
• Emergency department record
• History and physical
• Nursing admission assessment
• Nursing admission notes
• Physician progress notes
• Respiratory therapy notes

**Inclusion Guidelines for Abstraction:**
• Chewing (spit) tobacco
• Dry snuff
• Moist snuff
• Plug tobacco
• Redman
• Smokeless tobacco
• Snus
• Twist

**Exclusion Guidelines for Abstraction:**
• E-cigarettes
• Hookah pipe
• Marijuana use only
• Nicotine delivery system
• Vaping or nicotine vaporizer use
Data Element Name: Tobacco Use Treatment FDA-Approved Cessation Medication

Collected For: TOB-2

Definition: The FDA-approved tobacco cessation medications may be referenced in Appendix C on Table 9.1

Suggested Data Collection Question: Did the patient receive one of the FDA-approved tobacco cessation medications during the hospital stay?

Format:
   Length: 1
   Type: Alphanumeric
   Occurs: 1

Allowable Values:
   1  The patient received one of the FDA-approved tobacco cessation medications during the hospital stay.
   2  The patient refused the FDA-approved tobacco cessation medications during the hospital stay.
   3  FDA-approved tobacco cessation medications were not offered to the patient during the hospital stay or unable to determine from medical record documentation.

Notes for Abstraction
   • If nicotine replacement therapy (NRT) is ordered PRN and the patient does not receive any doses during the hospital stay, select value “2” (the patient refused the FDA-approved tobacco cessation medications during the hospital stay).

Suggested Data Sources:
   • Medication administration record (MAR)
   • Physician orders

Inclusion Guidelines for Abstraction:
Refer to Appendix C, Table 9.1 for the list of FDA-approved tobacco cessation medications

Exclusion Guidelines for Abstraction:
   • None
Data Element Name: Tobacco Use Treatment Practical Counseling

Collected For: TOB-2

Definition: The components of practical counseling require a one-on-one interaction with the patient to address at a minimum the following three components: recognizing danger situations, developing coping skills, and providing basic information about quitting.

Suggested Data Collection Question: Did the patient receive all of the components of practical counseling during the hospital stay?

Format:
- Length: 1
- Type: Alphanumeric
- Occurs: 1

Allowable Values:
1. The patient received all components of practical counseling during the hospital stay.
2. The patient refused/declined practical counseling during the hospital stay.
3. Practical counseling was not offered to the patient during the hospital stay or unable to determine if tobacco use treatment was provided from medical record documentation.

Notes for Abstraction:
- A referral to the Quitline may be considered a component of practical counseling (providing basic information about quitting), however, handing the patient a phone number to call for the quit line will not meet the intent of practical counseling. There must be interaction between the patient and the caregiver.
- A pamphlet with basic information about quitting, recognizing danger situations and how to develop coping skills may be given to the patient; however, the caregiver must still document what was discussed with the patient from the pamphlet. Giving the patient a pamphlet alone does not constitute practical counseling which requires a one-on-one interaction with the patient.
- Danger situations covered in practical counseling might include alcohol use during the first month after quitting, being around smoke and/or other smokers, or times/situations when the patient routinely smoked (in the car, on break at work, with coffee, after a meal, upon waking up, social events, etc.). Triggers and/or roadblocks are the same as danger situations.
- Coping skills covered in practical counseling might include learning new ways to manage stress, exercising, relaxation breathing, changing routines and distraction techniques to prevent tobacco use.
- Basic information on quitting covered in practical counseling might include the benefits of quitting tobacco, how to quit techniques and available resources to support quitting.
• If there is no documentation that practical counseling was given to the patient, select value “3.”
• Select value “3” if the documentation provided is not explicit enough to determine if the counseling provided contained all components or if the counseling meets the intent of the measure.

Suggested Data Sources:
• Medication administration record (MAR)
• Nursing notes
• Physician progress notes
• Respiratory therapy notes

Inclusion Guidelines for Abstraction:
Referral to Quitline

Exclusion Guidelines for Abstraction:
None
## Appendix A

### Table 11.01.1 Delivery

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<td>Extraction of Products of Conception, Low Cervical, Open Approach</td>
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<td>Extraction of Products of Conception, Extraperitoneal, Open Approach</td>
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### Table 11.05 Medical Induction of Labor

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<td>10903ZC</td>
<td>Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Percutaneous Approach</td>
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<td>Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Percutaneous Endoscopic Approach</td>
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### Table 11.06 Cesarean Birth

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<td>Extraction of Products of Conception, Low Cervical, Open Approach</td>
</tr>
<tr>
<td>10D00Z2</td>
<td>Extraction of Products of Conception, Extraperitoneal, Open Approach</td>
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</table>

### Table 11.06.1 Planned Cesarean Birth in Labor

- **Onset (spontaneous) of labor after 37 completed weeks of gestation but before 39 completed weeks gestation, with delivery by (planned) cesarean section**
  - O7582

### Table 11.07 Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation

- O43219  Placenta accreta, unspecified trimester
- B20  Human immunodeficiency virus [HIV] disease
- K835  Biliary cyst
- K838  Other specified diseases of biliary tract
- K87  Disorders of gallbladder, biliary tract and pancreas in diseases classified elsewhere
- O09291  Supervision of pregnancy with other poor reproductive or obstetric history, first trimester
O09292 Supervision of pregnancy with other poor reproductive or obstetric history, second trimester
O09293 Supervision of pregnancy with other poor reproductive or obstetric history, third trimester
O09299 Supervision of pregnancy with other poor reproductive or obstetric history, unspecified trimester
O10011 Pre-existing essential hypertension complicating pregnancy, first trimester
O10012 Pre-existing essential hypertension complicating pregnancy, second trimester
O10013 Pre-existing essential hypertension complicating pregnancy, third trimester
O1002 Pre-existing essential hypertension complicating childbirth
O1003 Pre-existing essential hypertension complicating the puerperium
O10111 Pre-existing hypertensive heart disease complicating pregnancy, first trimester
O10112 Pre-existing hypertensive heart disease complicating pregnancy, second trimester
O10113 Pre-existing hypertensive heart disease complicating pregnancy, third trimester
O1012 Pre-existing hypertensive heart disease complicating childbirth
O1013 Pre-existing hypertensive heart disease complicating the puerperium
O10211 Pre-existing hypertensive chronic kidney disease complicating pregnancy, first trimester
O10212 Pre-existing hypertensive chronic kidney disease complicating pregnancy, second trimester
O10213 Pre-existing hypertensive chronic kidney disease complicating pregnancy, third trimester
O1022 Pre-existing hypertensive chronic kidney disease complicating childbirth
O10311 Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, first trimester
O10312 Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, second trimester
O10313 Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, third trimester
O1032 Pre-existing hypertensive heart and chronic kidney disease complicating childbirth
O10411 Pre-existing secondary hypertension complicating pregnancy, first trimester
O10412 Pre-existing secondary hypertension complicating pregnancy, second trimester
O10413 Pre-existing secondary hypertension complicating pregnancy, third trimester
O1042 Pre-existing secondary hypertension complicating childbirth
O1043 Pre-existing secondary hypertension complicating the puerperium
O10911 Unspecified pre-existing hypertension complicating pregnancy, first trimester
O10912 Unspecified pre-existing hypertension complicating pregnancy, second trimester
O10913 Unspecified pre-existing hypertension complicating pregnancy, third trimester
O1092 Unspecified pre-existing hypertension complicating childbirth
O111 Pre-existing hypertension with pre-eclampsia, first trimester
O111 Pre-existing hypertension with pre-eclampsia, first trimester
O111 Pre-existing hypertension with pre-eclampsia, first trimester
O112 Pre-existing hypertension with pre-eclampsia, second trimester
O113 Pre-existing hypertension with pre-eclampsia, third trimester
O1211 Gestational proteinuria, first trimester
O1212 Gestational proteinuria, second trimester
O1213 Gestational proteinuria, third trimester
O1221 Gestational edema with proteinuria, first trimester
O1222 Gestational edema with proteinuria, second trimester
O1223 Gestational edema with proteinuria, third trimester
O131 Gestational [pregnancy-induced] hypertension without significant proteinuria, first trimester
O131 Gestational [pregnancy-induced] hypertension without significant proteinuria, first trimester
O132 Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester
O133 Gestational [pregnancy-induced] hypertension without significant proteinuria, third trimester
O1402 Mild to moderate pre-eclampsia, second trimester
O1403 Mild to moderate pre-eclampsia, third trimester
O1412 Severe pre-eclampsia, second trimester
O1413 Severe pre-eclampsia, third trimester
O1422 HELLP syndrome (HELLP), second trimester
O1423 HELLP syndrome (HELLP), third trimester
O1492 Unspecified pre-eclampsia, second trimester
O1493 Unspecified pre-eclampsia, third trimester
O1502 Eclampsia in pregnancy, second trimester
O1503 Eclampsia in pregnancy, third trimester
O151 Eclampsia in labor
O152 Eclampsia in the puerperium
O161 Unspecified maternal hypertension, first trimester
O162 Unspecified maternal hypertension, second trimester
O163 Unspecified maternal hypertension, third trimester
O169 Unspecified maternal hypertension, unspecified trimester
O24011 Pre-existing diabetes mellitus, type 1, in pregnancy, first trimester
O24012 Pre-existing diabetes mellitus, type 1, in pregnancy, second trimester
O24013 Pre-existing diabetes mellitus, type 1, in pregnancy, third trimester
O2402 Pre-existing diabetes mellitus, type 1, in childbirth
O24111 Pre-existing diabetes mellitus, type 2, in pregnancy, first trimester
O24112 Pre-existing diabetes mellitus, type 2, in pregnancy, second trimester
O24113 Pre-existing diabetes mellitus, type 2, in pregnancy, third trimester
O2412 Pre-existing diabetes mellitus, type 2, in childbirth
O24311 Unspecified pre-existing diabetes mellitus in pregnancy, first trimester
O24312 Unspecified pre-existing diabetes mellitus in pregnancy, second trimester
O24313 Unspecified pre-existing diabetes mellitus in pregnancy, third trimester
O2432 Unspecified pre-existing diabetes mellitus in childbirth
O24410 Gestational diabetes mellitus in pregnancy, diet controlled
O24414 Gestational diabetes mellitus in pregnancy, insulin controlled
O24419 Gestational diabetes mellitus in pregnancy, unspecified control
O24420 Gestational diabetes mellitus in childbirth, diet controlled
O24424 Gestational diabetes mellitus in childbirth, insulin controlled
O24429 Gestational diabetes mellitus in childbirth, unspecified control
O24811 Other pre-existing diabetes mellitus in pregnancy, first trimester
O24812  Other pre-existing diabetes mellitus in pregnancy, second trimester
O24813  Other pre-existing diabetes mellitus in pregnancy, third trimester
O2482   Other pre-existing diabetes mellitus in childbirth
O24911  Unspecified diabetes mellitus in pregnancy, first trimester
O24912  Unspecified diabetes mellitus in pregnancy, second trimester
O24913  Unspecified diabetes mellitus in pregnancy, third trimester
O2492   Unspecified diabetes mellitus in childbirth
O26611  Liver and biliary tract disorders in pregnancy, first trimester
O26612  Liver and biliary tract disorders in pregnancy, second trimester
O26613  Liver and biliary tract disorders in pregnancy, third trimester
O2662   Liver and biliary tract disorders in childbirth
O26831  Pregnancy related renal disease, first trimester
O26832  Pregnancy related renal disease, second trimester
O26833  Pregnancy related renal disease, third trimester
O30001  Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30002  Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30003  Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30011  Twin pregnancy, monochorionic/monoamniotic, first trimester
O30012  Twin pregnancy, monochorionic/monoamniotic, second trimester
O30013  Twin pregnancy, monochorionic/monoamniotic, third trimester
O30031  Twin pregnancy, monochorionic/diamniotic, first trimester
O30032  Twin pregnancy, monochorionic/diamniotic, second trimester
O30033  Twin pregnancy, monochorionic/diamniotic, third trimester
O30041  Twin pregnancy, dichorionic/diamniotic, first trimester
O30042  Twin pregnancy, dichorionic/diamniotic, second trimester
O30043  Twin pregnancy, dichorionic/diamniotic, third trimester
O30091  Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
O30092  Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O30093  Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O30101  Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30102  Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30103  Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30111  Triplet pregnancy with two or more monochorionic fetuses, first trimester
O30112  Triplet pregnancy with two or more monochorionic fetuses, second trimester
O30113  Triplet pregnancy with two or more monochorionic fetuses, third trimester
O30121  Triplet pregnancy with two or more monoamniotic fetuses, first trimester
O30122  Triplet pregnancy with two or more monoamniotic fetuses, second trimester
O30123  Triplet pregnancy with two or more monoamniotic fetuses, third trimester
O30191  Triplet pregnancy, unable to determine number of placenta and number of amniotic
dsacs, first trimester
O30192  Triplet pregnancy, unable to determine number of placenta and number of amniotic
dsacs, second trimester
O30193  Triplet pregnancy, unable to determine number of placenta and number of amniotic
dsacs, third trimester
O30201  Quadruplet pregnancy, unspecified number of placenta and unspecified number of
amniotic sacs, first trimester
O30202  Quadruplet pregnancy, unspecified number of placenta and unspecified number of
amniotic sacs, second trimester
O30203  Quadruplet pregnancy, unspecified number of placenta and unspecified number of
amniotic sacs, third trimester
O30211  Quadruplet pregnancy with two or more monochorionic fetuses, first trimester
O30212  Quadruplet pregnancy with two or more monochorionic fetuses, second trimester
O30213  Quadruplet pregnancy with two or more monochorionic fetuses, third trimester
O30221  Quadruplet pregnancy with two or more monoamniotic fetuses, first trimester
O30222  Quadruplet pregnancy with two or more monoamniotic fetuses, second trimester
O30223  Quadruplet pregnancy with two or more monoamniotic fetuses, third trimester
O30291  Quadruplet pregnancy, unable to determine number of placenta and number of amniotic
sacs, first trimester
O30292  Quadruplet pregnancy, unable to determine number of placenta and number of amniotic
sacs, second trimester
O30293  Quadruplet pregnancy, unable to determine number of placenta and number of amniotic
sacs, third trimester
O30801  Other specified multiple gestation, unspecified number of placenta and unspecified
number of amniotic sacs, first trimester
O30802  Other specified multiple gestation, unspecified number of placenta and unspecified
number of amniotic sacs, second trimester
O30803  Other specified multiple gestation, unspecified number of placenta and unspecified
number of amniotic sacs, third trimester
O30811  Other specified multiple gestation with two or more monochorionic fetuses, first
trimester
O30812  Other specified multiple gestation with two or more monochorionic fetuses, second
trimester
O30813  Other specified multiple gestation with two or more monochorionic fetuses, third
trimester
O30821  Other specified multiple gestation with two or more monoamniotic fetuses, first
trimester
O30822  Other specified multiple gestation with two or more monoamniotic fetuses, second
trimester
O30823  Other specified multiple gestation with two or more monoamniotic fetuses, third
trimester
O30891  Other specified multiple gestation, unable to determine number of placenta and number
of amniotic sacs, first trimester
O30892 Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, second trimester
O30893 Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, third trimester
O3091 Multiple gestation, unspecified, first trimester
O3092 Multiple gestation, unspecified, second trimester
O3093 Multiple gestation, unspecified, third trimester
O3111X0 Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, not applicable or unspecified
O3111X0 Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, not applicable or unspecified
O3111X0 Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, not applicable or unspecified
O3111X0 Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, not applicable or unspecified
O3111X1 Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 1
O3111X1 Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 1
O3111X2 Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 2
O3111X2 Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 2
O3111X3 Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 3
O3111X4 Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 4
O3111X5 Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 5
O3111X9 Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, other fetus
O3112X0 Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, not applicable or unspecified
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O3112X1 Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 1
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O3112X2 Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 2
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O3112X3 Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 3
O3112X4  Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 4
O3112X5  Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 5
O3112X9  Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, other fetus
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O3131X5  Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, fetus 5
O3131X9  Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, other fetus
O3132X0  Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, not applicable or unspecified
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O360114  Maternal care for anti-D [Rh] antibodies, first trimester, fetus 4
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O365929 Maternal care for other known or suspected poor fetal growth, second trimester, other fetus
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O365932 Maternal care for other known or suspected poor fetal growth, third trimester, fetus 2
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O368123 Decreased fetal movements, second trimester, fetus 3
O368124 Decreased fetal movements, second trimester, fetus 4
O368125 Decreased fetal movements, second trimester, fetus 5
O368129 Decreased fetal movements, second trimester, other fetus
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O368135  Decreased fetal movements, third trimester, fetus 5
O368139  Decreased fetal movements, third trimester, other fetus
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O401XX5  Polyhydramnios, first trimester, fetus 5
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O4103XX0  Oligohydramnios, third trimester, not applicable or unspecified
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O4103XX4  Oligohydramnios, third trimester, fetus 4
O4103X5  Oligohydramnios, third trimester, fetus 5
O4103X9  Oligohydramnios, third trimester, other fetus
O411010  Infection of amniotic sac and membranes, unspecified, first trimester, not applicable or unspecified
O411011  Infection of amniotic sac and membranes, unspecified, first trimester, fetus 1
O411012  Infection of amniotic sac and membranes, unspecified, first trimester, fetus 2
O411013  Infection of amniotic sac and membranes, unspecified, first trimester, fetus 3
O411014  Infection of amniotic sac and membranes, unspecified, first trimester, fetus 4
O411015  Infection of amniotic sac and membranes, unspecified, first trimester, fetus 5
O411019  Infection of amniotic sac and membranes, unspecified, first trimester, other fetus
O411020  Infection of amniotic sac and membranes, unspecified, second trimester, not applicable or unspecified
O411021  Infection of amniotic sac and membranes, unspecified, second trimester, fetus 1
O411022  Infection of amniotic sac and membranes, unspecified, second trimester, fetus 2
O411023  Infection of amniotic sac and membranes, unspecified, second trimester, fetus 3
O411024  Infection of amniotic sac and membranes, unspecified, second trimester, fetus 4
O411025  Infection of amniotic sac and membranes, unspecified, second trimester, fetus 5
O411029  Infection of amniotic sac and membranes, unspecified, second trimester, other fetus
O411030  Infection of amniotic sac and membranes, unspecified, third trimester, not applicable or unspecified
O411031  Infection of amniotic sac and membranes, unspecified, third trimester, fetus 1
O411032  Infection of amniotic sac and membranes, unspecified, third trimester, fetus 2
O411033  Infection of amniotic sac and membranes, unspecified, third trimester, fetus 3
O411034  Infection of amniotic sac and membranes, unspecified, third trimester, fetus 4
O411035  Infection of amniotic sac and membranes, unspecified, third trimester, fetus 5
O411039  Infection of amniotic sac and membranes, unspecified, third trimester, other fetus
O411210  Chorioamnionitis, first trimester, not applicable or unspecified
O411211  Chorioamnionitis, first trimester, fetus 1
O411212  Chorioamnionitis, first trimester, fetus 2
O411213  Chorioamnionitis, first trimester, fetus 3
O411214  Chorioamnionitis, first trimester, fetus 4
O411215  Chorioamnionitis, first trimester, fetus 5
O411219  Chorioamnionitis, first trimester, other fetus
O411220  Chorioamnionitis, second trimester, not applicable or unspecified
O411221  Chorioamnionitis, second trimester, fetus 1
O411222  Chorioamnionitis, second trimester, fetus 2
O411223  Chorioamnionitis, second trimester, fetus 3
O411224  Chorioamnionitis, second trimester, fetus 4
O411225  Chorioamnionitis, second trimester, fetus 5
O411229  Chorioamnionitis, second trimester, other fetus
O411230  Chorioamnionitis, third trimester, not applicable or unspecified
O411231  Chorioamnionitis, third trimester, fetus 1
O411232  Chorioamnionitis, third trimester, fetus 2
O411233  Chorioamnionitis, third trimester, fetus 3
O411234  Chorioamnionitis, third trimester, fetus 4
O411235  Chorioamnionitis, third trimester, fetus 5
O411239  Chorioamnionitis, third trimester, other fetus
O411410  Placentitis, first trimester, not applicable or unspecified
O411411  Placentitis, first trimester, fetus 1
O411412  Placentitis, first trimester, fetus 2
O411413  Placentitis, first trimester, fetus 3
O411414  Placentitis, first trimester, fetus 4
O411415  Placentitis, first trimester, fetus 5
O411419  Placentitis, first trimester, other fetus
O411420  Placentitis, second trimester, not applicable or unspecified
O411421  Placentitis, second trimester, fetus 1
O411422  Placentitis, second trimester, fetus 2
O411423  Placentitis, second trimester, fetus 3
O411424  Placentitis, second trimester, fetus 4
O411425  Placentitis, second trimester, fetus 5
O411429  Placentitis, second trimester, other fetus
O411430  Placentitis, third trimester, not applicable or unspecified
O411431  Placentitis, third trimester, fetus 1
O411432  Placentitis, third trimester, fetus 2
O411433  Placentitis, third trimester, fetus 3
O411434  Placentitis, third trimester, fetus 4
O411435  Placentitis, third trimester, fetus 5
O411439  Placentitis, third trimester, other fetus
O42011  Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, first trimester
O42012  Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, second trimester
O42013  Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, third trimester
O4202  Full-term premature rupture of membranes, onset of labor within 24 hours of rupture
O42111  Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, first trimester
O42112  Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, second trimester
O42113  Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, third trimester
O4212  Full-term premature rupture of membranes, onset of labor more than 24 hours following rupture
O42911  Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, first trimester
O42912  Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, second trimester
O42913  Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, third trimester
O4292  Full-term premature rupture of membranes, unspecified as to length of time between rupture and onset of labor
O43011  Fetomaternal placental transfusion syndrome, first trimester
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<tr>
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<th>Description</th>
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<tr>
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<td>O4403</td>
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<td>Antepartum hemorrhage with afibrinogenemia, first trimester</td>
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<tr>
<td>O46012</td>
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<td>O46021</td>
<td>Antepartum hemorrhage with disseminated intravascular coagulation, first trimester</td>
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<td>O46022</td>
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<td>O46023</td>
<td>Antepartum hemorrhage with disseminated intravascular coagulation, third trimester</td>
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<td>O46091</td>
<td>Antepartum hemorrhage with other coagulation defect, first trimester</td>
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<td>O46092</td>
<td>Antepartum hemorrhage with other coagulation defect, second trimester</td>
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O46093  Antepartum hemorrhage with other coagulation defect, third trimester
O468X1  Other antepartum hemorrhage, first trimester
O468X2  Other antepartum hemorrhage, second trimester
O468X3  Other antepartum hemorrhage, third trimester
O4691  Antepartum hemorrhage, unspecified, first trimester
O4692  Antepartum hemorrhage, unspecified, second trimester
O4693  Antepartum hemorrhage, unspecified, third trimester
O480  Post-term pregnancy
O666  Obstructed labor due to other multiple fetuses
O670  Intrapartum hemorrhage with coagulation defect
O678  Other intrapartum hemorrhage
O679  Intrapartum hemorrhage, unspecified
O68  Labor and delivery complicated by abnormality of fetal acid-base balance
O690XX Labor and delivery complicated by prolapse of cord, not applicable or unspecified
O690XX1 Labor and delivery complicated by prolapse of cord, fetus 1
O690XX2 Labor and delivery complicated by prolapse of cord, fetus 2
O690XX3 Labor and delivery complicated by prolapse of cord, fetus 3
O690XX4 Labor and delivery complicated by prolapse of cord, fetus 4
O690XX5 Labor and delivery complicated by prolapse of cord, fetus 5
O690XX9 Labor and delivery complicated by prolapse of cord, other fetus
O694XX0 Labor and delivery complicated by vasa previa, not applicable or unspecified
O694XX1 Labor and delivery complicated by vasa previa, fetus 1
O694XX2 Labor and delivery complicated by vasa previa, fetus 2
O694XX3 Labor and delivery complicated by vasa previa, fetus 3
O694XX4 Labor and delivery complicated by vasa previa, fetus 4
O694XX5 Labor and delivery complicated by vasa previa, fetus 5
O694XX9 Labor and delivery complicated by vasa previa, other fetus
O7102  Rupture of uterus before onset of labor, second trimester
O7103  Rupture of uterus before onset of labor, third trimester
O76  Abnormality in fetal heart rate and rhythm complicating labor and delivery
O99111  Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, first trimester
O99112  Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, second trimester
O99113  Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, third trimester
O9912  Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating childbirth
O9913  Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating the puerperium
O99411  Diseases of the circulatory system complicating pregnancy, first trimester
O99411  Diseases of the circulatory system complicating pregnancy, first trimester
O99412  Diseases of the circulatory system complicating pregnancy, second trimester
O99412  Diseases of the circulatory system complicating pregnancy, second trimester
O99413  Diseases of the circulatory system complicating pregnancy, third trimester
O99413  Diseases of the circulatory system complicating pregnancy, third trimester
O9942  Diseases of the circulatory system complicating childbirth
O9942  Diseases of the circulatory system complicating childbirth
O9943  Diseases of the circulatory system complicating the puerperium
O9943  Diseases of the circulatory system complicating the puerperium
O99810 Abnormal glucose complicating pregnancy
O99814 Abnormal glucose complicating childbirth
O99815 Abnormal glucose complicating the puerperium
Z21  Asymptomatic human immunodeficiency virus [HIV] infection status
Z371  Single stillbirth
Z7901  Long term (current) use of anticoagulants

Table 11.08 Outcome of Delivery

<table>
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<th>Description</th>
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<td>Z370</td>
<td>Single live birth</td>
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Table 11.09 Multiple Gestations and Other Presentations

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<tbody>
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<td>O30001</td>
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<td>O30002</td>
<td>Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester</td>
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<tr>
<td>O30003</td>
<td>Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester</td>
</tr>
<tr>
<td>O30011</td>
<td>Twin pregnancy, monochorionic/monoamniotic, first trimester</td>
</tr>
<tr>
<td>O30012</td>
<td>Twin pregnancy, monochorionic/monoamniotic, second trimester</td>
</tr>
<tr>
<td>O30013</td>
<td>Twin pregnancy, monochorionic/monoamniotic, third trimester</td>
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<td>O30031</td>
<td>Twin pregnancy, monochorionic/diamniotic, first trimester</td>
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<td>O30032</td>
<td>Twin pregnancy, monochorionic/diamniotic, second trimester</td>
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<td>O30033</td>
<td>Twin pregnancy, monochorionic/diamniotic, third trimester</td>
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<td>O30041</td>
<td>Twin pregnancy, dichorionic/diamniotic, first trimester</td>
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<td>O30042</td>
<td>Twin pregnancy, dichorionic/diamniotic, second trimester</td>
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<td>Twin pregnancy, dichorionic/diamniotic, third trimester</td>
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<td>Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester</td>
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<td>Triplet pregnancy with two or more monochorionic fetuses, second trimester</td>
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<td>O30113</td>
<td>Triplet pregnancy with two or more monochorionic fetuses, third trimester</td>
</tr>
<tr>
<td>O30121</td>
<td>Triplet pregnancy with two or more monoamniotic fetuses, first trimester</td>
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O30122 Triplet pregnancy with two or more monoamniotic fetuses, second trimester
O30123 Triplet pregnancy with two or more monoamniotic fetuses, third trimester
O30191 Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
O30192 Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O30193 Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O30201 Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30202 Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30203 Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30211 Quadruplet pregnancy with two or more monochorionic fetuses, first trimester
O30212 Quadruplet pregnancy with two or more monochorionic fetuses, second trimester
O30213 Quadruplet pregnancy with two or more monochorionic fetuses, third trimester
O30221 Quadruplet pregnancy with two or more monoamniotic fetuses, first trimester
O30222 Quadruplet pregnancy with two or more monoamniotic fetuses, second trimester
O30223 Quadruplet pregnancy with two or more monoamniotic fetuses, third trimester
O30291 Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
O30292 Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O30293 Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O30801 Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30802 Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30803 Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30811 Other specified multiple gestation with two or more monochorionic fetuses, first trimester
O30812 Other specified multiple gestation with two or more monochorionic fetuses, second trimester
O30813 Other specified multiple gestation with two or more monochorionic fetuses, third trimester
O30821 Other specified multiple gestation with two or more monoamniotic fetuses, first trimester
O30822 Other specified multiple gestation with two or more monoamniotic fetuses, second trimester
O30823 Other specified multiple gestation with two or more monoamniotic fetuses, third trimester
O30891 Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, first trimester
O30892  Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, second trimester
O30893  Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, third trimester
O3091  Multiple gestation, unspecified, first trimester
O3092  Multiple gestation, unspecified, second trimester
O3093  Multiple gestation, unspecified, third trimester
O3111X0 Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, not applicable or unspecified
O3111X1 Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 1
O3111X2 Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 2
O3111X3 Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 3
O3111X4 Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 4
O3111X5 Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 5
O3111X9 Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, other fetus
O3112X0 Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, not applicable or unspecified
O3112X1 Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 1
O3112X2 Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 2
O3112X3 Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 3
O3112X4 Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 4
O3112X5 Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 5
O3112X9 Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, other fetus
O3113X0 Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, not applicable or unspecified
O3113X1 Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 1
O3113X2 Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 2
O3113X3 Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 3
O3113X4 Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 4
O3113X5  Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 5
O3113X9  Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, other fetus
O3121X0  Continuing pregnancy after intrauterine death of one fetus or more, first trimester, not applicable or unspecified
O3121X1  Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 1
O3121X2  Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 2
O3121X3  Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 3
O3121X4  Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 4
O3121X5  Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 5
O3121X9  Continuing pregnancy after intrauterine death of one fetus or more, first trimester, other fetus
O3122X0  Continuing pregnancy after intrauterine death of one fetus or more, second trimester, not applicable or unspecified
O3122X1  Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 1
O3122X2  Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 2
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O3122X4  Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 4
O3122X5  Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 5
O3122X9  Continuing pregnancy after intrauterine death of one fetus or more, second trimester, other fetus
O3123X0  Continuing pregnancy after intrauterine death of one fetus or more, third trimester, not applicable or unspecified
O3123X1  Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 1
O3123X2  Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 2
O3123X3  Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 3
O3123X4  Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 4
O3123X5  Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 5
O3123X9  Continuing pregnancy after intrauterine death of one fetus or more, third trimester, other fetus
O318X10  Other complications specific to multiple gestation, first trimester, not applicable or unspecified
O318X11  Other complications specific to multiple gestation, first trimester, fetus 1
O318X12  Other complications specific to multiple gestation, first trimester, fetus 2
O318X13  Other complications specific to multiple gestation, first trimester, fetus 3
O318X14  Other complications specific to multiple gestation, first trimester, fetus 4
O318X15  Other complications specific to multiple gestation, first trimester, fetus 5
O318X19  Other complications specific to multiple gestation, first trimester, other fetus
O318X20  Other complications specific to multiple gestation, second trimester, not applicable or unspecified
O318X21  Other complications specific to multiple gestation, second trimester, fetus 1
O318X22  Other complications specific to multiple gestation, second trimester, fetus 2
O318X23  Other complications specific to multiple gestation, second trimester, fetus 3
O318X24  Other complications specific to multiple gestation, second trimester, fetus 4
O318X25  Other complications specific to multiple gestation, second trimester, fetus 5
O318X29  Other complications specific to multiple gestation, second trimester, other fetus
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O318X31  Other complications specific to multiple gestation, third trimester, fetus 1
O318X32  Other complications specific to multiple gestation, third trimester, fetus 2
O318X33  Other complications specific to multiple gestation, third trimester, fetus 3
O318X34  Other complications specific to multiple gestation, third trimester, fetus 4
O318X35  Other complications specific to multiple gestation, third trimester, fetus 5
O318X39  Other complications specific to multiple gestation, third trimester, other fetus
O321XX0  Maternal care for breech presentation, not applicable or unspecified
O321XX1  Maternal care for breech presentation, fetus 1
O321XX2  Maternal care for breech presentation, fetus 2
O321XX3  Maternal care for breech presentation, fetus 3
O321XX4  Maternal care for breech presentation, fetus 4
O321XX5  Maternal care for breech presentation, fetus 5
O321XX9  Maternal care for breech presentation, other fetus
O322XX0  Maternal care for transverse and oblique lie, not applicable or unspecified
O322XX1  Maternal care for transverse and oblique lie, fetus 1
O322XX2  Maternal care for transverse and oblique lie, fetus 2
O322XX3  Maternal care for transverse and oblique lie, fetus 3
O322XX4  Maternal care for transverse and oblique lie, fetus 4
O322XX5  Maternal care for transverse and oblique lie, fetus 5
O322XX9  Maternal care for transverse and oblique lie, other fetus
O323XX0  Maternal care for face, brow and chin presentation, not applicable or unspecified
O323XX1  Maternal care for face, brow and chin presentation, fetus 1
O323XX2  Maternal care for face, brow and chin presentation, fetus 2
O323XX3  Maternal care for face, brow and chin presentation, fetus 3
O323XX4  Maternal care for face, brow and chin presentation, fetus 4
O323XX5  Maternal care for face, brow and chin presentation, fetus 5
O323XX9  Maternal care for face, brow and chin presentation, other fetus
O328XX0  Maternal care for other malpresentation of fetus, not applicable or unspecified
O328XX1  Maternal care for other malpresentation of fetus, fetus 1
O328XX2  Maternal care for other malpresentation of fetus, fetus 2
O328XX3  Maternal care for other malpresentation of fetus, fetus 3
O328XX4  Maternal care for other malpresentation of fetus, fetus 4
O328XX5  Maternal care for other malpresentation of fetus, fetus 5
O328XX9  Maternal care for other malpresentation of fetus, other fetus
O329XX0  Maternal care for malpresentation of fetus, unspecified, not applicable or unspecified
O329XX1  Maternal care for malpresentation of fetus, unspecified, fetus 1
O329XX2  Maternal care for malpresentation of fetus, unspecified, fetus 2
O329XX3  Maternal care for malpresentation of fetus, unspecified, fetus 3
O329XX4  Maternal care for malpresentation of fetus, unspecified, fetus 4
O329XX5  Maternal care for malpresentation of fetus, unspecified, fetus 5
O329XX9  Maternal care for malpresentation of fetus, unspecified, other fetus
O3421  Maternal care for scar from previous cesarean delivery
O364XX0  Maternal care for intrauterine death, not applicable or unspecified
O364XX1  Maternal care for intrauterine death, fetus 1
O364XX2  Maternal care for intrauterine death, fetus 2
O364XX3  Maternal care for intrauterine death, fetus 3
O364XX4  Maternal care for intrauterine death, fetus 4
O364XX5  Maternal care for intrauterine death, fetus 5
O364XX9  Maternal care for intrauterine death, other fetus
O6012X0  Preterm labor second trimester with preterm delivery second trimester, not applicable or unspecified
O6012X1  Preterm labor second trimester with preterm delivery second trimester, fetus 1
O6012X2  Preterm labor second trimester with preterm delivery second trimester, fetus 2
O6012X3  Preterm labor second trimester with preterm delivery second trimester, fetus 3
O6012X4  Preterm labor second trimester with preterm delivery second trimester, fetus 4
O6012X5  Preterm labor second trimester with preterm delivery second trimester, fetus 5
O6012X9  Preterm labor second trimester with preterm delivery second trimester, other fetus
O6013X0  Preterm labor second trimester with preterm delivery third trimester, not applicable or unspecified
O6013X1  Preterm labor second trimester with preterm delivery third trimester, fetus 1
O6013X2  Preterm labor second trimester with preterm delivery third trimester, fetus 2
O6013X3  Preterm labor second trimester with preterm delivery third trimester, fetus 3
O6013X4  Preterm labor second trimester with preterm delivery third trimester, fetus 4
O6013X5  Preterm labor second trimester with preterm delivery third trimester, fetus 5
O6013X9  Preterm labor second trimester with preterm delivery third trimester, other fetus
O6014X0  Preterm labor third trimester with preterm delivery third trimester, not applicable or unspecified
O6014X1  Preterm labor third trimester with preterm delivery third trimester, fetus 1
O6014X2  Preterm labor third trimester with preterm delivery third trimester, fetus 2
O6014X3  Preterm labor third trimester with preterm delivery third trimester, fetus 3
O6014X4  Preterm labor third trimester with preterm delivery third trimester, fetus 4
O6014X5  Preterm labor third trimester with preterm delivery third trimester, fetus 5
O6014X9  Preterm labor third trimester with preterm delivery third trimester, other fetus
O6022X0  Term delivery with preterm labor, second trimester, not applicable or unspecified
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<td>O6022X5</td>
<td>Term delivery with preterm labor, second trimester, fetus 5</td>
</tr>
<tr>
<td>O6022X9</td>
<td>Term delivery with preterm labor, second trimester, other fetus</td>
</tr>
<tr>
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<td>Term delivery with preterm labor, third trimester, not applicable or unspecified</td>
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<tr>
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<td>Term delivery with preterm labor, third trimester, fetus 1</td>
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<td>O6023X2</td>
<td>Term delivery with preterm labor, third trimester, fetus 2</td>
</tr>
<tr>
<td>O6023X3</td>
<td>Term delivery with preterm labor, third trimester, fetus 3</td>
</tr>
<tr>
<td>O6023X4</td>
<td>Term delivery with preterm labor, third trimester, fetus 4</td>
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<td>O6023X5</td>
<td>Term delivery with preterm labor, third trimester, fetus 5</td>
</tr>
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<td>O6023X9</td>
<td>Term delivery with preterm labor, third trimester, other fetus</td>
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<tr>
<td>O632</td>
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<td>O642XX1</td>
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<td>O643XX2</td>
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<td>Obstructed labor due to brow presentation, other fetus</td>
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<td>Obstructed labor due to other malposition and malpresentation, not applicable or unspecified</td>
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<tr>
<td>O648XX1</td>
<td>Obstructed labor due to other malposition and malpresentation, fetus 1</td>
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<tr>
<td>O648XX2</td>
<td>Obstructed labor due to other malposition and malpresentation, fetus 2</td>
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<tr>
<td>O648XX9</td>
<td>Obstructed labor due to other malposition and malpresentation, other fetus</td>
</tr>
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<td>O661</td>
<td>Obstructed labor due to locked twins</td>
</tr>
<tr>
<td>O666</td>
<td>Obstructed labor due to other multiple fetuses</td>
</tr>
</tbody>
</table>
P015 Newborn (suspected to be) affected by multiple pregnancy
Z371 Single stillbirth
Z372 Twins, both liveborn
Z373 Twins, one liveborn and one stillborn
Z374 Twins, both stillborn
Z3750 Multiple births, unspecified, all liveborn
Z3751 Triplets, all liveborn
Z3752 Quadruplets, all liveborn
Z3753 Quintuplets, all liveborn
Z3754 Sextuplets, all liveborn
Z3759 Other multiple births, all liveborn
Z3760 Multiple births, unspecified, some liveborn
Z3761 Triplets, some liveborn
Z3762 Quadruplets, some liveborn
Z3763 Quintuplets, some liveborn
Z3764 Sextuplets, some liveborn
Z3769 Other multiple births, some liveborn
Z377 Other multiple births, all stillborn

Table 11.10.3 Liveborn Newborn

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>Z3800</td>
<td>Single liveborn infant, delivered vaginally</td>
</tr>
<tr>
<td>Z3801</td>
<td>Single liveborn infant, delivered by cesarean</td>
</tr>
<tr>
<td>Z381</td>
<td>Single liveborn infant, born outside hospital</td>
</tr>
<tr>
<td>Z382</td>
<td>Single liveborn infant, unspecified as to place of birth</td>
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<tr>
<td>Z3830</td>
<td>Twin liveborn infant, delivered vaginally</td>
</tr>
<tr>
<td>Z3831</td>
<td>Twin liveborn infant, delivered by cesarean</td>
</tr>
<tr>
<td>Z384</td>
<td>Twin liveborn infant, born outside hospital</td>
</tr>
<tr>
<td>Z385</td>
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<tr>
<td>Z3861</td>
<td>Triplet liveborn infant, delivered vaginally</td>
</tr>
<tr>
<td>Z3862</td>
<td>Triplet liveborn infant, delivered by cesarean</td>
</tr>
<tr>
<td>Z3863</td>
<td>Quadruplet liveborn infant, delivered vaginally</td>
</tr>
<tr>
<td>Z3864</td>
<td>Quadruplet liveborn infant, delivered by cesarean</td>
</tr>
<tr>
<td>Z3865</td>
<td>Quintuplet liveborn infant, delivered vaginally</td>
</tr>
<tr>
<td>Z3866</td>
<td>Quintuplet liveborn infant, delivered by cesarean</td>
</tr>
<tr>
<td>Z3868</td>
<td>Other multiple liveborn infant, delivered vaginally</td>
</tr>
<tr>
<td>Z3869</td>
<td>Other multiple liveborn infant, delivered by cesarean</td>
</tr>
<tr>
<td>Z387</td>
<td>Other multiple liveborn infant, born outside hospital</td>
</tr>
<tr>
<td>Z388</td>
<td>Other multiple liveborn infant, unspecified as to place of birth</td>
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</table>

Table 11.20.1 Single Liveborn Newborn

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tr>
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<td>Single liveborn infant, delivered vaginally</td>
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<tr>
<td>Z3801</td>
<td>Single liveborn infant, delivered by cesarean</td>
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</tbody>
</table>
Table 11.21 Galactosemia
E7420 Disorders of galactose metabolism, unspecified
E7421 Galactosemia
E7429 Other disorders of galactose metabolism

Table 11.22 Parenteral Infusion
3E0336Z Introduction of Nutritional Substance into Peripheral Vein, Percutaneous Approach
3E0436Z Introduction of Nutritional Substance into Central Vein, Percutaneous Approach
3E0536Z Introduction of Nutritional Substance into Peripheral Artery, Percutaneous Approach
3E0636Z Introduction of Nutritional Substance into Central Artery, Percutaneous Approach

Table 12.3 Pregnancy
O0900 Supervision of pregnancy with history of infertility, unspecified trimester
O0901 Supervision of pregnancy with history of infertility, first trimester
O0902 Supervision of pregnancy with history of infertility, second trimester
O0903 Supervision of pregnancy with history of infertility, third trimester
O0910 Supervision of pregnancy with history of ectopic or molar pregnancy, unspecified trimester
O0911 Supervision of pregnancy with history of ectopic or molar pregnancy, first trimester
O0912 Supervision of pregnancy with history of ectopic or molar pregnancy, second trimester
O0913 Supervision of pregnancy with history of ectopic or molar pregnancy, third trimester
O09211 Supervision of pregnancy with history of pre-term labor, first trimester
O09212 Supervision of pregnancy with history of pre-term labor, second trimester
O09213 Supervision of pregnancy with history of pre-term labor, third trimester
O09219 Supervision of pregnancy with history of pre-term labor, unspecified trimester
O09291 Supervision of pregnancy with other poor reproductive or obstetric history, first trimester
O09292 Supervision of pregnancy with other poor reproductive or obstetric history, second trimester
O09293 Supervision of pregnancy with other poor reproductive or obstetric history, third trimester
O09299 Supervision of pregnancy with other poor reproductive or obstetric history, unspecified trimester
O0930 Supervision of pregnancy with insufficient antenatal care, unspecified trimester
O0931 Supervision of pregnancy with insufficient antenatal care, first trimester
O0932 Supervision of pregnancy with insufficient antenatal care, second trimester
O0933 Supervision of pregnancy with insufficient antenatal care, third trimester
O0940 Supervision of pregnancy with grand multiparity, unspecified trimester
O0941 Supervision of pregnancy with grand multiparity, first trimester
O0942 Supervision of pregnancy with grand multiparity, second trimester
O0943 Supervision of pregnancy with grand multiparity, third trimester
O09511 Supervision of elderly primigravida, first trimester
O09512 Supervision of elderly primigravida, second trimester
O09513 Supervision of elderly primigravida, third trimester
O09519 Supervision of elderly primigravida, unspecified trimester
O09521 Supervision of elderly multigravida, first trimester
O09522 Supervision of elderly multigravida, second trimester
O09523 Supervision of elderly multigravida, third trimester
O09529 Supervision of elderly multigravida, unspecified trimester
O09611 Supervision of young primigravida, first trimester
O09612 Supervision of young primigravida, second trimester
O09613 Supervision of young primigravida, third trimester
O09619 Supervision of young primigravida, unspecified trimester
O09621 Supervision of young multigravida, first trimester
O09622 Supervision of young multigravida, second trimester
O09623 Supervision of young multigravida, third trimester
O09629 Supervision of young multigravida, unspecified trimester
O0970 Supervision of high risk pregnancy due to social problems, unspecified trimester
O0971 Supervision of high risk pregnancy due to social problems, first trimester
O0972 Supervision of high risk pregnancy due to social problems, second trimester
O0973 Supervision of high risk pregnancy due to social problems, third trimester
O09891 Supervision of other high risk pregnancies, first trimester
O09892 Supervision of other high risk pregnancies, second trimester
O09893 Supervision of other high risk pregnancies, third trimester
O09899 Supervision of other high risk pregnancies, unspecified trimester
O0990 Supervision of high risk pregnancy, unspecified, unspecified trimester
O0991 Supervision of high risk pregnancy, unspecified, first trimester
O0992 Supervision of high risk pregnancy, unspecified, second trimester
O0993 Supervision of high risk pregnancy, unspecified, third trimester
O10011 Pre-existing essential hypertension complicating pregnancy, first trimester
O10012 Pre-existing essential hypertension complicating pregnancy, second trimester
O10013 Pre-existing essential hypertension complicating pregnancy, third trimester
O10019 Pre-existing essential hypertension complicating pregnancy, unspecified trimester
O10111 Pre-existing hypertensive heart disease complicating pregnancy, first trimester
O10112 Pre-existing hypertensive heart disease complicating pregnancy, second trimester
O10113 Pre-existing hypertensive heart disease complicating pregnancy, third trimester
O10119 Pre-existing hypertensive heart disease complicating pregnancy, unspecified trimester
O10211 Pre-existing hypertensive chronic kidney disease complicating pregnancy, first trimester
O10212 Pre-existing hypertensive chronic kidney disease complicating pregnancy, second trimester
O10213 Pre-existing hypertensive chronic kidney disease complicating pregnancy, third trimester
O10219 Pre-existing hypertensive chronic kidney disease complicating pregnancy, unspecified trimester
O10311 Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, first trimester
O10312 Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, second trimester
O10313 Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, third trimester
O10319 Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, unspecified trimester
O10419 Pre-existing secondary hypertension complicating pregnancy, unspecified trimester
O10919 Unspecified pre-existing hypertension complicating pregnancy, unspecified trimester
O111 Pre-existing hypertension with pre-eclampsia, first trimester
O112 Pre-existing hypertension with pre-eclampsia, second trimester
O113 Pre-existing hypertension with pre-eclampsia, third trimester
O119 Pre-existing hypertension with pre-eclampsia, unspecified trimester
O1200 Gestational edema, unspecified trimester
O1201 Gestational edema, first trimester
O1202 Gestational edema, second trimester
O1203 Gestational edema, third trimester
O1210 Gestational proteinuria, unspecified trimester
O1211 Gestational proteinuria, first trimester
O1212 Gestational proteinuria, second trimester
O1213 Gestational proteinuria, third trimester
O1220 Gestational edema with proteinuria, unspecified trimester
O1221 Gestational edema with proteinuria, first trimester
O1222 Gestational edema with proteinuria, second trimester
O1223 Gestational edema with proteinuria, third trimester
O131 Gestational [pregnancy-induced] hypertension without significant proteinuria, first trimester
O132 Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester
O133 Gestational [pregnancy-induced] hypertension without significant proteinuria, third trimester
O139  Gestational [pregnancy-induced] hypertension without significant proteinuria, unspecified trimester
O1400 Mild to moderate pre-eclampsia, unspecified trimester
O1402 Mild to moderate pre-eclampsia, second trimester
O1403 Mild to moderate pre-eclampsia, third trimester
O1410 Severe pre-eclampsia, unspecified trimester
O1412 Severe pre-eclampsia, second trimester
O1413 Severe pre-eclampsia, third trimester
O1420 HELLP syndrome (HELLP), unspecified trimester
O1422 HELLP syndrome (HELLP), second trimester
O1423 HELLP syndrome (HELLP), third trimester
O1490 Unspecified pre-eclampsia, unspecified trimester
O1492 Unspecified pre-eclampsia, second trimester
O1493 Unspecified pre-eclampsia, third trimester
O1500 Eclampsia in pregnancy, unspecified trimester
O1502 Eclampsia in pregnancy, second trimester
O1503 Eclampsia in pregnancy, third trimester
O159  Eclampsia, unspecified as to time period
O161  Unspecified maternal hypertension, first trimester
O162  Unspecified maternal hypertension, second trimester
O163  Unspecified maternal hypertension, third trimester
O169  Unspecified maternal hypertension, unspecified trimester
O200  Threatened abortion
O208  Other hemorrhage in early pregnancy
O209  Hemorrhage in early pregnancy, unspecified
O210  Mild hyperemesis gravidarum
O211  Hyperemesis gravidarum with metabolic disturbance
O212  Late vomiting of pregnancy
O218  Other vomiting complicating pregnancy
O219  Vomiting of pregnancy, unspecified
O2200 Varicose veins of lower extremity in pregnancy, unspecified trimester
O2201 Varicose veins of lower extremity in pregnancy, first trimester
O2202 Varicose veins of lower extremity in pregnancy, second trimester
O2203 Varicose veins of lower extremity in pregnancy, third trimester
O2210 Genital varices in pregnancy, unspecified trimester
O2211 Genital varices in pregnancy, first trimester
O2212 Genital varices in pregnancy, second trimester
O2213 Genital varices in pregnancy, third trimester
O2220 Superficial thrombophlebitis in pregnancy, unspecified trimester
O2221 Superficial thrombophlebitis in pregnancy, first trimester
O2222 Superficial thrombophlebitis in pregnancy, second trimester
O2223 Superficial thrombophlebitis in pregnancy, third trimester
O2230 Deep phlebothrombosis in pregnancy, unspecified trimester
O2231 Deep phlebothrombosis in pregnancy, first trimester
O2232 Deep phlebothrombosis in pregnancy, second trimester
O2233 Deep phlebothrombosis in pregnancy, third trimester
O2240 Hemorrhoids in pregnancy, unspecified trimester
O2241 Hemorrhoids in pregnancy, first trimester
O2242 Hemorrhoids in pregnancy, second trimester
O2243 Hemorrhoids in pregnancy, third trimester
O2250 Cerebral venous thrombosis in pregnancy, unspecified trimester
O2251 Cerebral venous thrombosis in pregnancy, first trimester
O2252 Cerebral venous thrombosis in pregnancy, second trimester
O2253 Cerebral venous thrombosis in pregnancy, third trimester
O228X1 Other venous complications in pregnancy, first trimester
O228X2 Other venous complications in pregnancy, second trimester
Other venous complications in pregnancy, third trimester
Other venous complications in pregnancy, unspecified trimester
Venous complication in pregnancy, unspecified trimester
Venous complication in pregnancy, first trimester
Venous complication in pregnancy, second trimester
Venous complication in pregnancy, third trimester
Infections of kidney in pregnancy, unspecified trimester
Infections of kidney in pregnancy, first trimester
Infections of kidney in pregnancy, second trimester
Infections of kidney in pregnancy, third trimester
Venous complication in pregnancy, unspecified trimester
Venous complication in pregnancy, first trimester
Venous complication in pregnancy, second trimester
Venous complication in pregnancy, third trimester
Infections of bladder in pregnancy, unspecified trimester
Infections of bladder in pregnancy, first trimester
Infections of bladder in pregnancy, second trimester
Infections of bladder in pregnancy, third trimester
Infections of urethra in pregnancy, unspecified trimester
Infections of urethra in pregnancy, first trimester
Infections of urethra in pregnancy, second trimester
Infections of urethra in pregnancy, third trimester
Infections of other parts of urinary tract in pregnancy, unspecified trimester
Infections of other parts of urinary tract in pregnancy, first trimester
Infections of other parts of urinary tract in pregnancy, second trimester
Infections of other parts of urinary tract in pregnancy, third trimester
Infections of cervix in pregnancy, unspecified trimester
Infections of cervix in pregnancy, first trimester
Infections of cervix in pregnancy, second trimester
Infections of cervix in pregnancy, third trimester
Salpingo-oophoritis in pregnancy, unspecified trimester
Salpingo-oophoritis in pregnancy, first trimester
Salpingo-oophoritis in pregnancy, second trimester
Salpingo-oophoritis in pregnancy, third trimester
Infections of other part of genital tract in pregnancy, unspecified trimester
Infections of other part of genital tract in pregnancy, first trimester
Infections of other part of genital tract in pregnancy, second trimester
Infections of other part of genital tract in pregnancy, third trimester
Unspecified genitourinary tract infection in pregnancy, unspecified trimester
Unspecified genitourinary tract infection in pregnancy, first trimester
Unspecified genitourinary tract infection in pregnancy, second trimester
Unspecified genitourinary tract infection in pregnancy, third trimester
Gestational diabetes mellitus in pregnancy, diet controlled
Gestational diabetes mellitus in pregnancy, insulin controlled
Gestational diabetes mellitus in pregnancy, unspecified control
O24811 Other pre-existing diabetes mellitus in pregnancy, first trimester
O24812 Other pre-existing diabetes mellitus in pregnancy, second trimester
O24813 Other pre-existing diabetes mellitus in pregnancy, third trimester
O24819 Other pre-existing diabetes mellitus in pregnancy, unspecified trimester
O24911 Unspecified diabetes mellitus in pregnancy, first trimester
O24912 Unspecified diabetes mellitus in pregnancy, second trimester
O24913 Unspecified diabetes mellitus in pregnancy, third trimester
O24919 Unspecified diabetes mellitus in pregnancy, unspecified trimester
O2510 Malnutrition in pregnancy, unspecified trimester
O2511 Malnutrition in pregnancy, first trimester
O2512 Malnutrition in pregnancy, second trimester
O2513 Malnutrition in pregnancy, third trimester
O2600 Excessive weight gain in pregnancy, unspecified trimester
O2601 Excessive weight gain in pregnancy, first trimester
O2602 Excessive weight gain in pregnancy, second trimester
O2603 Excessive weight gain in pregnancy, third trimester
O2610 Low weight gain in pregnancy, unspecified trimester
O2611 Low weight gain in pregnancy, first trimester
O2612 Low weight gain in pregnancy, second trimester
O2613 Low weight gain in pregnancy, third trimester
O2620 Pregnancy care for patient with recurrent pregnancy loss, unspecified trimester
O2621 Pregnancy care for patient with recurrent pregnancy loss, first trimester
O2622 Pregnancy care for patient with recurrent pregnancy loss, second trimester
O2623 Pregnancy care for patient with recurrent pregnancy loss, third trimester
O2630 Retained intrauterine contraceptive device in pregnancy, unspecified trimester
O2631 Retained intrauterine contraceptive device in pregnancy, first trimester
O2632 Retained intrauterine contraceptive device in pregnancy, second trimester
O2633 Retained intrauterine contraceptive device in pregnancy, third trimester
O2640 Herpes gestationis, unspecified trimester
O2641 Herpes gestationis, first trimester
O2642 Herpes gestationis, second trimester
O2643 Herpes gestationis, third trimester
O2650 Maternal hypotension syndrome, unspecified trimester
O2651 Maternal hypotension syndrome, first trimester
O2652 Maternal hypotension syndrome, second trimester
O2653 Maternal hypotension syndrome, third trimester
O26611 Liver and biliary tract disorders in pregnancy, first trimester
O26612 Liver and biliary tract disorders in pregnancy, second trimester
O26613 Liver and biliary tract disorders in pregnancy, third trimester
O26619 Liver and biliary tract disorders in pregnancy, unspecified trimester
O26711 Subluxation of symphysis (pubis) in pregnancy, first trimester
O26712 Subluxation of symphysis (pubis) in pregnancy, second trimester
O26713 Subluxation of symphysis (pubis) in pregnancy, third trimester
O26719 Subluxation of symphysis (pubis) in pregnancy, unspecified trimester
O26811 Pregnancy related exhaustion and fatigue, first trimester
O26812 Pregnancy related exhaustion and fatigue, second trimester
O26813 Pregnancy related exhaustion and fatigue, third trimester
O26819 Pregnancy related exhaustion and fatigue, unspecified trimester
O26821 Pregnancy related peripheral neuritis, first trimester
O26822 Pregnancy related peripheral neuritis, second trimester
O26823 Pregnancy related peripheral neuritis, third trimester
O26829 Pregnancy related peripheral neuritis, unspecified trimester
O26831 Pregnancy related renal disease, first trimester
O26832 Pregnancy related renal disease, second trimester
O26833 Pregnancy related renal disease, third trimester
O26839 Pregnancy related renal disease, unspecified trimester
<table>
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<td>O26842</td>
<td>Uterine size-date discrepancy, second trimester</td>
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<td>O26843</td>
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<td>O26849</td>
<td>Uterine size-date discrepancy, unspecified trimester</td>
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<tr>
<td>O26853</td>
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<tr>
<td>O26859</td>
<td>Spotting complicating pregnancy, unspecified trimester</td>
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O2942  Spinal and epidural anesthesia induced headache during pregnancy, second trimester
O2943  Spinal and epidural anesthesia induced headache during pregnancy, third trimester
O295X1 Other complications of spinal and epidural anesthesia during pregnancy, first trimester
O295X2 Other complications of spinal and epidural anesthesia during pregnancy, second trimester
O295X3 Other complications of spinal and epidural anesthesia during pregnancy, third trimester
O295X9 Other complications of spinal and epidural anesthesia during pregnancy, unspecified trimester
O2960  Failed or difficult intubation for anesthesia during pregnancy, unspecified trimester
O2961  Failed or difficult intubation for anesthesia during pregnancy, first trimester
O2962  Failed or difficult intubation for anesthesia during pregnancy, second trimester
O2963  Failed or difficult intubation for anesthesia during pregnancy, third trimester
O298X1 Other complications of anesthesia during pregnancy, first trimester
O298X2 Other complications of anesthesia during pregnancy, second trimester
O298X3 Other complications of anesthesia during pregnancy, third trimester
O298X9 Other complications of anesthesia during pregnancy, unspecified trimester
O2990  Unspecified complication of anesthesia during pregnancy, unspecified trimester
O2991  Unspecified complication of anesthesia during pregnancy, first trimester
O2992  Unspecified complication of anesthesia during pregnancy, second trimester
O2993  Unspecified complication of anesthesia during pregnancy, third trimester
O30001 Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30002 Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30003 Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30009 Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester
O30011 Twin pregnancy, monochorionic/monoamniotic, first trimester
O30012 Twin pregnancy, monochorionic/monoamniotic, second trimester
O30013 Twin pregnancy, monochorionic/monoamniotic, third trimester
O30019 Twin pregnancy, monochorionic/monoamniotic, unspecified trimester
O30031 Twin pregnancy, monochorionic/diamniotic, first trimester
O30032 Twin pregnancy, monochorionic/diamniotic, second trimester
O30033 Twin pregnancy, monochorionic/diamniotic, third trimester
O30039 Twin pregnancy, monochorionic/diamniotic, unspecified trimester
O30041 Twin pregnancy, dichorionic/diamniotic, first trimester
O30042 Twin pregnancy, dichorionic/diamniotic, second trimester
O30043 Twin pregnancy, dichorionic/diamniotic, third trimester
O30049 Twin pregnancy, dichorionic/diamniotic, unspecified trimester
O30091 Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
O30092 Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O30093 Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O30099 Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, unspecified trimester
O30101 Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30102 Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30103 Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30109 Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester
O30111 Triplet pregnancy with two or more monochorionic fetuses, first trimester
O30112 Triplet pregnancy with two or more monochorionic fetuses, second trimester
O30113 Triplet pregnancy with two or more monochorionic fetuses, third trimester
O30119 Triplet pregnancy with two or more monochorionic fetuses, unspecified trimester
O30121 Triplet pregnancy with two or more monoamniotic fetuses, first trimester
O30122 Triplet pregnancy with two or more monoamniotic fetuses, second trimester
O30123 Triplet pregnancy with two or more monoamniotic fetuses, third trimester
O30129 Triplet pregnancy with two or more monoamniotic fetuses, unspecified trimester
O30191 Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
O30192 Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O30193 Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O30199 Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, unspecified trimester
O30201 Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30202 Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30203 Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30209 Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester
O30211 Quadruplet pregnancy with two or more monochorionic fetuses, first trimester
O30212 Quadruplet pregnancy with two or more monochorionic fetuses, second trimester
O30213 Quadruplet pregnancy with two or more monochorionic fetuses, third trimester
O30219 Quadruplet pregnancy with two or more monochorionic fetuses, unspecified trimester
O30221 Quadruplet pregnancy with two or more monoamniotic fetuses, first trimester
O30222 Quadruplet pregnancy with two or more monoamniotic fetuses, second trimester
O30223 Quadruplet pregnancy with two or more monoamniotic fetuses, third trimester
O30229 Quadruplet pregnancy with two or more monoamniotic fetuses, unspecified trimester
O30291 Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
O30292 Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O30293 Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O30299 Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, unspecified trimester
O30801 Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30802 Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30803 Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30809 Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester
O30811 Other specified multiple gestation with two or more monochorionic fetuses, first trimester
O30812 Other specified multiple gestation with two or more monochorionic fetuses, second trimester
O30813 Other specified multiple gestation with two or more monochorionic fetuses, third trimester
O30819 Other specified multiple gestation with two or more monochorionic fetuses, unspecified trimester
O30821 Other specified multiple gestation with two or more monoamniotic fetuses, first trimester
O30822 Other specified multiple gestation with two or more monoamniotic fetuses, second trimester
O30823 Other specified multiple gestation with two or more monoamniotic fetuses, third trimester
O30829 Other specified multiple gestation with two or more monoamniotic fetuses, unspecified trimester

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O3111X3 Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 3
O3111X4 Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 4
O3111X5 Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 5
O3111X9 Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, other fetus
O3112X0 Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, not applicable or unspecified
O3112X1 Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 1
O3112X2 Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 2
O3112X3 Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 3
O3112X4 Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 4
O3112X5 Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 5
O3112X9 Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, other fetus
O3113X0 Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, not applicable or unspecified
O3113X1 Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 1
O3113X2 Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 2
O3113X3 Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 3
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O3113X9 Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, other fetus
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O3120X2 Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 2
O3120X3 Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 3
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O3120X9 Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, other fetus
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O3131X9  Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, other fetus
O3132X0  Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, not applicable or unspecified
O3132X1  Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, fetus 1
O3132X2  Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, fetus 2
O3132X3  Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, fetus 3
O3132X4  Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, fetus 4
O3132X5  Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, fetus 5
O3132X9  Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, other fetus
O3133X0  Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, not applicable or unspecified
O3133X1  Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, fetus 1
O3133X2  Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, fetus 2
O3133X3  Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, fetus 3
O3133X4  Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, fetus 4
O3133X5  Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, fetus 5
O3133X9  Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, other fetus
O318X10  Other complications specific to multiple gestation, first trimester, not applicable or unspecified
O318X11  Other complications specific to multiple gestation, first trimester, fetus 1
O318X12  Other complications specific to multiple gestation, first trimester, fetus 2
O318X13  Other complications specific to multiple gestation, first trimester, fetus 3
O318X14  Other complications specific to multiple gestation, first trimester, fetus 4
O318X15  Other complications specific to multiple gestation, first trimester, fetus 5
O318X19  Other complications specific to multiple gestation, first trimester, other fetus
O318X20  Other complications specific to multiple gestation, second trimester, not applicable or unspecified
O318X21  Other complications specific to multiple gestation, second trimester, fetus 1
O318X22  Other complications specific to multiple gestation, second trimester, fetus 2
O318X23  Other complications specific to multiple gestation, second trimester, fetus 3
O318X24  Other complications specific to multiple gestation, second trimester, fetus 4
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O318X29  Other complications specific to multiple gestation, second trimester, other fetus
O318X30  Other complications specific to multiple gestation, third trimester, not applicable or unspecified
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O318X33  Other complications specific to multiple gestation, third trimester, fetus 3
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O318X35  Other complications specific to multiple gestation, third trimester, fetus 5
O318X39  Other complications specific to multiple gestation, third trimester, other fetus
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O318X91 Other complications specific to multiple gestation, unspecified trimester, fetus 1
O318X92 Other complications specific to multiple gestation, unspecified trimester, fetus 2
O318X93 Other complications specific to multiple gestation, unspecified trimester, fetus 3
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O320XX1 Maternal care for unstable lie, fetus 1
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O320XX9 Maternal care for unstable lie, other fetus
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O321XX5 Maternal care for breech presentation, fetus 5
O321XX9 Maternal care for breech presentation, other fetus
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O322XX1 Maternal care for transverse and oblique lie, fetus 1
O322XX2 Maternal care for transverse and oblique lie, fetus 2
O322XX3 Maternal care for transverse and oblique lie, fetus 3
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O322XX9 Maternal care for transverse and oblique lie, other fetus
O323XX0 Maternal care for face, brow and chin presentation, not applicable or unspecified
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O323XX3 Maternal care for face, brow and chin presentation, fetus 3
O323XX4 Maternal care for face, brow and chin presentation, fetus 4
O323XX5 Maternal care for face, brow and chin presentation, fetus 5
O323XX9 Maternal care for face, brow and chin presentation, other fetus
O324XX0 Maternal care for high head at term, not applicable or unspecified
O324XX1 Maternal care for high head at term, fetus 1
O324XX2 Maternal care for high head at term, fetus 2
O324XX3 Maternal care for high head at term, fetus 3
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O324XX5 Maternal care for high head at term, fetus 5
O324XX9 Maternal care for high head at term, other fetus
O326XX0 Maternal care for compound presentation, not applicable or unspecified
O326XX1 Maternal care for compound presentation, fetus 1
O326XX2 Maternal care for compound presentation, fetus 2
O326XX3 Maternal care for compound presentation, fetus 3
O326XX4 Maternal care for compound presentation, fetus 4
O326XX5 Maternal care for compound presentation, fetus 5
O326XX9 Maternal care for compound presentation, other fetus
O328XX0 Maternal care for other malpresentation of fetus, not applicable or unspecified
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O328XX9 Maternal care for other malpresentation of fetus, other fetus
O329XX0 Maternal care for malpresentation of fetus, unspecified, not applicable or unspecified
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O329XX4 Maternal care for malpresentation of fetus, unspecified, fetus 4
O329XX5 Maternal care for malpresentation of fetus, unspecified, fetus 5
O329XX9 Maternal care for malpresentation of fetus, unspecified, other fetus
O330 Maternal care for disproportion due to deformity of maternal pelvic bones
O331 Maternal care for disproportion due to generally contracted pelvis
O332 Maternal care for disproportion due to inlet contraction of pelvis
O333XX0 Maternal care for disproportion due to outlet contraction of pelvis, not applicable or unspecified
O333XX1 Maternal care for disproportion due to outlet contraction of pelvis, fetus 1
O333XX2 Maternal care for disproportion due to outlet contraction of pelvis, fetus 2
O333XX3 Maternal care for disproportion due to outlet contraction of pelvis, fetus 3
O333XX4 Maternal care for disproportion due to outlet contraction of pelvis, fetus 4
O333XX5 Maternal care for disproportion due to outlet contraction of pelvis, fetus 5
O333XX9 Maternal care for disproportion due to outlet contraction of pelvis, other fetus
O334XX0 Maternal care for disproportion of mixed maternal and fetal origin, not applicable or unspecified
O334XX1 Maternal care for disproportion of mixed maternal and fetal origin, fetus 1
O334XX2 Maternal care for disproportion of mixed maternal and fetal origin, fetus 2
O334XX3 Maternal care for disproportion of mixed maternal and fetal origin, fetus 3
O334XX4 Maternal care for disproportion of mixed maternal and fetal origin, fetus 4
O334XX5 Maternal care for disproportion of mixed maternal and fetal origin, fetus 5
O334XX9 Maternal care for disproportion of mixed maternal and fetal origin, other fetus
O335XX0 Maternal care for disproportion due to unusually large fetus, not applicable or unspecified
O335XX1 Maternal care for disproportion due to unusually large fetus, fetus 1
O335XX2 Maternal care for disproportion due to unusually large fetus, fetus 2
O335XX3 Maternal care for disproportion due to unusually large fetus, fetus 3
O335XX4 Maternal care for disproportion due to unusually large fetus, fetus 4
O335XX5 Maternal care for disproportion due to unusually large fetus, fetus 5
O335XX9 Maternal care for disproportion due to unusually large fetus, other fetus
O336XX0 Maternal care for disproportion due to hydrocephalic fetus, not applicable or unspecified
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O336XX2 Maternal care for disproportion due to hydrocephalic fetus, fetus 2
O336XX3 Maternal care for disproportion due to hydrocephalic fetus, fetus 3
O336XX4 Maternal care for disproportion due to hydrocephalic fetus, fetus 4
O336XX5 Maternal care for disproportion due to hydrocephalic fetus, fetus 5
O336XX9 Maternal care for disproportion due to hydrocephalic fetus, other fetus
O337 Maternal care for disproportion due to other fetal deformities
O338 Maternal care for disproportion of other origin
O339 Maternal care for disproportion, unspecified
O3400 Maternal care for unspecified congenital malformation of uterus, unspecified trimester
O3401 Maternal care for unspecified congenital malformation of uterus, first trimester
O3402 Maternal care for unspecified congenital malformation of uterus, second trimester
O3403 Maternal care for unspecified congenital malformation of uterus, third trimester
O3410 Maternal care for benign tumor of corpus uteri, unspecified trimester
O3411 Maternal care for benign tumor of corpus uteri, first trimester
O3412 Maternal care for benign tumor of corpus uteri, second trimester
O3413 Maternal care for benign tumor of corpus uteri, third trimester
O3421 Maternal care for scar from previous cesarean delivery
O3429 Maternal care due to uterine scar from other previous surgery
O3430 Maternal care for cervical incompetence, unspecified trimester
O3431 Maternal care for cervical incompetence, first trimester
O3432 Maternal care for cervical incompetence, second trimester
O3433 Maternal care for cervical incompetence, third trimester

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Discharges 07/01/2016 (3Q2016) through 12/31/2016 (4Q2016)
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O352XX5 Maternal care for (suspected) hereditary disease in fetus, fetus 5
O352XX9 Maternal care for (suspected) hereditary disease in fetus, other fetus
O353XX0 Maternal care for (suspected) damage to fetus from viral disease in mother, not applicable or unspecified
O353XX1 Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 1
O353XX2 Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 2
O353XX3 Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 3
O353XX4 Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 4
O353XX5 Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 5
O354XX0 Maternal care for (suspected) damage to fetus from alcohol, not applicable or unspecified
O354XX1 Maternal care for (suspected) damage to fetus from alcohol, fetus 1
O354XX2 Maternal care for (suspected) damage to fetus from alcohol, fetus 2
O354XX3 Maternal care for (suspected) damage to fetus from alcohol, fetus 3
O354XX4 Maternal care for (suspected) damage to fetus from alcohol, fetus 4
O354XX5 Maternal care for (suspected) damage to fetus from alcohol, fetus 5
O354XX9 Maternal care for (suspected) damage to fetus from alcohol, other fetus
O355XX0 Maternal care for (suspected) damage to fetus by drugs, not applicable or unspecified
O355XX1 Maternal care for (suspected) damage to fetus by drugs, fetus 1
O355XX2 Maternal care for (suspected) damage to fetus by drugs, fetus 2
O355XX3 Maternal care for (suspected) damage to fetus by drugs, fetus 3
O355XX4 Maternal care for (suspected) damage to fetus by drugs, fetus 4
O355XX5 Maternal care for (suspected) damage to fetus by drugs, fetus 5
O355XX9 Maternal care for (suspected) damage to fetus by drugs, other fetus
O356XX0 Maternal care for (suspected) damage to fetus by radiation, not applicable or unspecified
O356XX1 Maternal care for (suspected) damage to fetus by radiation, fetus 1
O356XX2 Maternal care for (suspected) damage to fetus by radiation, fetus 2
O356XX3 Maternal care for (suspected) damage to fetus by radiation, fetus 3
O356XX4 Maternal care for (suspected) damage to fetus by radiation, fetus 4
O356XX5 Maternal care for (suspected) damage to fetus by radiation, fetus 5
O356XX9 Maternal care for (suspected) damage to fetus by radiation, other fetus
O358XX0 Maternal care for other (suspected) fetal abnormality and damage, not applicable or unspecified
O358XX1 Maternal care for other (suspected) fetal abnormality and damage, fetus 1
O358XX2 Maternal care for other (suspected) fetal abnormality and damage, fetus 2
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O358XX5 Maternal care for other (suspected) fetal abnormality and damage, fetus 5
O358XX9 Maternal care for other (suspected) fetal abnormality and damage, other fetus
O359XX0 Maternal care for (suspected) fetal abnormality and damage, unspecified, not applicable or unspecified
O359XX1 Maternal care for (suspected) fetal abnormality and damage, unspecified, fetus 1
O359XX2 Maternal care for (suspected) fetal abnormality and damage, unspecified, fetus 2
O359XX3 Maternal care for (suspected) fetal abnormality and damage, unspecified, fetus 3
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O359XX5 Maternal care for (suspected) fetal abnormality and damage, unspecified, fetus 5
O359XX9 Maternal care for (suspected) fetal abnormality and damage, unspecified, other fetus
O360110 Maternal care for anti-D [Rh] antibodies, first trimester, not applicable or unspecified
O360111 Maternal care for anti-D [Rh] antibodies, first trimester, fetus 1
O360112 Maternal care for anti-D [Rh] antibodies, first trimester, fetus 2
O360113 Maternal care for anti-D [Rh] antibodies, first trimester, fetus 3
O360114 Maternal care for anti-D [Rh] antibodies, first trimester, fetus 4
O360115 Maternal care for anti-D [Rh] antibodies, first trimester, fetus 5
O360119 Maternal care for anti-D [Rh] antibodies, first trimester, fetus 6
O360120 Maternal care for anti-D [Rh] antibodies, second trimester, not applicable or unspecified
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O4190X1  Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, fetus 1
O4190X2  Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, fetus 2
O4190X3  Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, fetus 3
O4190X4  Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, fetus 4
O4190X5  Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, fetus 5
O4190X9  Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, other fetus
O4191X0  Disorder of amniotic fluid and membranes, unspecified, first trimester, not applicable or unspecified
O4191X1  Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 1
O4191X2  Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 2
O4191X3  Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 3
O4191X4  Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 4
O4191X5  Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 5
O4191X9  Disorder of amniotic fluid and membranes, unspecified, first trimester, other fetus
O4192X0  Disorder of amniotic fluid and membranes, unspecified, second trimester, not applicable or unspecified
O4192X1  Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 1
O4192X2  Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 2
O4192X3  Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 3
O4192X4  Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 4
O4192X5  Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 5
O4192X9  Disorder of amniotic fluid and membranes, unspecified, second trimester, other fetus
O4193X0  Disorder of amniotic fluid and membranes, unspecified, third trimester, not applicable or unspecified
O4193X1  Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 1
O4193X2  Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 2
O4193X3  Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 3
O4193X4  Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 4
O4193X5  Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 5
O4193X9  Disorder of amniotic fluid and membranes, unspecified, third trimester, other fetus
O4200  Premature rupture of membranes, onset of labor within 24 hours of rupture, unspecified weeks of gestation
O4201  Premature rupture of membranes, onset of labor within 24 hours of rupture, first trimester
O4202  Premature rupture of membranes, onset of labor within 24 hours of rupture, second trimester
O4203  Premature rupture of membranes, onset of labor within 24 hours of rupture, third trimester
O4209  Premature rupture of membranes, onset of labor within 24 hours of rupture, unspecified trimester
O4210  Premature rupture of membranes, onset of labor more than 24 hours following rupture, unspecified weeks of gestation
O4211  Premature rupture of membranes, onset of labor more than 24 hours following rupture, first trimester
O4212  Premature rupture of membranes, onset of labor more than 24 hours following rupture, second trimester
O4213  Premature rupture of membranes, onset of labor more than 24 hours following rupture, third trimester
O4219  Premature rupture of membranes, onset of labor more than 24 hours following rupture, unspecified trimester
O4290  Premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, unspecified weeks of gestation
O4291  Premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, first trimester
O42912 Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, second trimester
O42913 Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, third trimester
O42919 Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, unspecified trimester
O43011 Fetomaternal placental transfusion syndrome, first trimester
O43012 Fetomaternal placental transfusion syndrome, second trimester
O43013 Fetomaternal placental transfusion syndrome, third trimester
O43019 Fetomaternal placental transfusion syndrome, unspecified trimester
O43101 Malformation of placenta, unspecified, first trimester
O43102 Malformation of placenta, unspecified, second trimester
O43103 Malformation of placenta, unspecified, third trimester
O43109 Malformation of placenta, unspecified, unspecified trimester
O43111 Circumvallate placenta, first trimester
O43112 Circumvallate placenta, second trimester
O43113 Circumvallate placenta, third trimester
O43119 Circumvallate placenta, unspecified trimester
O43129 Velamentous insertion of umbilical cord, unspecified trimester
O43191 Other malformation of placenta, first trimester
O43192 Other malformation of placenta, second trimester
O43193 Other malformation of placenta, third trimester
O43199 Other malformation of placenta, unspecified trimester
O43811 Placental infarction, first trimester
O43812 Placental infarction, second trimester
O43813 Placental infarction, third trimester
O43819 Placental infarction, unspecified trimester
O43891 Other placental disorders, first trimester
O43892 Other placental disorders, second trimester
O43893 Other placental disorders, third trimester
O43899 Other placental disorders, unspecified trimester
O4390 Unspecified placental disorder, unspecified trimester
O4391 Unspecified placental disorder, first trimester
O4392 Unspecified placental disorder, second trimester
O4393 Unspecified placental disorder, third trimester
O4400 Placenta previa specified as without hemorrhage, unspecified trimester
O4401 Placenta previa specified as without hemorrhage, first trimester
O4402 Placenta previa specified as without hemorrhage, second trimester
O4403 Placenta previa specified as without hemorrhage, third trimester
O4410 Placenta previa with hemorrhage, unspecified trimester
O4411 Placenta previa with hemorrhage, first trimester
O4412 Placenta previa with hemorrhage, second trimester
O4413 Placenta previa with hemorrhage, third trimester
O458X1 Other premature separation of placenta, first trimester
O458X2 Other premature separation of placenta, second trimester
O458X3 Other premature separation of placenta, third trimester
O458X9 Other premature separation of placenta, unspecified trimester
O4590 Premature separation of placenta, unspecified, unspecified trimester
O4591 Premature separation of placenta, unspecified, first trimester
O4592 Premature separation of placenta, unspecified, second trimester
O4593 Premature separation of placenta, unspecified, third trimester
O468X1 Other antepartum hemorrhage, first trimester
O468X2 Other antepartum hemorrhage, second trimester
O468X3 Other antepartum hemorrhage, third trimester
O468X9 Other antepartum hemorrhage, unspecified trimester
O4690 Antepartum hemorrhage, unspecified, unspecified trimester
O4691 Antepartum hemorrhage, unspecified, first trimester
O4692 Antepartum hemorrhage, unspecified, second trimester
O4693 Antepartum hemorrhage, unspecified, third trimester
O4700 False labor before 37 completed weeks of gestation, unspecified trimester
O4702 False labor before 37 completed weeks of gestation, second trimester
O4703 False labor before 37 completed weeks of gestation, third trimester
O471 False labor at or after 37 completed weeks of gestation
O479 False labor, unspecified
O480 Post-term pregnancy
O481 Prolonged pregnancy
O6000 Preterm labor without delivery, unspecified trimester
O6002 Preterm labor without delivery, second trimester
O6003 Preterm labor without delivery, third trimester
O610 Failed medical induction of labor
O611 Failed instrumental induction of labor
O620 Primary inadequate contractions
O621 Secondary uterine inertia
O622 Other uterine inertia
O623 Precipitate labor
O624 Hypertonic, incoordinate, and prolonged uterine contractions
O629 Abnormality of forces of labor, unspecified
O630 Prolonged first stage (of labor)
O631 Prolonged second stage (of labor)
O632 Delayed delivery of second twin, triplet, etc.
O639 Long labor, unspecified
O640XX0 Obstructed labor due to incomplete rotation of fetal head, not applicable or unspecified
O649XX0 Obstructed labor due to malposition and malpresentation, unspecified, not applicable or unspecified
O654 Obstructed labor due to fetopelvic disproportion, unspecified
O659 Obstructed labor due to maternal pelvic abnormality, unspecified
O660 Obstructed labor due to shoulder dystocia
O661 Obstructed labor due to locked twins
O6640 Failed trial of labor, unspecified
O665 Attempted application of vacuum extractor and forceps
O668 Other specified obstructed labor
O669 Obstructed labor, unspecified
O68 Labor and delivery complicated by abnormality of fetal acid-base balance
O690XX0 Labor and delivery complicated by prolapse of cord, not applicable or unspecified
O691XX0 Labor and delivery complicated by cord around neck, with compression, not applicable or unspecified
O692XX0 Labor and delivery complicated by other cord entanglement, with compression, not applicable or unspecified
O693XX0 Labor and delivery complicated by short cord, not applicable or unspecified
O694XX0 Labor and delivery complicated by vasa previa, not applicable or unspecified
O695XX0 Labor and delivery complicated by vascular lesion of cord, not applicable or unspecified
O6981X0 Labor and delivery complicated by cord around neck, without compression, not applicable or unspecified
O6982X0 Labor and delivery complicated by other cord entanglement, without compression, not applicable or unspecified
O6989X0 Labor and delivery complicated by other cord complications, not applicable or unspecified
O699XX0 Labor and delivery complicated by cord complication, unspecified, not applicable or unspecified
O7100 Rupture of uterus before onset of labor, unspecified trimester
O7102  Rupture of uterus before onset of labor, second trimester
O7103  Rupture of uterus before onset of labor, third trimester
O712   Postpartum inversion of uterus
O713   Obstetric laceration of cervix
O714   Obstetric high vaginal laceration alone
O715   Other obstetric injury to pelvic organs
O716   Obstetric damage to pelvic joints and ligaments
O717   Obstetric hematoma of pelvis
O7189  Other specified obstetric trauma
O719   Obstetric trauma, unspecified
O741   Other pulmonary complications of anesthesia during labor and delivery
O742   Cardiac complications of anesthesia during labor and delivery
O743   Central nervous system complications of anesthesia during labor and delivery
O748   Other complications of anesthesia during labor and delivery
O749   Complication of anesthesia during labor and delivery, unspecified
O750   Maternal distress during labor and delivery
O751   Shock during or following labor and delivery
O752   Pyrexia during labor, not elsewhere classified
O753   Other infection during labor
O755   Delayed delivery after artificial rupture of membranes
O7589  Other specified complications of labor and delivery
O759   Complication of labor and delivery, unspecified
O76    Abnormality in fetal heart rate and rhythm complicating labor and delivery
O88111 Amniotic fluid embolism in pregnancy, first trimester
O88112 Amniotic fluid embolism in pregnancy, second trimester
O88113 Amniotic fluid embolism in pregnancy, third trimester
O88119 Amniotic fluid embolism in pregnancy, unspecified trimester
O88211 Thromboembolism in pregnancy, first trimester
O88212 Thromboembolism in pregnancy, second trimester
O88213 Thromboembolism in pregnancy, third trimester
O88311 Pyemic and septic embolism in pregnancy, first trimester
O88312 Pyemic and septic embolism in pregnancy, second trimester
O88313 Pyemic and septic embolism in pregnancy, third trimester
O88319 Pyemic and septic embolism in pregnancy, unspecified trimester
O88811 Other embolism in pregnancy, first trimester
O88812 Other embolism in pregnancy, second trimester
O88813 Other embolism in pregnancy, third trimester
O88819 Other embolism in pregnancy, unspecified trimester
O903   Peripartum cardiomyopathy
O9089  Other complications of the puerperium, not elsewhere classified
O91011 Infection of nipple associated with pregnancy, first trimester
O91012 Infection of nipple associated with pregnancy, second trimester
O91013 Infection of nipple associated with pregnancy, third trimester
O91019 Infection of nipple associated with pregnancy, unspecified trimester
O91111 Abscess of breast associated with pregnancy, first trimester
O91112 Abscess of breast associated with pregnancy, second trimester
O91113 Abscess of breast associated with pregnancy, third trimester
O91119 Abscess of breast associated with pregnancy, unspecified trimester
O91211 Nonpurulent mastitis associated with pregnancy, first trimester
O91212 Nonpurulent mastitis associated with pregnancy, second trimester
O91213 Nonpurulent mastitis associated with pregnancy, third trimester
O91219 Nonpurulent mastitis associated with pregnancy, unspecified trimester
O92011 Retracted nipple associated with pregnancy, first trimester
O92012 Retracted nipple associated with pregnancy, second trimester
O92013 Retracted nipple associated with pregnancy, third trimester
O92019 Retracted nipple associated with pregnancy, unspecified trimester
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O99011 Anemia complicating pregnancy, first trimester
O99012 Anemia complicating pregnancy, second trimester
O99013 Anemia complicating pregnancy, third trimester
O99019 Anemia complicating pregnancy, unspecified trimester
O99111 Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, first trimester
O99112 Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, second trimester
O99113 Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, third trimester
O99119 Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, unspecified trimester
O99210 Obesity complicating pregnancy, unspecified trimester
O99211 Obesity complicating pregnancy, first trimester
O99212 Obesity complicating pregnancy, second trimester
O99213 Obesity complicating pregnancy, third trimester
O99280 Endocrine, nutritional and metabolic diseases complicating pregnancy, unspecified trimester
O99281 Endocrine, nutritional and metabolic diseases complicating pregnancy, first trimester
O99282 Endocrine, nutritional and metabolic diseases complicating pregnancy, second trimester
O99283 Endocrine, nutritional and metabolic diseases complicating pregnancy, third trimester
O99310 Alcohol use complicating pregnancy, unspecified trimester
O99311 Alcohol use complicating pregnancy, first trimester
O99312 Alcohol use complicating pregnancy, second trimester
O99313 Alcohol use complicating pregnancy, third trimester
O99320 Drug use complicating pregnancy, unspecified trimester
O99321 Drug use complicating pregnancy, first trimester
O99322 Drug use complicating pregnancy, second trimester
O99323 Drug use complicating pregnancy, third trimester
O99330 Smoking (tobacco) complicating pregnancy, unspecified trimester
O99331 Smoking (tobacco) complicating pregnancy, first trimester
O99332 Smoking (tobacco) complicating pregnancy, second trimester
O99333 Smoking (tobacco) complicating pregnancy, third trimester
O99340 Other mental disorders complicating pregnancy, unspecified trimester
O99341 Other mental disorders complicating pregnancy, first trimester
O99342 Other mental disorders complicating pregnancy, second trimester
O99343 Other mental disorders complicating pregnancy, third trimester
O99350 Diseases of the nervous system complicating pregnancy, unspecified trimester
O99351 Diseases of the nervous system complicating pregnancy, first trimester
O99352 Diseases of the nervous system complicating pregnancy, second trimester
O99353 Diseases of the nervous system complicating pregnancy, third trimester
O99411 Diseases of the circulatory system complicating pregnancy, first trimester
O99412 Diseases of the circulatory system complicating pregnancy, second trimester
O99413 Diseases of the circulatory system complicating pregnancy, third trimester
O99419 Diseases of the circulatory system complicating pregnancy, unspecified trimester
O99511 Diseases of the respiratory system complicating pregnancy, first trimester
O99512 Diseases of the respiratory system complicating pregnancy, second trimester
O99513 Diseases of the respiratory system complicating pregnancy, third trimester
O99519 Diseases of the respiratory system complicating pregnancy, unspecified trimester
O99611 Diseases of the digestive system complicating pregnancy, first trimester
O99612 Diseases of the digestive system complicating pregnancy, second trimester
O99613 Diseases of the digestive system complicating pregnancy, third trimester
O99619 Diseases of the digestive system complicating pregnancy, unspecified trimester
O99711 Diseases of the skin and subcutaneous tissue complicating pregnancy, first trimester
O99712 Diseases of the skin and subcutaneous tissue complicating pregnancy, second trimester
O99713 Diseases of the skin and subcutaneous tissue complicating pregnancy, third trimester
O99719 Diseases of the skin and subcutaneous tissue complicating pregnancy, unspecified trimester
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<td>Bariatric surgery status complicating pregnancy, third trimester</td>
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<td>Injury, poisoning and certain other consequences of external causes complicating pregnancy, first trimester</td>
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<td>Encounter for supervision of normal pregnancy, unspecified, unspecified trimester</td>
</tr>
<tr>
<td>Z3492</td>
<td>Encounter for supervision of normal pregnancy, unspecified, first trimester</td>
</tr>
<tr>
<td>Z3493</td>
<td>Encounter for supervision of normal pregnancy, unspecified, third trimester</td>
</tr>
</tbody>
</table>
Appendix B

Hospitals with acceptable NICU classification

<table>
<thead>
<tr>
<th>Hospital</th>
<th>CITY</th>
<th>NICU LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas Children’s Hospital</td>
<td>Little Rock</td>
<td>Level III C</td>
</tr>
<tr>
<td>Baptist Health Medical Center</td>
<td>Little Rock</td>
<td>Level III B</td>
</tr>
<tr>
<td>CHI St. Vincent Infirmary</td>
<td>Little Rock</td>
<td>Level III B</td>
</tr>
<tr>
<td>UAMS Medical Center</td>
<td>Little Rock</td>
<td>Level III B</td>
</tr>
<tr>
<td>St. Bernards Medical Center</td>
<td>Jonesboro</td>
<td>Level III A</td>
</tr>
<tr>
<td>Mercy Hospital Fort Smith</td>
<td>Fort Smith</td>
<td>Level III B</td>
</tr>
<tr>
<td>Mercy Hospital Northwest AR</td>
<td>Rogers</td>
<td>Level III A</td>
</tr>
<tr>
<td>Washington Regional Med Ctr</td>
<td>Fayetteville</td>
<td>Level III A</td>
</tr>
<tr>
<td>NW Health Sys Willow Creek</td>
<td>Johnson</td>
<td>Level III A</td>
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<tr>
<td>Regional One</td>
<td>Memphis</td>
<td>Level III</td>
</tr>
</tbody>
</table>

Appendix C

Table 9.1: FDA-Approved Tobacco Cessation Medications

- Bupropion
- Chantix
- Commit Lozenge
- Habitrol Patch
- Nicoderm CQ
- Nicoretic
- Nicoretic gum
- Nicoretic lozenge
- Nicorette DS (double strength) gum
- Nicorette gum
- Nicorette lozenge
- Nicotine gum
- Nicotine inhaler
- Nicotine NA
- SOLN
- Nicotine nasal spray
- Nicotine Polacrilex
- Nicotine Polacrilex gum
- Nicotine Polacrilex lozenge
- Nicotine Step 1
Nicotine Step 2
Nicotine Step 3
Nicotine TD
Nicotine Transdermal System
Nicotrol inhaler
Nicotrol NS
Nicotrol TD
NTS (nicotine transdermal system, step 2 and 3)
Stop Smoking Aid
Stop Smoking Aid gum
Stop Smoking Aid lozenge
Varenicline
Varenicline tabs
Wellbutrin
Zyban

References


Specifications Manual for Joint Commission National Quality Core Measures, Discharges 07-01-16 through 12-31-16, v2016A.

Centers for Diseases Control Breastfeeding
http://www.cdc.gov/breastfeeding/